

Introduction

CHAPTER 1

Understandings about Self-Help

How to Use this Book to Change Yourself

CHAPTER 2

Steps in Self-Help

Understanding the Problem and Solution

CHAPTER 3

Values and Morals: Guidelines for Living

CHAPTER 4

Behavior, Motivation, and Self-Control

CHAPTER 5

Stress, Anxiety, Fears, & Psychosomatic Disorders

CHAPTER 6

Depression and Self-Concept

CHAPTER 7

Anger and Aggression

CHAPTER 8

Dependency and Conformity

CHAPTER 9

Understanding Ourselves and Our Relationships

CHAPTER 10

Dating, Love, Marriage, and Sex

How to Apply Self-Help Methods

CHAPTER 11

Methods for Changing Behavior

[About the Author](#)

[Acknowledgements](#)

[Bibliography](#)

[Donations & Grants](#)

CHAPTER 12

Methods of Changing Emotions

CHAPTER 13

Methods for Developing Skills

CHAPTER 14

Methods for Changing Our Thoughts, Attitudes,
Self-concept, Motivation, Values, & Expectations

CHAPTER 15

Methods for Gaining Insight into Ourselves



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UNDERSTANDINGS ABOUT SELF-HELP



Understandings about Self-Help

- What is psychological self-help?
- What will this book do for you?
- Finding what you need in this book



Understandings between you, the reader, and me, the author

1. We can learn and change
2. Self-help is a relatively new, still-to-be-proven approach
3. I prefer to be honest with you about the effectiveness of self-help methods
4. Any therapist or self-help method may do you harm
5. Every self-helper should try to be his or her own researcher
6. Honestly looking at ourselves and changing may be stressful
7. Do not hesitate to work on your most serious, meaningful, and intimate problems
8. Becoming a good self-helper will probably require a lot of time and effort
9. Learn to believe you can change things
10. This book does not prepare you to be a therapist
11. If your problem(s) could be caused by physical/chemical factors, see a physician first
12. When your problems are severe and/or your self-help efforts are ineffective, seek professional help immediately
13. This book cannot meet all of your needs
14. Understandings for groups



The Psycho-social Education Approach

- The publishing business and self-help books
- Why is it so hard to find the book you need?
- The neglect of prevention by books and institutions
- Why should self-help psychology be given away?

- [Advantages within the public school systems](#)
- [Our attitude toward "self-help" will influence the future of humanity](#)



[Summary](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

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WHAT IS PSYCHOLOGICAL SELF-HELP?

I consider self-help to be *intentional coping*. It is handling your own troublesome situations by exercising deliberate conscious control to improve the outcome of the situation. It is recognizing your own personal weaknesses and working to overcome those faults and improve yourself. It sometimes involves changing others or the environment to improve your own circumstances or feelings, but self-help primarily focuses on changing your own behavior, feelings, skills, cognition (thoughts), or unconscious processes. Self-help is the conscious reasoning part of your "self" changing other aspects of your internal self, your actions, and your situation. It is self-improvement by yourself.


The self-change notion may seem a little foreign to you because our culture attends far more to changing other people--making children behave, teaching others, motivating employees, fighting crime and drugs, selling ourselves or products to others, pleasing our lover, getting people to vote our way, etc.--than to changing ourselves. "Making things better" often means trying to change someone else. Even my discipline of psychology spends far more time on studying methods for changing or treating others than on methods for self-improvement. The old concepts of self-control, self-responsibility, and self-reliance haven't been in vogue during the last few decades.

On the other hand, if the idea of self-help seems like common-sense to you, then you may be particularly aware that our minds are almost constantly attempting to solve some current or approaching problem. Indeed, *most of us are self-helping all the time*, i.e. every time you plan your actions by imagining in advance how to possibly handle a situation. Even if it takes only seconds during a conversation to think of what to say, that is self-helping. Our brain's great ability to quickly imagine different ways of approaching a difficult situation sets us apart from other animals. We are constantly asking ourselves "what should I say or do now?" which usually involves thinking of alternative approaches as well as guessing what the outcome of each alternative might be. As a person becomes keenly aware of these constant and complex coping processes, he/she recognizes a myriad of opportunities for intervening to make things better. This book should, above all else, enhance your understanding of these internal mental events involved in coping moment by moment throughout life. This is the essence of self-help.

I suspect that many of us overlook most of the opportunities we have to influence our lives (we couldn't possibly act on *all* of them). We may feel rather powerless or we feel controlled by outside forces--others, circumstances, fate, or a higher power. Many others don't know or don't believe there are methods for directing our lives. Perhaps, for the species as a whole, our natural (untrained) but uncanny ability to problem-solve leads us to the false conclusion that there is no way or no need to improve our coping skills. How sad. Like the person who wants to effortlessly be a great conversationalist or the student who hopes to impress others by doing well on an exam "without studying," we humans may feel just a little inadequate if we have to study and work to self-improve. The truth is: effective living requires hard work, whether it is staying trim and fit or acquiring expertise in our profession or maintaining a loving relationship.



An effective mind sets our course. Like the tail of a plane, it guides, with small movements, the power of all the rest of our body and spirit.



What is not self-help?

It may clarify the concept of "self-help" if we consider what self-help is not. Examples: it is *not* habitually, automatically, or impulsively responding to a situation, even if the response is very effective. It is *not* stumbling into a solution by chance or luck. It is *not* being oblivious to ways our situation or adjustment could be improved even if, in our ignorance, we are quite content with the way things are. It is *not* going along with or being "pushed" by our emotions in unwise directions. It is *not* getting relief by avoiding a bad situation if a better solution could be found. It is *not* assuming that we are doing our best if our coping skills could be improved. It is *not* living without purpose if meaning can be found for our life. It is *not* expecting to fail or feeling helpless (assuming success is possible). It is *not* blithely overlooking the genes, physiological factors, cultural influences, traditions, perceptual biases, unconscious payoffs and forces, and other factors that influence our lives in unhealthy ways, if there are ways to become aware of and counter the undesirable aspects of those factors. It is *not* joining a group, going to therapy, talking to a friend, or reading a book in the hopes of finding someone who will save you.

On the other hand, a person may join a support or 12-step group as a way of getting ideas and encouragement to manage his/her own life better; that is still self-helping. Similarly, reading a book, watching a talk show, talking with a friend or a counselor can also be used by us to help us help ourselves. While self-helping, even in a group or reading a self-help book, we continue to assume the full responsibility for changing our lives. (Sometimes, of course, our psychological condition may deteriorate to the point we can't cope, then we must let someone else take over for a while.)

As I state repeatedly, self-help is *not* just dealing with life's crises (although that's the

current emphasis); it should enable us to prevent problems and find nobler purposes, to be more loving and giving, and to achieve greater successes than would have otherwise been the case. Obviously, a highly competent self-helper is aware of many of his/her real or potential problems and weaknesses and is able to quickly formulate a plan to improve the situation. An ineffective self-helper can't or doesn't do these things.

Psychology's ambivalence about self-control

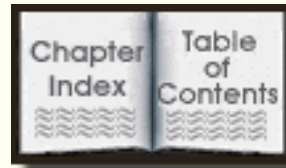
Humans want to control their lives and they fear a loss of control. Yet, there is no strong belief that science offers much help with self-control. As I mentioned, even the discipline of psychology left self-control, will or volition, and cognitive control in the hands of philosophers until the 1960's. Recently, Shapiro (1997) with two colleagues (Shapiro, Schwartz and Astin, 1996) has summarized the theory and research about self-control during the last 40 years. I'll summarize their summary. The impressive and growing research showing that self-control (or the lack of it) is important to our mental and physical health has awakened research psychologists to the importance of self-change and volition. Self-help attitudes and skills are becoming major factors in the treatment of physical, mental, emotional and interpersonal problems.

Normal healthy people tend to over-estimate their control and under-estimate their vulnerabilities. That makes us feel better. If we feel able to deal with an illness, it helps (we do more to help and our immune system actually works better). Feeling helpless decreases our treatment efforts and increases our anxiety and depression. Believing you are powerless when you aren't is, of course, a problem. Likewise, too much belief in one's control or an excessive need for control can make things worse, healthwise and socially. If you assume you have more control than you really have, you may also blame yourself inappropriately for bad outcomes.

Shapiro (1997) shows us that the concept of self-control is complex. It includes your need to control, the confidence you have in your control, as well as the actual control you have. This can be in broad areas of life or in very specific areas, such as "getting this job done on time" and "controlling my anger with this person." As the Serenity Prayer tells us, control may mean coping with a situation by yielding, patiently accepting, or accommodating the situation as well as coping by assertively doing something to changing things. Does control include denial, such as the alcoholic saying "I can stop drinking any time," which controls anxiety but worsens the addiction? Does control also include getting others, including family, gang, government, and God, to make things better for you? Maybe. Finally, there is a lot we don't know about teaching self-control: do different genders, ages, levels of ambition, personalities, etc. need different control skills and types of instruction? Also, if society helps people get more self-control and perhaps more influence over others, do we also need to be concerned about their values, i.e. how they use their power? Shapiro's book, this one, and others will answer many questions about self-control but there is much still to be explored in this neglected area of knowledge.

[← Back a page](#)

[Forward a page →](#)



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WHAT WILL THIS BOOK DO FOR YOU?

This book reviews all aspects of self-improvement. It provides you with a system for analyzing any problem into its manageable parts and for planning self-change. It invites you to first carefully consider what you value and want to accomplish in life. It summarizes science's best explanations of most human problems. It lists the most promising ways of treating a wide range of unwanted behaviors and emotions. It describes in detail how to use about 100 self-help methods. In short, this book gives you a sound, research-based fund of knowledge about behavior; add to this your own coping experiences and you accumulate a storehouse of general knowledge that will help you understand yourself and gain more control over your life. That is offered; absorbing and applying the knowledge is your job.

Just as experimental psychology has "Introductory Psychology" textbooks, the science of personally useful psychology needs an introductory text too, especially one that introduces you to other practical and highly readable self-help books. No one book could tell you all you need to know. In this book you will find summaries of almost all the major self-help books and articles by scholars in the field. In addition, about 1500 sources of information, mostly available and easy-to-read books, are cited. You are urged to expand your knowledge by reading more in areas that really concern you.

No learner knows his/her subject well enough. The best we can hope for is to know enough to know when we need more information and to know where and how to find the best available information. Think of reading as probing the best minds at their best.

This book was designed to help the ordinary person live his/her life better. But, more specifically, *what should a reader expect from a thorough, comprehensive, effective self-help book?* This is what I would expect, based on my experience with 3000 students. After carefully reading this book and getting some practice at developing and carrying out self-help plans (both in your own life and with others--friends, family, or a support group), you should be able to:

1. quickly analyze any problem into meaningful parts for better understanding, and
2. select, master, and carry out appropriate self-help treatment methods, and
3. assess your progress and make modifications to your plan if it isn't working.

In fact, I believe a person of average intelligence, with this knowledge and practice, will be able to develop self-improvement plans that are as good (judged by experts as "probably effective") as treatment plans developed by professionals (psychiatrists, psychologists, social workers, school psychologists, counselors, etc.). It is an empirical question. I won't guarantee these results, but if the average person *believes* he/she can do it (and *does* the work), I think they can. Many of us inflate the ability of others and sell ourselves short.

Lastly, a self-help introductory text should be updated every three to five years to include the latest research and techniques for self-improvement. It should contain a wide variety of self-help methods; one person's way of self-helping may be totally rejected by another person facing the same problem; we each find our own way. Such a book is a massive undertaking, but a wonderful extra bonus would befall us all if self-help books encouraged researchers to develop and publish more effective self-control or self-insight techniques.

Finding what you need in this book

I have done my best to make this big book user-friendly. I don't want you to get bogged down in the first chapter, in technical stuff, or in topics that don't interest you. Therefore, the book has been written so you can skip around, finding the parts that address your concerns and interests today. Of course, you can read it straight through if you want to (or are assigned reading that way).

As you can tell by looking at the table of contents, the remainder of **this chapter** provides basic facts or things you need to know about self-helping in general. **Chapter 2** gives you a system for understanding your problem situations better, then it guides you through explicit steps for devising self-change plans and trying them out. The system isn't amazing, fantastic, or ingenious; the system is just reasonable. The system isn't fast, simple, and easy; human problems aren't that way. But human problems and this self-help system aren't impossibly complicated, either.

Before deciding on major changes in your life, you need to decide on your life goals, i.e. what you want to become, what your ideals, values, and needs are, what major purposes you are going to serve in life. **Chapter 3** provides some help with this. Your morals, values, and philosophy of life could influence every moment of your life, so they are of utmost importance.

Chapter 4 discusses how to stop unwanted behavior and how to increase your motivation to do what you think you should do. **Chapters 5 to 8** explain the four major emotions of anxiety, depression, anger, and dependency, and suggest ways of reducing these unpleasant feelings. **Chapter 9** gives us insight into our needs and the development of our personality as well as into our relationships. **Chapter 10** deals with finding and keeping love: dating, sex, marriage, and divorce. **Chapters 11 to 15** spell out the rationale and detailed steps involved in carrying out the major self-help methods to treat or solve problems. You would use only one or two methods from a "solving-the-problem" chapter on a particular problem. Thus, you usually need to read an "understanding-the-problem" chapter before skimming the "solving-the-problem" chapters.

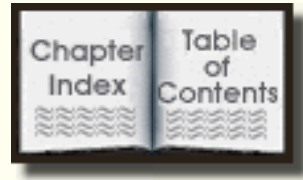
Note: It would be a mistake to over-emphasize just finding information to help you with a current problem. Remember, there are at least three good reasons for reading about topics or problems that don't concern you at the moment: (1) it is possible that you have a problem *but don't realize it*, until you read about it. (2) It is highly advantageous if you have read in advance about and prepared for an upcoming, perhaps unseen, problem. For example, surely most of us will be dumped by a lover sometime in our lives. If you have given some forethought to coping with that situation--the irrational self-doubts (chapter 14), the dependency (chapter 8), the feelings of failure and self-doubt (chapter 6), the anger (chapter 7), etc.--surely you will be better prepared for the unavoidable pain and even for possible thoughts of suicide. (3) It is inevitable, if you have several close, intimate friends, that they will face problems different from yours. Your friends will be very lucky if you are well read and understand them when they are in trouble, perhaps you can offer them some helpful suggestions as well as steady support.

My plea is for you to accept the size of this book, the sometimes distracting referrals to other chapters, and the hundreds of useful references (where you can go for the best additional information, if you need it). It is a book of knowledge, not a book for pleasure. Let me give you an example of how you can quickly find your way around: I'd encourage you to read the rest of this chapter, but not necessarily now. If you are in a hurry to "get on with it," just look over the "understandings" in bold print below and go on to chapter 2. If the details for doing self-help in chapter 2 are also too tedious for you now, look over the steps in bold print (that will take you two minutes) and then *go directly to the chapter(s) that interest you most*. This book can't help you if you don't read it. Use the table of contents and the chapter indices.

Once you have found that this book truly deals with your basic concerns, you will be more likely to explore the whole volume for interesting ideas. The important thing is that you stay interested in improving yourself! The most I can do to help you with your motivation is to feed you *useful* information. But useful information must be used, and only you are in control of that. At least skim the following understandings, and then decide where you want to go in this book or in other recommended books.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDINGS BETWEEN YOU AND ME

If you and I, as reader and writer, are going to communicate most effectively, there are some things you need to know about the "state of the art" of self-help and about my approach to self-help. I want you to recognize the scientific basis (or lack of it) for self-help methods. I want you to be aware of the assumptions I am making and the values I hold. I want you to know what I would like you to do while reading this book and afterwards. These 13 understandings should help you to view self-help realistically, and then, use it effectively.

Understanding 1: We, as humans, primarily learn to be the way we are; therefore, at any point in life, we can learn to be different. But, it may not be easy to change.

I assume there are reasons--causes--for everything we do, and that humans can learn to understand those reasons, which are dependable, "lawful," useful, cause and effect relationships. Therefore, each of us could presumably gain considerable control over our own futures by understanding and using the "laws of behavior," especially those in the form of self-help methods, such as:

- If I repeatedly highly reward a desired behavior, it will probably increase in frequency.
- If I deeply relax for 10 minutes twice a day, I will probably be calmer throughout the day.
- If I learn new communication skills, such as empathy, I will probably get along better with people .
- If I can view a situation more positively or, at least, as being "lawful," I will probably be less upset.

I will describe many self-help methods in simple terms, step by step, almost like

recipes in a cookbook. Then, we will learn how those methods can be used with specific problems, like fears, sadness, jealousy, selection of a mate, etc. If you understand how a problem started and what keeps it going, and how self-help methods work, you are better able to devise a way to change things. And that's what self-help is all about.

I truly believe you *learn by doing*, not just by reading a book or talking about your problems. You must use the ideas. So, I'll give you lots of examples of how to use psychological methods in everyday life. Hopefully, you can then see many ways to use each method in your life--and, more importantly, will immediately try out the methods. If you don't use the idea you have read or heard about within a day or two, you will probably forget it.

As you read, ask yourself: How can I apply this idea or self-help method today or tomorrow? As you live, moment by moment, ask yourself: What have I learned about psychology that would help in this situation? This learning orientation is crucial to changing; it becomes automatic and contagious. A few successes will crush the old, cruel idea that you can't change things, then you get "high" on learning about yourself and how to relate to others better. I'd like to see you take an experimental approach to life, i.e. try out self-help methods to see what works for you. As you learn and experience more, you become more self understanding, more in control, less helpless and more confident, and better prepared for a whole life-time of growth. We all try to help ourselves all the time, so why not learn to be a really good, knowledgeable self-helper and steadily improve your future?

Understanding 2: Self-help is a relatively new, still-to-be-proven approach, involving a few well tested methods, but many methods are unproven. Research supporting self-help approaches is accumulating.

Psychologists have started to evaluate self-help methods objectively. However, the methods that have been researched and proven to be somewhat effective in most cases, like rewarding your own desirable behavior, relaxation, assertiveness training, and overcoming unreasonable fears by exposing yourself to the situation, aren't effective in every case (and neither is therapy). The better methods are, *at best, effective only 80-90% of the time*, even though you are working on just a small aspect of your life, such as a fear of public speaking. The only way to know if you are among the 10-20% for whom a particular self-help method doesn't work is to try it out yourself and see what happens. The profession, of course, needs to research self-help methods much more than it does (Rosen, 1987; Christensen & Jacobson, 1994), but, in any case, *you must research your own self-help methods* and efforts (see understanding #5). You are a different and unique person.

Fortunately, a meta-analysis review of 40 well designed outcome studies of self-help treatments has been done (Scogin, Bynum, Stevens, & Calhoun, 1990). The focus was on

written or audiotaped material used by persons with various problems (bad habits, fears, depression, poor skills) without regular contact with a therapist or a teacher--typical self-help material, like this book summarizes. The overall conclusions were that self-help is clearly more effective than no treatment at all *and* just as effective in most cases as treatment administered by a therapist. This is an important and impressive finding, if it holds up, suggesting that self-help can potentially offer you cheap and effective help. However, much of the self-help material evaluated by these researchers was written by the researchers; they may have been biased. Also, Scogin, et al. didn't use the popular self-help material available in the bookstore. However, another meta-analysis by Clum and Gould of 34 published self-help books and videos confirmed that popular material also seemed to be about as helpful as therapy by professionals. Gould and Clum (1993) concluded that "self-administered treatments achieve outcomes comparable to those of therapist-administered treatments." Indeed, some types of problems and patients benefit more from self-help than from therapy. Altogether 50 to 100 studies have shown that certain self-help books or methods have been helpful to certain people with certain problems, that doesn't mean a specific self-help method will help you with a specific problem. But it means that self-help isn't quackery.

Although having minimal contact with a therapist or a teacher beyond the self-help readings or tapes did not seem to help much in the above studies, Rosen (1987) provides evidence that people with certain problems (premature ejaculation and toilet training) are more likely to persevere and actually complete a treatment method *if* a therapist is continuously encouraging them to use the method and monitoring their progress, than if the "patients" are left entirely on their own to apply the method. That's hardly surprising. On the other hand, there is evidence (Journal of the AMA, 1986) showing that 9 out of 10 people who quit smoking do it on their own, not in a "program." Smokers in a program--working with a helper--have a 24% success rate; self-helpers working alone have a 48% success rate. Maybe the smokers in a program were more addicted than self-helpers working on their own. In any case, some people, no doubt, need personal guidance and encouragement from others. A method could be equally effective if applied by a therapist or by a self-helper alone, but obviously the method can not do you any good if you won't use it on your own. Becoming motivated to change is a critical and little understood part of changing (see step one in chapter 2 and chapter 4).

Why else do I believe self-help can help you? First, self-help methods are often based on therapy methods which, in general, have been shown to be fairly effective (Bergin & Lambert, 1978; Bergin & Garfield, 1994). Specific treatment methods work with specific problems (National Advisory Council, 1995). Second, early research on self-help suggested that it is more effective and certainly far more economical than therapy, e.g. with self-reinforcement (Kazdin, 1975), fears (Barlow & Craske, 1989; Clark, 1973; Marks, 1978), and vocational choice (Graff, 1972). More and more positive results continue to be reported (Christensen & Jacobson, 1994), especially when people are encouraged to work on their own towards self-improvement (Smyrnios & Kirkby, 1993).

Third, several college self-help courses have been considered successful by 70-85% of the students (Grasha, 1974 ; Berrera and Glasgow, 1973; Ladd, 1973; Tucker-Ladd, 1994; Rakos and Grodek, 1984; Sherman, 1975).

It has been my experience with over 3000 students, who varied greatly in the seriousness of their problems, their motivation to learn or change, and their ability, that about half of the students in one semester became (or were already) rather effective self-helpers. Perhaps 10% to 20% devoted 6-8 hours a week to the course (16 weeks) and made remarkable progress, turning in well documented and impressive reports of self-improvement. At the other extreme, 10% to 20% did very little and appeared to learn little. Almost all "claimed" to have self-improved, of course. When I did a follow up 1 to 8 years *after* the course, 69% remembered making progress during the course, 5% said they didn't make progress, and 23% said "some progress, maybe." At that time, 1 to 8 years later, 8% of the problems worked on had gone away, 71% had definitely gotten better, 6% had not changed, and 5% had gotten worse. A 79% success rate for self-help several years later is pretty good, compared to the generally agreed upon 70% improvement rate for psychotherapy. But, keep in mind that 75% were still "working on it" and 40% expected it to always be a problem (Tucker-Ladd, 1994). Therefore, while the data is promising, psychologists pushing self-help or therapy can make no promises *to an individual* about curing a specific problem.

Finally, nearly 90% of all therapists consider self-help material helpful. Between 60% and 88% of professional psychotherapists, who are in a position to know what helps and what harms, recommend self-help books to their clients, almost 50% do so "often" or "regularly." Among the therapists who recommend self-help books, 92% to 94% consider the books to be "sometimes" or "often" helpful. As discussed in understanding #4, very few or no therapists observed self-help books doing harm (Starker, 1988).

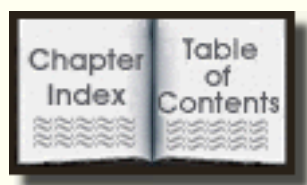
Has the effectiveness of *this* book been assessed? No, certainly not in the sense that every method has been tested for every problem when used by every kind of person in every circumstance. That will take decades! Yes, in the sense that this general approach (see chapter 2) has been used successfully by me in approximately 100 classes over a period of 21 years. Please note, however, that there has been *no evaluation of using this book alone*; my follow up evaluation involved college students. My students were in a college self-help class for credit and also at the same time, as part of the class, in a paraprofessional-lead mutual helping group (much like a group of helpful friends). You will notice that I frequently recommend talking to friends. There is no way to tell, at this point, to what degree the help came from my class, the readings, or the group. All seemed helpful.

Summary: learning and carefully applying self-help methods (which isn't just vaguely "trying to change" on your own) seem to be about as effective for many people as undergoing much more costly psychotherapy. This may astound many of you, especially

those who are in awe of professionals. The data, thus far, also suggests that minimally trained "paraprofessionals" are as effective with specific problems as highly trained therapists with years of experience (Christensen & Jacobson, 1994). This too is amazing. Perhaps the self-helper (or paraprofessional) is like a mechanic in comparison to a physicist or engineer. You can't expect your mechanic to design and perfect a revolutionary engine or fuel, but you can expect him/her, and not an expensive engineer, to fix your car. Perhaps in psychology we are too dependent on scientists and scholars to fix our minds, our feelings, and everyday relationships, when we could be reading and doing it ourselves.

[← Back a page](#)

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UNDERSTANDINGS BETWEEN YOU AND ME

Understanding 3: I prefer to be honest with you about the effectiveness of self-help methods. I'm not going to "talk up" a method or try to "sell" you a product; I'm trying to get you to learn and to think for yourself. Also, I don't want to deceive you by implying that understanding or changing human behavior is simple or always possible.

Most popular psychology books emphasize how fantastic their methods are and how much they can help you. In this way, popular writers use the "power of suggestion" to increase the effectiveness of their methods or ideas and/or to increase their sales. This works. Instead, I choose to tell you, as best as I can, the results of my experience and the limited research evaluating each self-help method (if any). Hopefully, you will take a realistic attitude and say, "I want to know the research findings--or lack thereof--as well as see how well this method works for me." Your faith in self-help should eventually be based on your own experience, not on research alone and certainly not on this book or, even worse, on some unfounded claim by an ostentatious writer. (Don't misunderstand me, research is the best basis for "knowing" about the general effectiveness of some method, followed by the opinion of a practitioner with lots of experience. Eventually, your own experience with the method in question may dominate your evaluation of its effectiveness *in your situation*.)

Some popular writers even tell you that it is simple to achieve some major change in your life (like stopping smoking with one hypnotic session or "getting rich" by having a "positive mental attitude"). Simple solutions may sometimes work but that doesn't prove that human behavior is simple. There is probably a wish for things to be simple. However, you will be more accurate, in my opinion, if you assume that humans are very complicated. Most people have no conception how complex the psychological world really is. This oversimplification may account for astrology, for a belief that a weekend workshop will solve marital problems, for the hope that a few hours with a psychologist or psychiatrist will overcome depression, for the incredible sale of one diet book after another, etc.

I recently read an example of life's awesome complexity (Fischhoff, 1992). I'll share it with you. It should make you question quick, simple solutions for and advice about almost any human problem. Researchers have gathered ideas for preventing or handling a rape. They have collected 1,100 strategies! Thus far, there have been only 24 studies evaluating

the effectiveness of any of those strategies (like do something crude, such as vomit, or try to get him to see you as a human). Only 1, 075 strategies to go! Of course, beyond strategy, would be other considerations, such as rapist's strength, woman's self-defense skills, presence of others nearby, etc. My points are: we are incredibly ignorant about handling rape (there is almost no general advice we can give at this time); we are not doing nearly as much research as we should; the sexual assault situation is very complex; watch out for over-confident, self-appointed "experts;" question anyone giving the same advice to everyone; and listen to ordinary people as well as "experts." These same points probably apply to 1000 other problem situations in which humans find themselves, including the problems you face.

In short, I refuse to lie and over-simplify life, and I refuse to pretend I know it all (or that science does). There is still some help available, however. Indeed, one recent "self-improvement" book (Seligman, 1994) emphasizes which problems can be treated effectively and which can not. (Can be changed=panic disorders, phobias, anxiety, depression, certain sexual problems, pessimism, etc. Often can't change=over-weight, addictions, homosexuality, serious personality problems, psychosis, post-traumatic stress disorders, etc.) Keep in mind that Seligman is primarily talking about the effectiveness of changing *by going to see a therapist*, which is being carefully evaluated. Science has not evaluated the effectiveness of self-help methods in many of these areas yet.

Understanding 4: Any therapist or self-help method *may* do harm. Reading and self-help seem to rarely do damage. Note: pessimism and the fear of trying to help yourself, resulting in your doing nothing, cause much more harm than any self-help method.

Halliday (1991) asked persons on their first visit to a psychotherapy clinic if they had tried psychological self-help books. Forty-three out of 100 said "yes." Of these 43, 37 (86%) said they benefited from their readings, 5 didn't get any benefit or harm, and 4 experienced some harm or distress. Of these 4, three got a mixture of benefit and harm, but the remaining one became upset by descriptions of child abuse and simply stopped reading. Two more people reported being upset by reading--one by a medical book and one by religious literature. It seems fairly certain that reading psychological self-help does *less harm* than undertaking psychotherapy (although see the caution below). But, keep in mind that the effectiveness of very few self-help books have ever been assessed.

Of course, reading something which uncovers a problem you hadn't realized before would be stressful. But, would you be better off not knowing? Certainly, it can be scary to try out some self-help methods, such as exposing yourself to a feared or a stressful situation. Talking to another person or a group about a problem may be hard, although the end results are usually beneficial. These uncomfortable situations associated with gaining awareness or with working hard to learn new skills may be a necessary part of growing. No one promised you that life would be easy.

It is possible that trying to help yourself and failing to do so could cause problems. For

example, it harms your body to go on diet after diet, losing a few pounds each time and gaining them back in a few weeks. Failure at efforts to solve interpersonal problems may worsen the conflicts. Repeated failure at self-helping would surely be depressing and may lower your faith in yourself, in self-help methods, and in therapy (Rosen, 1987). Repeated success might yield the opposite positive effects.

Research has shown that individual and group psychotherapy do harm (relative to no treatment) in about 5-10% of therapy cases (Bergin, 1975; Bergin and Lambert, 1978; Mays and Franks, 1985). In therapy, the harm seems to frequently be done by the critical, probing, hostile personality of the therapist, not by the treatment method itself. Since self-help does not involve a critical, pushy therapist, perhaps it is not as harmful as therapy. But it is probably harmful in ways we just don't know about yet. Popular psychology books, like the ones available at your local library or bookstore, have been criticized, however, because (1) the reader may misdiagnose or not realize that he or she has a serious problem and, thus, may not seek appropriate help. Of course, attempting to relax to cure a headache caused by a fast growing tumor is foolish. That's why, in a case like this, you must seek professional help right away. Regardless of the problem, if self-help doesn't work, get help! (2) As discussed above, a therapist may be needed before some people can change or correctly use a method. (3) Many self-help authors may promise much more than they can deliver. This harms by raising false hopes. (4) Self-help books sometimes encourage self-centeredness, i.e. only taking care of yourself, not others. (5) Supposedly, "a little knowledge is dangerous" (Barkas, 1977; Levin, 1975). But how often is having a little accurate knowledge more dangerous than having even less knowledge? These may be valid faults; they haven't been thoroughly researched yet.

I tend to agree with the above criticisms, except for point (5) above, as you can tell from my question. There is also an old adage, "The doctor who treats himself has a fool for a client." But, in this case, *we all have to be self-helpers!* Of course, we should seek help when we are ineffective self-helpers. Some people have feared that self-helpers will not seek professional help when it is needed. Early in our work, this was a concern. But, research does not support this fear; in fact, students in self-help classes seek counseling more often than other students (Rasche, 1974). Other people worry that self-helpers will attempt to treat others. There is no evidence for this either. In fact, an experienced self-helper would be more aware of his or her limitations, know how hard it is to change, will respect professionals, and encourage others to be self-directed or get professional treatment.

An important final word of caution

There is one small area where harm may be especially likely. Beware of anyone who tries hard to persuade you that you have been sexually abused but you have repressed it. This action by therapists/writers has generated a heated controversy. Many therapists believe that certain psychological problems, such as bulimia, multiple personality, and a variety of fears and personality traits, may be caused by child sexual abuse or incest (Loftus, 1993). The

problem occurs when the assumed "victim" doesn't remember any sexual abuse (most abused people do have some memories), but a therapist, group, or writer strongly believes that remembering the sexual experiences in detail is crucial for the victim's recovery. The therapist/writer may attempt to uncover the incest or sexual abuse experiences, using a variety of methods, such as hypnosis, age regression, visualization, dreams, or simply "try to remember being molested" (Tavris, 1993; Wright, 1994). Given just brief encouragement and suggestions, however, some clients/readers will start to falsely "remember" incidents, sometimes ones that took place when they were less than one year old (when as adults we have no memories) and sometimes fervently believing really wild bizarre experiences. Research has shown that memories often distort reality and can be easily influenced by others. So implanting a memory of sexual abuse may not be hard to do in suggestible people, but a false accusation of child molestation is a devastating charge, likely to result in a long prison sentence and destruction of a family (plus more emotional stress for the victim). Therefore, until we know more about the causes of specific emotional problems, helpers and writers will have to carefully avoid vigorously implanting these destructive ideas. You will occasionally find warnings about specific books in this book.

In my experience, self-help readings and methods are often not acted upon (and, thus, don't do any good), but only in very rare circumstances do they cause lasting harm. A temporary disturbance from reading, usually worry about some "illness" or some self-dissatisfaction, rarely lasts more than a few days (and often results in self-improvement). On the other hand, *both the exaggerated-but-debilitating fear of harming yourself (by trying to self-help) and the self-defeating feelings of helplessness cause great harm in many lives* because these feelings obstruct our attempts to change. Learn as much as you can about self-help, then do something! If you don't get the results you want, try something different or get professional help.

Understanding 5: It may be difficult to measure changes in your adjustment, but you should try. Objective measurement is necessary for honest evaluation. Every self-helper should try to be his/her own researcher.

We all live life alone in many ways, even when intimate with someone else. For example, married couples talk on the average only 20 minutes per day (often much less); long-term therapy, costing \$7500+, is only 100 hours or so; a self-help course is 150-200 hours; but life is over 600,000 hours. No scientist studies your life. On one knows as much about your life as you do. Thus, you are not only your own therapist, you are your own researcher. Mahoney (1975) advocates training students to be "personal scientists." The task is to find out what self-help methods work for you; that is research!



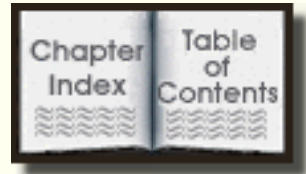
Science is simply common sense at its best.



One thing to guard against is the tendency (wishful thinking?) to believe that "things are getting better." Double check your optimistic subjective impressions by objectively measuring your progress while trying to self improve. Chapter 2 tells you how to know if you are really making progress or wasting time. This evaluation of your efforts is important but not easy, especially if you try, like a good scientist, to find out if the self-help method is really helping or if some other factor is responsible for the changes.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDINGS BETWEEN YOU AND ME

Understanding 6: Honestly looking at ourselves and changing may be stressful, but we need to do it.

It is often comfortable and easy to stay the way we are. Changing may be gratifying or stressful and is frequently both. Temporary stress is a natural, necessary part of recognizing a weakness or feeling we had previously hidden from ourselves, trying out a new behavior, facing a fear, releasing a pent-up emotion, and changing. Growing as a person may take you to new places, provide new challenges, require leaving old and acquiring new friends, etc. Giving up an old security blanket is scary; yet, many therapists, based on their experiences, believe that crises frequently lead to important improvement and growth in our lives. So, some stress is good and/or can be used to advantage.

Understanding 7: Do not hesitate to work on your most serious, meaningful, and intimate problems.

Self-help is not just for simple behavioral changes, like nail biting or working harder. You are encouraged to work on any deeper problems that you may have, too. Examples of these would be excessive self-criticism and feelings of inadequacy, fear of intimacy and jealousy, lack of purpose in life, irritation with others, sexual concerns, and others. Granted, you may want to do some easier projects first, but don't procrastinate with the tough problems. Self-help must pay off in meaningful ways for you to keep trying.

This understanding is not to exclude simple self-improvement efforts. At this point in your life, it may be more important for you to strive for further improvement in areas where you are already doing okay. A good socializer can become a more intimate and helpful friend. A pretty good student can become a true scholar. A morally good person can become a moral leader, who encourages others by example to become a genuine, caring Candy Stripper, Big Sister, or Hospital Volunteer. Your "problem" at this time may not be serious, like suicidal depression, but rather to become the best person you can possibly be. Both are important "projects." Prevention of problems is important too.

Understanding 8: Becoming a good self-helper will probably require a lot of time and effort. You should prepare for problems in advance. It is a life-long task.

You may feel overwhelmed and discouraged when you realize all there is to learn about self-help, all the books that have been written. Certain of your problems may have existed so long that it seems impossible to change them. The idea that changing may require daily, even hourly, attention could seem like "too much trouble." Many attempts to change ourselves fail because the old habits seem so strong; indeed, change may be a long, uphill battle. Expecting some failures may help you deal with them.

Many of our attempts to change ourselves fail because we are unwilling to put in the time and effort necessary. Our entire culture expects quick, easy solutions. Related to this is my experience that many students do not understand a treatment or self-help method after reading it the first time. It is not because the methods are too complex to be understood but because many people are newcomers to "self-help" and others are careless readers and in a hurry. They think they understand, but they often need to read it again and discuss it with someone else. This takes time.

Moreover, as mentioned earlier, much of popular, self-help psychology is remedial, not preventive. That's too bad. Too many people only read about marital problems *after* divorce is threatened. Too many people read about depression *after* feeling suicidal. Too many people change their diet *after* a heart attack. The best time to learn to swim is before falling overboard, not afterwards. Try to anticipate and prepare for problems. Try to prevent problems, nip them in the bud. Therefore, you should read about *possible* problems as well as about pressing problems.

All I can say is: learn as much as you can, keep trying different approaches until you succeed. Don't be so discouraged by failure that you give up (you have learned something from failing: namely, what doesn't work for you with this problem at this time). Think of yourself as continuously learning to be a better person; try to generate high enthusiasm for self-improvement; resolve that you will overcome the obstacles in your way.

Understanding 9: Don't wait for magical solutions. DO SOMETHING to help yourself. Be strong! Confront any resistance to change and challenge all your defeatist attitudes. Learn to believe you can change things.

There are many reasons why people avoid change--fears, lack of motivation, resentment of pressure, helpless feelings, procrastination, wanting to fail and/or avoid responsibility, wanting to live spontaneously without planned change, wanting sympathy and to be taken care of, feeling that it's too much trouble to change, pride and stubbornness, being willing to accept our own rationalizations ("it runs in my family"), being inflexible and "set in our ways," feeling that we are not okay and deserve to be

miserable, and other motives.

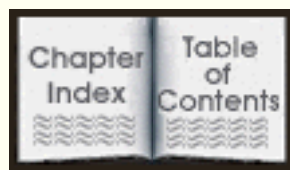
It may be hard to understand your reasons for avoiding change if you are a procrastinator, but remember, there are reasons for everything (the procrastinator should read chapter 4). Look for your reasons (it's likely to be several reasons). For example, shyness may enable you to avoid the stress of socializing; being irresponsible may get other people "off your back" since they are likely to stop expecting you to be a mature, capable, dependable person (see chapter 4).

If you decide some self-improvement is especially important but haven't made plans for changing within a day or two, then focus on the reasons for your inactivity. If you can't be sure of the reason(s), then guess at it. Try to deal with the possible resistance to change like any other problem, i.e. develop a plan of attack by analyzing your resistance to change as well as the problem itself, as described in chapter 2. There is good reason to believe that self-help techniques aren't remembered and used unless the person believes he/she is able to change him/herself. Question the validity of your pessimism. And, people who have failed to change in the past won't believe they can change until they have drafted a good plan and done it. So, give it a try.

Practice thinking positively about your ability to change; be strong and do things to prove your self-help skills; daydream frequently about how nice it will be after you change (see chapter 14). Likewise, face up to the bad consequences of not changing; don't give excuses and let yourself "off easy;" refuse to accept weakness, helplessness, and self-defeating attitudes. As Epictetus said 2000 years ago, "No man is free who is not master of himself."

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDINGS BETWEEN YOU AND ME

Understanding 10: This book does *not* prepare you to be a therapist. Help others, but don't take control and "treat" others.

While I want to urge and help you to take responsibility for your own life, I want to persuade you not to take charge of anyone else's life. It is important to distinguish between what might be called "helping" and "treating." A "helper" may listen and give empathy, suggestions, encouragement, feedback, care, and share his/her experiences, plus many other things, but both helper and helpee should always realize that the helpee must make the decisions, be responsible for applying the self-help methods, and "live with" the outcome.

A "treater," such as a surgeon, is highly trained and usually takes responsibility for diagnosing the problem and assumes full control in the operating room because the patient can't help him/herself in that situation. You have not had the years of training and supervision necessary to become a competent therapist to someone else. If you feel that a friend of yours is allowing or asking you to take charge and tell him/her what to do or to make him/her feel better, please refuse to do so. Tell your friend that he/she must make the decisions, take the action, and assume the responsibility (no matter how much you would like to be a hero and save him/her). If the friend is unable or refuses to handle his or her own problems and needs someone to take over, please insist that your friend to seek professional help (and stay only a friend, not a second competing therapist).

On the other hand, I want to make it clear that it is great to help friends and to receive help from them. The world would be a healthier and more beautiful place if all of us helped each other. But that "helping" never includes taking over their life. Mutual helping or support groups are wonderful opportunities to help and be helped (see chapter 5 and Gartner and Riessman, 1984).

Understanding 11: If your problem(s) could be caused by physical-chemical factors, see a physician first.

Certain physical conditions, such as low blood sugar or hyperthyroidism, can cause symptoms that seem to be psychological, such as fears, nervousness, irritability, depression, etc. Likewise, psychological factors can cause physical symptoms, like exhaustion, paralysis, pain, nausea, baldness, headaches, backaches, skin rashes, sleeplessness, impotence, high blood pressure, etc.

Probably, physical, chemical, and constitutional factors play a role in almost all personal-emotional problems. A psychologist or social worker cannot deal with the physical causes; you must consult a physician if your problems are possibly physical and not psychological or interpersonal (see step 1 in chapter 2).

Understanding 12: When your problems are severe and/or your self help efforts are ineffective, seek professional help immediately.

While knowledge of self-help may prevent or relieve many problems, there are certain situations in every life where outside help is necessary. Self-help is like first-aid; so, if you need surgery, don't use band-aids, see a surgeon right away! What are some of the psychological *situations that call for professional help*? When one is so depressed that there are thoughts of suicide, when one's thoughts are confused or unreasonable, when a person experiences urges to hurt someone, when feelings towards other people are very strong (so that one is not likely to be thinking straight), and when someone has tried and tried to help him/herself but nothing seems to work.

Furthermore, if anyone earnestly suggests that you seek professional help, *take their advice* even if you don't understand why or don't agree with them. Never be embarrassed about seeking help; why should you expect yourself to know everything about psychology, any more than you would expect yourself to know calculus or how to repair a TV set? Indeed, what is really foolish is to need help but decide not to get it. Research has clearly shown psychotherapy to be helpful 2/3rds or 3/4ths of the time. Don't let your own lack of knowledge or fear of what might happen or concern about "what people will think" keep you from getting help whenever you need it.

Understanding 13: This book cannot meet all your needs.

The highly self-controlled person needs more than a bunch of self-change techniques. He/she must pick his/her own values and goals, set his/her priorities. He/she must have insight into him/herself and an accurate view of the world. He/she needs companionship, acceptance, and love.

None of us can solve all our problems by ourselves, no matter how well informed we are about self-help methods. This book, plus hundreds of others, can suggest many effective methods and even "care for you from a distance," but you may need specific

feedback to identify your specific problems, confrontation about some foolish idea you have, warm approval and support when your confidence lags, or someone to take you to a hospital. This book can't give you individual attention or a hug or a shoulder to cry on, in times of stress. I wish I could, but those things must come from a caring person near by, such as a friend, a relative, or a teacher. Getting and giving care are both highly therapeutic. You will have to reach out to others and when you do--please be very explicit about what you need. Most people want to help others and benefit from helping.

Understandings for groups and classes: Be clear about the purposes of your group, know how you can contribute, maintain confidentiality, and help others feel safe. Be sure you understand the reasons for the requirements of your group

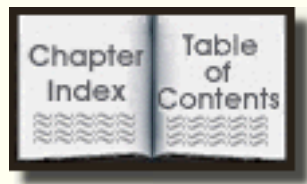
Many students tell me they learn more from small group discussions than from reading books and classroom presentations. I'm sure that is true for some. We all have our favorite ways to learn. Mutual helping groups are interesting but require work--dedication to a purpose, self-disclosure, an eagerness to listen, learn, think, accept and help others. Every person must be willing, after getting to know each other well, to openly share his/her problems and positive or negative feelings, to learn and use good communication skills, and so on. In a good helping group, the payoffs are great: you learn from others' lives, from their successes and failures. You gain useful skills. You profit from the helpful ideas and honest feedback of 8-12 other people. You also get the warm feelings and insights that come from helping others.

Be sure the rules of confidentiality adopted by the group are clear and accepted by everyone. Insist on it. Be sure that everyone in the group or class knows that they don't have to answer any question if they don't want to. Accept your share of the responsibility for making the group a meaningful experience; that usually means sharing your experiences and your deepest concerns at the moment. Be gentle and empathic with everyone in your group at all times, no matter what they disclose. See the discussion in chapter 5 of self-help and support groups for handling all kinds of stress and unwanted behaviors.

All these understandings are to prepare you for making maximum use of this book and to introduce you to the ideas of self-help, mutual-aid, and psycho-social education.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
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THE PSYCHO-SOCIAL EDUCATION APPROACH

Why haven't psychological techniques for managing and improving our lives been more vigorously developed and taught to everyone? If self-help is occurring in every life almost all the time, improving our self-help ability and efforts seems like such a sensible idea. Strangely enough, the methods of self-direction, self-control, and other forms of self-help have never been organized and taught as a distinct part of our family, educational, religious, informational, or social systems. Let's consider for a moment why self-help knowledge might be neglected. Why is self-help an orphan, apparently not wanted as a whole, integrated discipline by any social institution? Why would anyone or any group conspire to keep suffering people from getting useful information?

First of all, in spite of all our "fascination with people," we humans have resisted studying ourselves psychologically and scientifically. As Francis Bacon said, "Man prefers to believe what he prefers to be true." We like having a grandiose view of ourselves. For instance, one of the last sciences to develop was psychology; that was only 100 years ago. About 450 years ago, Copernicus almost lost his head for suggesting that man and earth were not at the center of the universe. About 150 years ago, Darwin suggested humans evolved along with other living things. That idea is still bitterly opposed by some religions. About 100 years ago, Freud suggested that we humans aren't even in conscious control of ourselves, unconscious forces really determine what we do. Unconscious factors are still denied by many people. Humans are prone to oppose anything that lessens their greatness, superiority, power, or importance. Thus, we as a species may even resist the idea that anyone (or anything less than God) is needed to help us cope better with our lives.

Most of us don't like the idea that living optimally requires work. Look at it this way. If each one of us is attempting to mentally cope with some concern or task almost every moment of our life, in the course of a lifetime every person will deal with millions of unique situations and thousands of different kinds of problems. Every day there are probably several situations in which you think: "I'd like to do that better." That's real life. Sometime during your life you will probably face almost every kind of human difficulty. In this sense, intelligent living is complex and a lot of trouble. On the other hand, many, many other people before you have faced the same concerns. Therefore, given the right

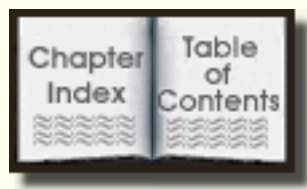
flow of information, you could benefit greatly from the experience of others and from some advanced preparation to face a wide variety of predicaments. As a species, we seem more inclined to say "Oh, it won't happen to me" than to do our preventative homework.

*Ideally, each of us would have **in our heads** a readily available, comprehensive self-help system for solving many kinds of problems.* Such a system would be based on a sound general understanding of behavior and relationships, i.e. a science of coping. Much knowledge is already available. Wise people have gathered wisdom for thousands of years. In addition, during the last 100 years, psychology has learned much that is new as well as confirmed many of the beliefs of wise people. There is a rough consensus about how to best handle many situations. Self-change methods (which are essentially the same as therapy techniques) have been shown to be effective with a very wide variety of problems. We have many such methods. We don't need to invent the wheel every time an ordinary problem comes up. But we haven't yet learned how to systematically pass this information along to everyone.

Twenty-five years ago, I thought self-help books, informative TV talk shows, and personally useful Psychology classes taught in schools would have "given psychology away" by now. I assumed that by the year 2000 almost everyone in this country would be a skillful self-helper (in terms of understanding and managing their own lives) . The truth is the general public, I suspect, has made very little progress in acquiring useful psychology. Let's see if we can understand why self-instruction--the most cost effective source of help--has been neglected or mishandled, while expensive and questionable sources of help have flourished, such as individual psychotherapy, psychiatric drug prescriptions, chiropractors, faith healing, astrology, mystical channeling or past lives therapy, illegal drugs for pleasure, etc.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

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THE PSYCHO-SOCIAL EDUCATION APPROACH

The publishing business and self-help books

The first thing you need to know is that, unlike drugs, self-help *trade* books (mass market books in local bookstores) are not "tested for effectiveness." These books, even those written by journalists and free lance writers, aren't even reviewed by psychological experts for accuracy, effectiveness, or dangerousness of the ideas. Instead, the publishers seek books that seem likely to sell because the topic is "hot" or the book has an attractive "gimmick." The largest publishers require that writers have a literary agent before they will even consider a manuscript. Thus, it is these agents who really select the books for the big New York publishers. Agents ask "will it sell," not "will it help?" Later, if the book is printed, the publisher's sales representatives have only seconds (maybe a single sentence) to sell a book to big bookstore buyers (there are 50,000 new books every year). By contrast, *professional* books, like college textbooks or books for psychotherapists, which you won't find in the usual bookstore, are very carefully reviewed by several highly respected professionals (because no teacher would use a textbook with glaring errors). With self-help books (almost all are trade books) the attitude is "let the buyer beware." Selecting a highly advertised "best seller" tells you almost nothing about the scientific quality of the book. In fact, only about half of the so-called "best sellers" are considered good books by mental health professionals (Santrock, Minnett, & Campbell, 1944). Publishing a self-help book is not a highly scientific process.

Next, you need to realize that more than 2,000 self-help books are published each year. So, over the last 25 years more than 20,000 such books (maybe 40-50,000) have been pushed by bookstores. That sounds like a very commendable effort to help you, but the question is: What is the main motivation of many publishers, helping the suffering or making money? No doubt, some care; most are more concerned with making money (yet, supposedly 75% of published books lose money). Many new books merely repeat what has already been written. It is also not unfair to point out that several psychologists have complained that their own book publishers have made *exaggerated claims*. Do you suppose these untrue advertisements are for benefiting people in crisis or for profits? Did you ever see a publisher recommend that you look up his/her best books at the library?

Publishers seem to believe that people will not try to generally self-improve or prevent problems. We readers are assumed to be so stupid that we will only seek help *after* we are in trouble. Therefore, the self-help book industry publishes books about specific, serious crises which will drive us (while in distress) to buy their books. Fortunately, many of those books are written by experienced professionals and are quite helpful. However, truly effective self-help education *should emphasize early detection of problems and prevention*, as well as crisis intervention. Prevention is sorely neglected (discussed later).

What are other consequences of primarily publishing specialized (one topic), crisis-oriented books? For one thing it may *discourage the ordinary person from reading self-help books*. If self-help books become associated with weird problems and serious crises (such as depression, addictions, abuse, divorce, etc.), it might strengthen our belief, as long as we are coping barely adequately, that "I don't need to know or think more about psychological coping unless I have a real serious problem." That's wrong but it fits with our desire to feel capable. (Note that talk shows have become so associated with rare and bizarre behavior that many people have lost interest and become scornful, feeling the talk show topics are weird and unrelated to them.)

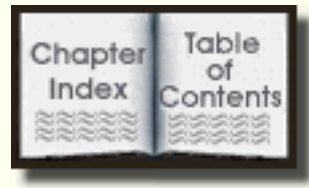
There are other problems related to the emphasis on thousands of books with a very limited scope. Examples: Could such books be used in a group or class where people have many kinds of problems? No. Will reading one specialized self-help book give you general knowledge which you can apply to different kinds of problems? Probably not much. When you are having serious problems, are the difficulties usually limited to just one area? No. Is it common to buy a book for a specific problem and soon discover that you don't really have that problem? Yes (perhaps that is partly why 90% of self-help books never get read beyond the first chapter). Is it reasonable for every specific problem to require its own self-help books? No, although that would sell more books, wouldn't it? Do the thousands of unique problems require thousands of different methods for coping? No. This is an important point, let's look at it more closely.

There are only 15-20 self-help methods for changing our own behavior, no matter what problem or crisis we are having. Likewise, there are only a few *basic* methods for controlling emotions which are used in *all* upsetting situations. The same for learning skills, changing our thoughts, uncovering unconscious factors, and so on. In short, it is easier and better to know the *general principles of behavior and the basic methods for changing* than to study hundreds of seemingly unrelated problems. Therefore, 20,000 self-help books are an overkill. A case in point: this book deals with hundreds of problems (chapters 3 to 10), but the methods for coping with those problems are described in entirely different chapters (11 to 15) because *the same method will be useful with many different problems*. What we all need is comprehension of the general principles of behavior and changing, as well as carefully designed research (not necessarily by professionals) testing the effectiveness of self-help methods. Our knowledge needs to be integrated and unified,

rather than split into little atomistic books. This brings me to the last major point.

[← Back a page](#)

[Forward a page →](#)



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THE PSYCHO-SOCIAL EDUCATION APPROACH

Why is it so hard to find the information you need?

With 20,000+ different self-help books sitting on book shelves somewhere, *the biggest problem is finding the book you need!* These are the conditions: (1) publishers favor one-topic books, (2) self-help writers often recommend only one or two types of self-help methods, and (3) self-help authors range from untrained in psychology to world-class experts, thus, the quality of information in books ranges from worthless (or even harmful) to the best available. Thus, what you get in a book may be very limited--a small slice of applied psychology. Certainly, the quack and the mystic won't reveal their ignorance on the front of their books. So, obviously, a person seeking up-to-date knowledge about a problem has a problem. Genuine expertise about self-help books is not available, certainly not from publishers or bookstores. No one has read all this stuff. I have read a lot of it and attempted to provide you with summaries. This book cites and recommends the best books I could find, but quickly finding the knowledge you need at any one time is a monumental task that needs solving in this age of information and technology. Most public and university libraries have relatively few self-help books, but through a state-wide, inter-library loan system you can get many books (*if you know the author or the title*).

So, in case you assumed that some intelligent body (psychologists, publishers, a government agency) was coordinating and insuring the cogent development of personally helpful psychology, disabuse yourself of that good idea right now. While publishers grind out their 2,000 new self-help books every year, they do not print general, broad scope, introductory self-help textbooks for teaching students to prevent or cope with common personal problems. Why not? As we will see, because schools and colleges don't offer personally useful psychology classes (partly because there isn't an acceptable textbook). However, don't forget: amid the junk, there are lots of good specific-focus books available, if you can find them.

My conclusions again are: coping effectively with life in general--and all lives are complex--requires us to know how to handle many ordinary problems as well as knowing how to improve what we already do well. That requires a basic knowledge of useful

psychology which can be applied by everyone in almost any situation. Currently, the typical specialized self-help books fail to provide us with generalized self-control, and there is no bibliographic system to help you find the specific information you need for solving today's problem.

Bookstores

There are about 9,000 bookstores in this country, although many of the small ones are being driven out of business by the giant discount chains. Bookstores are just a part of the publishing business--they provide storage bins and advertisement for selected new books. They stock only a fraction of all books in print. The chain bookstores don't even order their own books; they just shelf whatever corporate headquarters ships them. The clerks don't know the contents or quality of the books in stock, and certainly not unstocked books. So don't expect the store clerk to wisely recommend a book for your problem.

Magazines

Many popular magazines depend on self-help material to increase sales. Notice the featured articles--dieting, exercising, handling stress or the blues, improving relationships, better sex, etc. Many of these short articles are by professional writers who make their living writing anything that will sell; they are not psychologists or therapists. Yet, the short articles are often of interest and reflect some recent work by a psychologist or psychiatrist. Because of the brevity, however, the article usually deals with only one part of a problem and seldom provides detailed instructions for self-improvement.

The major problem with magazine articles is the same as books, namely, how to find what you need. You may stumble upon a magazine article of value to you, but if you were to set out to find an article about your particular problem, your chances of success are very slim. The lasting value of magazine articles is shown by the fact that they are seldom kept more than a few months, even by libraries.

Talk shows

Ten or fifteen years ago, I thought talk shows were the ideal self-help education for adults. The early talk shows were informative and practical, i.e. many dealt with solving common problems. They discussed controlling bad habits, relieving stress or depression, gaining confidence and asserting yourself, improving relationships, etc. When watching the early shows, you might have said, "Wow, that's the way I am. Maybe I should try that approach with my problem." When the shows did deal with abnormal psychology topics, the thrust was on understanding the behavior, helping relatives accept the patient, or helping the patient seek help from mental health agencies. As the years passed and competition among talk shows increased, the topics became more and more

sensationalistic. Sadly, now, they are usually a waste of time, unless you are entertained by bizarre situations or behavior. Now, if you watch, you say, "Wow, what a weirdo! Thank God, I'm not anything like that." The great educational potential in talk shows is being neglected because they focus only on the problems, not the solutions (don't blame the shows or the sponsors, they give us whatever attracts the greatest number of us). Heaton and Wilson (1995) say the talk shows distort real life so badly that they harm the mental health of all of us.

The talk shows do not showcase psychological knowledge well. Often the "expert" is given only a few minutes near the end of the show under terrible circumstances: "OK, doctor, now instantly cure these very long-term, disturbed subjects who have been whipped into an emotional frenzy for 45 minutes." It is common for the talk shows to also have a critic on the show to attack whatever the "expert" says. It seems carefully planned to demean the value of psychological knowledge. Certainly the public doesn't end up clamoring for more useful knowledge (unless they are in a crisis and desperate). We as a society don't need more titillation by aberrant behavior, sex, or shrill arguments; we need more insight into human behavior and feelings, more honest useful facts, and more practical research about effectively handling *common, ordinary* problems. We need to be able to separate the informative shows from entertainment based on someone's rare, abnormal, and pitiable behavior. (We also need to confront our own compelling, unquenchable thirst for entertainment.)

The media

Except for a few public television series, television has given us very little practical psychological education. Useful information has not been made and probably can't be made interesting enough to draw our attention away from the romantic glamor of the soaps, the intrigue of a murder mystery, the thrill of a chase, the sexual excitement of a seduction, or the humor of a comic. What does this mean? Are we doomed to the hell of eternal psychological ignorance? No. I think it means we have to change psychological education, perhaps using the soaps as a way of describing solutions to problems as well as describing the innumerable conflicts of humans. This means self-help specialists should be writing soaps. Most importantly, as the effectiveness of psychological knowledge is proven, I think the general public will give up some of its mental masturbation via entertainment TV and turn to more worthwhile and informative programs. We are learning to eat healthy food instead of high fat junk food and desserts, so we can learn to absorb healthy information instead of TV junk. Put on helpful shows about attracting a good mate, overcoming bad habits, handling anger, tactfully asserting yourself, or having orgasms and people will watch. Changing our TV viewing habits will take some intentional coping, however.

Churches

Since churches teach religious beliefs and morals, it is possible that they could also teach useful psychology to help us cope. While the relationship between religion and psychology is generally quiet, there is a reserve and distrust between the disciplines that interferes with many ministers actively endorsing applied psychology. For one thing, many preachers are not well trained in psychology or counseling, although some are very well trained. The most likely inter-disciplinary barrier is that self-help psychology believes you should think for yourself. This carries the risk to religion that you might even question the dictates of your religion. Most churches would be uncomfortable with that much individual freedom of thought. Religions are authoritarian organizations preaching "the truth," rather than searching for scientific laws and "the truth" through science. Religions tell you how to live and condemn living any other way even though a majority of their members actually "stray," e.g. having premarital sex and using birth control. This conflict over who should be in control of individual lives would interfere with many churches advocating self-help psychology to improve your life.

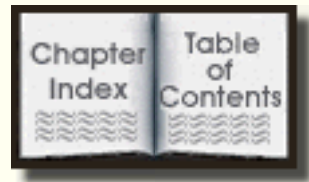
Schools

One would think that schools are the perfect place to give away all the useful knowledge science has found. But that doesn't happen. Why not? In the case of self-help, there are many reasons. There are no special advocates for psychology in schools (no clinical psychologists work in public schools). Schools fear having even more responsibilities, especially with very limited budgets. School schedules are filled and other disciplines don't want self-help psychology to take part of their class time. Neither psychology nor education has prepared teachers to handle a class in which students learn to direct and change their lives. In fact, only 50% of high schools offer psychology (the watered down, easy-to-teach academic kind) and only 50% of those high school psychology teachers have a background in psychology. Teachers who would help children actually practice self-improving need to be highly qualified and experienced (well trained school counselors might be good choices). Such training would require at least a four-year college program leading to teacher certification in "self-help psychology," which doesn't exist at this time. As mentioned above, there isn't even a comprehensive textbook that all students could use to plan self-improvement projects. Our public education system can't be prepared to teach useful psychology at the jr high and high school level until 2020, at the earliest.

University psychology professors yearn to publish research with the brightest graduate students, but most would abhor intimately teaching personally useful courses to ordinary undergraduates. Community college teachers and counselors might be more interested in teaching useful psychology. Most professors are in academia precisely because they are untrained and/or uninterested in helping with personal problems. The list of barriers in education could go on and on. Yet, there could be great advantages to individuals and society in the future from teaching personally useful psychology in schools; some advantages are listed at the end of this chapter.

[← Back a page](#)

[Forward a page →](#)



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THE PSYCHO-SOCIAL EDUCATION APPROACH

The neglect of prevention by books and institutions

Just as specialized self-help books leave much of your life untouched, thinking of self-help as being primarily for solving serious problems may cause us to neglect the prevention of problems. *Prevention should be a strong point of self-help.* Who else is going to guide you away from trouble? And, we all face trouble. A 1993 national survey about mental health lead by Ronald Kessler, a sociologist at Michigan, found that half of us will have a mental illness some time in our lives. It is a part of life. In fact, according to that survey one third of us will be at least mildly mentally or emotionally ill sometime during the next year! (The most common disorders are depression, drug or alcohol dependence, and social fears.) Obviously, we are not doing a very good job of preventing mental-emotional problems, but there is evidence we could.

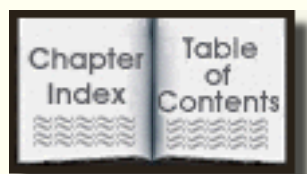
Several studies have shown that adolescent problems, like depression, introversion, and aggressiveness, can be forecast in the first and second grade. There are early signs of stress in a love relationship that warn us of serious marital problems. It doesn't take a genius to predict that a hostile, mean bully is going to cause and have interpersonal problems as a teenager and as an adult. Even totally untrained observers can pick out the child who is more likely to become schizophrenic at age 20 or so. Prevention of problems, however, requires your attention: you will need to assess how likely you are to develop a variety of particular problems (a task you will be tempted to avoid); you will need knowledge to decide how to best avoid the long-range undesirable consequences; you need to plan a self-help project to carry out the preventative measures. Probably the majority of serious psychological and interpersonal problems could be avoided by alert self-helpers. I do not want to suggest that psychology has already perfected prevention methods, but psychologists are finding some effective self-help ways to prevent serious problems, such as depression (Munoz, 1993). *Prevention requires attending to parts of your life that are not yet problems.* Clearly, some of the self-help methods, especially cognitive methods, for handling a serious problem could be used to prevent the problem.

Conclusions

You are, thus far, pretty much on your own to take care of your life. No system or basic institution, such as family, church, school, friends, or health/psychological caretakers, has taken on the task of helping you learn to cope with the minor or serious troubles that will come your way (denial is easier and, thus, self-help isn't a big money maker). A lot of your welfare depends on luck--being born middle class... or being raised in a psychologically healthy family... or being endowed with the ability to learn coping skills on your own. To become effective at coping, you need to practice thinking of self-help as being applicable to all parts of your life, i.e. *helpful all the time* with serious problems, minor concerns, and improvements of all kinds. Self-help is for preventing as well as solving problems. Self-help is for improving in areas in which you are already adequate or superior. To think of self-help in a more restricted way will limit your efforts to be a better person. We all need to periodically review all aspects of our lives, looking for any danger signs and taking preventive action if it is needed. We must vigilantly guard against believing that self-help is natural, automatic, instinctive, easy, unlearned, unimproveable or in God's hands. All are excuses for doing nothing. We all need to know the major methods for coping *before the trouble strikes*.

[← Back a page](#)

[Forward a page →](#)



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THE PSYCHO-SOCIAL EDUCATION APPROACH

Why should self-help psychology be given away? How can it be?

The human condition involves an astonishing amount of misery. A recent national survey (Kessler, et al, 1994) reported that 50% of all Americans between 15 and 54 have had a diagnosable mental or emotional disorder sometime during their lifetime. Almost 30% of us have had a serious psychiatric problem within the last 12 months (less than 20% got any treatment). One out of five of us is in fairly serious psychological trouble right now. About 50 million (20%) Americans are at least mildly depressed (200,000 attempt suicide), 20 million are anxious neurotics, 10 million turn to alcohol (1 million are in AA), 10 million are arrested for a crime, 5 million are schizophrenic or antisocial, 12% abused his/her spouse during the last year, 6 million (12%) of our children and teenagers are emotionally disturbed, 1 million college students leave school each year because of personal-emotional problems (1-2 million are addicted to drugs), 50% of marriages end in divorce and half of the remaining marriages are "empty shells," one of every seven women has been raped, etc., etc. (U.S. Surgeon General, 1979). During any given month, 15-20% of us Americans suffer from substance abuse or mental disorder. And, beyond all the serious problems, the fact is that almost all of us have things--bad habits, self criticism, unclear goals--we'd like to change (Kidd, 1974) but can't or don't. We shouldn't remain indifferent to all this pain. We need a scientifically based system for preventing and alleviating this misery.

I believe our greatest hope in the long run, in our country and throughout the world, is to improve the human condition by using our fantastic educational systems--schools, TV, computers, self-help groups, the information highway, etc. Why can't adults learn practical, useful psychology watching public television and TV soaps? Why can't useful information be delivered via computer and VCR to a hurting person just as soon as he/she needs it? Why couldn't all children learn in school to recognize, prevent, or cope with their personal and relationship problems? It isn't a new idea; Proverbs in the Bible were written to "educate in wisdom and moral discipline" and, thus, help young people, the inexperienced, and everyone (Scott, 1965). The problems associated with schools, self-help books, talk shows, and bookstores were discussed earlier in the chapter, but their effectiveness could be radically improved

A recent American Psychological Association task force said "prevention programs" are frequently effective and should be evaluated and expanded (Price, Cowen, Lorion, & Ramos-McKay, 1989). Prevention usually involves education about alcohol, drugs, unwanted pregnancy, poor health, etc., but it could be extended to many problems. It is also estimated that 7 to 15 million Americans were in almost 1 million self-help groups in 1990 (Riordan & Beggs, 1987; Jacobs & Goodman, 1989) and that such groups will become the major source of help with mental health problems in the late 1990's. Psychology is being given away to adults, but not primarily by psychologists. Helpful psychology is being talked about and used because the people want it, need it, enjoy it, and, probably, profit from it. Burnham (1987) has warned the discipline of psychology, however, to take more seriously the task of "giving useful psychology away to the ordinary person;" otherwise, the major uses of psychology may fall into the hands of lesser qualified journalists, talk show hosts, and TV commentators. I wish my discipline would heed the warning (although I think many people in the other disciplines are dispensing psychology fairly well).

If we, as a society, become serious about prevention and psychological self-help, we must start early. We could help *all* children handle problems. Ideally, every child would take a course in self-help or interpersonal skills every semester from shortly after birth through college--perhaps 40-50 courses, each tailored to the common problems for their age. For instance, a course in "caring" at age 6-7, a course in career choice at 10-12 and again at 16-18, a course in sexual development and moral choices at puberty, a course in relating to the opposite sex at 13-15, a course in selecting a partner at 18-20, a course in developing a philosophy of life at 12-13 and again at 18-20, etc. It won't be easy, but psycho-social education has tremendous potential advantages within the public school system:

1. Everyone can be reached at a young age via the educational system; therefore, problems could ideally be prevented or handled early.
2. The amount of time available via the educational approach far exceeds any other currently available delivery system. For example, in just one course at the college level, students spend approximately 150 to 200 hours working on their problems as contrasted to an average of 5 or 7 hours in counseling centers or perhaps the 15 to 30 hours of counseling for clients who remains in treatment until termination. Suppose there was one course every semester from nursery school to graduate school; that's a total of 4,000 hours of study and application! Every child could become much better trained than the current psychiatrists and clinical psychologists. Why not? What else would be more beneficial?
3. The psychology-for-everyone approach may remove some of the stigma against seeking professional help with personal or interpersonal problems. At least, everyone would know where to go to get the extra help they need.
4. Practical psychology could eventually be made available to all people, not just

students. Surely a knowledge of psychology and how to apply it in one's life might not only be beneficial to the sickest members of our society and to those who come into conflict with the law, but also to the better adjusted or even the leaders of our communities.

5. The students are more motivated and the teachers have more reinforcers to use than counselors. Self-help psychology is the only class that I've ever taught in which students encourage others to do their homework, so that they can make a better contribution to class.
6. Self-help applied psychology courses build self reliance, personal pride, and self-direction, and reduce dependency upon others. It helps correct the common notions that only a psychiatrist or a psychoanalyst can deal with tough human problems.
7. The person who is hurting knows his or her background better, is aware of the problem sooner, and sees his/her goals more clearly than anyone else. Only the person is always available (to yourself) and more responsible than anyone else for the problem's existence, its treatment, and its outcome. The knowledgeable self-helper is in the best position to help.
8. There are fewer drop-outs and fewer people really dissatisfied with the psychological services offered in a class, partly, I suspect, because there are *so many sources of help* in a course that do not exist in a therapy situation, such as the readings, the lecture-demonstrations, the instructors (usually a classroom teacher *and* a small group leader), the other students in the class (individually and in the group process), and their own learning by doing, i.e., self-help efforts.
9. Credit courses provide credit to the learning institution, the faculty members, and the students. I feel "giving psychology away" is a real credit to the profession as well. Psychology is clearly relevant to everyone's life every day.
10. Courses are an excellent training opportunity for paraprofessionals and graduate students. There have been 8-12 graduate students, interns, counselors, other faculty, undergraduate paraprofessionals, etc. co-teaching with me each semester for over 20 years.
11. Intensive, personalized courses in school provide a much better opportunity for doing realistic, meaningful "psychotherapy" research and self-help research than does the typical outpatient mental health center or private practice.

These "advantages" are only my hunches, not proven facts. It will take our society years to develop, research, and evaluate an integrated sequence of age-related courses. Intentional coping is not well researched. We know little about moving from one stage of

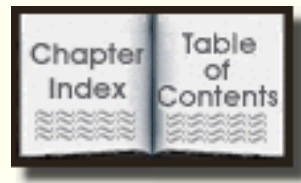
self-help to another, e.g. from avoidance of the problem to thinking about it, from being concerned to preparing to act and then acting, from self-improving to maintaining the gains. New research on the whole self-help process is just getting started (Prochaska, DiClemente, & Norcross, 1992; Klar, Fisher, Chinsky, & Nadler, 1992). Furthermore, new kinds of psychology teachers are needed, and delivery systems must be changed or developed. It won't be easy, but how else are we going to help all our grandchildren cope well with the daily problems that are a part of living? Let's get on with making this a better world.

Every profession is a conspiracy against the laity.
-George Bernard Shaw

An appeal to all scientists and practitioners: Share your useful knowledge. Remember, "tis better to light one candle than to curse the darkness."

[← Back a page](#)

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THE PSYCHO-SOCIAL EDUCATION APPROACH

Our attitude towards "self-help" will influence the future of humanity

Humankind is obviously not rushing recklessly towards self-responsibility and self-control. We resist the idea of needing psychological help. So, it is no surprise that general self-help knowledge and classes have not become big business. The thousands of little crisis books have not shown the general population that psychology is helpful in every life every day. Likewise, the TV documentaries or talk shows have not convinced many people to study self-help techniques carefully (that is certainly no surprise considering the few minutes the bewildered "experts" on talk shows are given to solve highly complex, emotional issues). Our limited systems for distributing useful knowledge to everyone are lousy because they are, thus far, primarily devoted to entertainment and selling products. Schools, families, and churches don't support self-help instruction. Moreover, therapists know a lot but they aren't giving it away (in our competitive, individualistic culture, who wouldn't want to make \$100 an hour?). In short, our society does little to encourage and help us to self-improve. What can be done about these skeptical or pessimistic attitudes?

Producing better self-improvement methods, proving the effectiveness of self-help by research, getting useful information published in magazines, on TV, or anywhere that honestly reports the effects of these techniques will eventually persuade enough people to change the educational system, the media, and the publishing houses. The real "proof" about self-help accumulates one person at a time--one successful self-helper at a time. So if you read enough about self-help that you give some methods a try (and if they work for you), you will become part of the force that changes human thinking. Your belief in using knowledge derived from science to control and change your life will gradually influence other people's attitudes.

I believe, like Alfred Adler, in *the wide utilization of self-help psychology is inevitable* within your life-time (if you are young). Psychological coping is like health, everyone has to work on it. And, in both areas, science is finding more and more ways to improve our bodies and our personal-interpersonal adjustment. For the last 600 to 800 years, science has steadily advanced; it can be slowed but not stopped or rolled back. Once you think of an idea, like

germs or evolution or genetics or self-help, you can't unthink it.

Practical, useful psychology will eventually be taught to everyone so that we all can cope better with problems, suffer less, love more fully, and contribute more to others. Comprehensive psycho-social education is not an impossible dream, but it involves major changes which no one can foresee today. We only see the problems clearly now, e.g. most people would agree that the most important part of growing up is *developing character*. And, great moral character is not the hallmark of our society these days. "Character" is defined as having the ability to control impulses and defer gratification, which is essential for achievement, performance, and moral conduct. Character requires self-discipline and moral values, which are not major topics in our country any more (Etzioni, 1993). Indeed, the lack of discipline is the #1 problem in schools today: classes are often restless, impatient, disorderly, and disrespectful, resulting in little learning. Much experimentation about character development is needed, but my faith in people--and in the usefulness of knowledge--makes me an optimist, a believer in the eventual goodness of people and in the triumph of reason.

In our early years, we humans seem to be capable of understanding many of the complexities of life--and doing something (a lot) about them. As youngsters we can influence our futures; the earlier we start the better. Walter Mischel (1988) has shown that 4-year-olds, who have learned how to distract themselves and resist temptations, like candy, are more able to concentrate, make friends, do well on the SAT, and deal with stress as teenagers. Self-taught self-control apparently has important consequences (science doesn't know yet if self-control taught to us by others has the same implications as self-taught self-control but possibly so). The teen years and young adulthood are also important in many ways: you develop trust or distrust of yourself and others, you acquire attitudes, habits, values, and emotional reactions which will have great impact on your entire life. Youth isn't just a time for living day to day, as some think; the early and teen years form the basis for much that you will become. You can change at anytime in your life, even on your death bed, but it is harder if you haven't had much practice self-changing earlier in life.

So, hopefully, you can now see the big picture of where we are going. Clearly, a life-long psycho-social education isn't just one book or one course. Learning to cope is an unending task from birth to death. It is a process of realizing your personal and social problems, of deciding on the important purposes of your life, of planning how to accomplish as many of those goals as possible, and, then, gathering the knowledge you need to actually cope with the almost inevitable stream of pitfalls in life, carrying out your day by day plans for achieving your ideals, and living your values and dreams to the fullest.

I urge you to seriously start self-helping yourself to cope **now**. *You don't need to be a good student or to know much about psychology* (you only need to be able to understand what you read); *you don't need to have problems* because you can always work on self-improvement and prevention of problems; *you don't need to be in good psychological shape*

because self-help is for all kinds of personal and interpersonal difficulties. Why am I urging this on you? My goals reflect my values of helping others, using knowledge honestly and wisely to make this a better world, and encouraging each person to take responsibility for his or her own life.

Every creator painfully experiences the chasm between his/her inner vision and its ultimate expression.

-Isaac Bashevis Singer

Summary

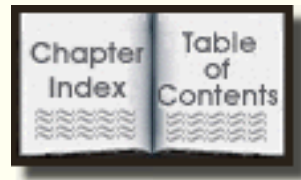
Psychology has accumulated a lot of useful knowledge--how to improve behavior, handle emotions, acquire skills, change attitudes, gain insight, and much more. So, why shouldn't these methods and ideas be taught to everyone? Eminent psychologists have recommended this for many years (Miller, 1969; Guerney, 1969). Of course, we can't prevent all problems; some rain must fall in every life; we all suffer the occasional pain of failure or self-criticism or rejection or loss. But we could suffer less. Furthermore, we all could be better--more caring and giving, and less angry or greedy, more reasonable and calm, and less tense and impulsive, more capable and aware, less timid and repressed, etc. Since we all have problems *and* we all have room for improvement and much to contribute to others, a good society would surely help us all live the best life we can. And, since we are more responsible for our own lives than anyone else, often having to cope with problems alone, everyone needs to be an expert self-helper. It makes sense. It can probably be done, but not quickly and easily. I hope this book makes a small contribution to that distant goal.

A warning: any society which emphasizes individual responsibility, self-help, building self-esteem... must guard against burdening individuals alone with the awesome task of coping with life's problems. The knowledge needed by individuals must be developed and distributed by massive research programs and improved educational-informational institutions. Society must change as well as individuals. When we say that every person must help him/herself, it is crucial, in order to be fair, that every person be provided the self-help knowledge and opportunities he or she needs to succeed. Otherwise, "self-help" is just another mean-spirited ploy by the advantaged to "keep the disadvantaged in their place."

See the bibliography at the end of the book for the references for chapter 1.

[← Back a page](#)

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STEPS IN SELF-HELP



Steps in Self-Help

Reader: Step 3 is especially important.



Step 1: Select self-improvement projects, no more than 2 or 3 at a time

- Table 2.1: Problem Check List
- Table 2.2: How to Move from Avoidance to Contemplation to Commitment



Step 2: Start collecting and recording data reflecting the severity or frequency of the problem



Step 3: Try to understand the problem, how it developed, its original causes, and what causes it to continue. Analyze your problem into five parts.



Step 4: Set realistic short and long-term goals



Step 5: Select the self-help methods that seem most likely to work, i.e. develop a "treatment plan."

- Table 2.3: Analysis of Problem into Parts and Possible Solutions



Step 6: Learn the detailed steps involved in each self-help method you are using (chapters 11-15) and try out your plan.



Step 7: Continue throughout the project to assess and plot your progress



Step 8: If needed, revise your plan -- deal with your resistance to change. Keep up your motivation.



Step 9: Plan ways of maintaining the gains made.



Step 10: Make a note of each method's effectiveness: what works for you?

Don't fret. Some of the steps can be done quickly or even omitted.



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HOW TO USE THIS BOOK TO CHANGE YOURSELF: STEPS IN SELF-HELP

Overview

The steps in carrying out a self-help project are described in this chapter. However, before trying to change we must realize that a specific change is needed and we must believe change is possible. The first step below, selecting a self-help project, gives you several suggestions for overcoming your reluctance to try to change. The key is to think about the problem--don't avoid it--by reading about it, talking to others about it, and thinking how life would honestly be better without the problem.

After deciding to improve in some specific way, then obviously you need to understand your problem, overcome your fears of changing and failing to change, and start to figure out exactly how you can make the changes you want. This entire book helps you do those things. Self-help takes a lot of knowledge, it isn't just a simple matter of having the "will power" to do something, although you must be motivated to get the knowledge and skills you need to change.

Recent research says we go through six "stages" when we change: *precontemplation* (we aren't thinking about changing yet), *contemplation* (starting to think about changing), *preparation* (planning to change), *action* (using self-help methods to change), *maintenance* (of our gains), and *termination* of the project (Prochaska, Norcross & DiClemente, 1994). This is potentially useful research, not so much in terms of naming the rather obvious stages in changing, but rather in terms of discovering how to motivate ourselves from one stage to another. A lot of people deny the need to make changes, even more want to change but can't get started. We must stay motivated. Prochaska, Norcross & DiClemente's suggestions for moving ourselves from one stage to another are summarized below but these techniques have not been well researched. Science needs to study self-motivation much more.

A valuable aspect of the following 10 steps is a simple system for analyzing your problem into five parts, which, in turn, will help you develop a comprehensive plan for changing yourself. This system, described in step 3, will help you understand any problem situation. Every problem has five parts or levels: (1) the **behavior** involved, (2) the **emotions** experienced, (3) the **skills** you may need, (4) the **mental processes** involved (thoughts or self-talk, motivations, self-concept, values, and expectations), and (5) the **unconscious** forces that may contribute to your troubles. An old adage says, "a problem well stated is half solved." When a problem is carefully analyzed into these 5 parts, you can more easily see how most treatment or self-help methods available today could be applied to this problem (see step 5).

This same 5-part system of analysis is also used in chapters 3 to 10 to help you understand how specific problems may have developed, are maintained, and could be changed. Then, chapters 11 to 15 describe in a simple cookbook manner how you can apply many different self-help procedures to each of the five parts of your problem. Chapter 11 deals with the behavioral part or level 1, chapter 12 with the emotions--part 2, chapter 13 with skills--part 3, chapter 14 with thoughts--part 4, and chapter 15 with unconscious factors--part 5.

Please note: As mentioned in chapter 1, you may use this book like a standard text, reading every word chapter by chapter, but when you are actually trying to self-improve, use it like a reference book, searching out the information you need at the moment by skimming the chapters' titles and sub-titles. Every chapter starts with a detailed index. This look-for-what-you-need-to-know process is not simple, not if you study the causes and possible methods for "treating" each of the five parts of every problem. Learning self-control is not easy, if it were, humans would have mastered it 35,000 years ago. Don't let the complexity of your problems or of this book scare you, though; plunge in.

Another caution: making important changes in our lives is not a smooth, linear process; there are poor plans, methods that don't work, times when we lose motivation and forget our projects, relapses, etc. Most self-help projects require several tries, perhaps 80% to 95% of us have at least one setback as we undertake a self-improvement project, especially if we are not well read and informed, but the successful self-helper doesn't give up. He/she goes back to earlier steps or stages and reads more, asking why am I not more motivated, what methods will work better, is there another unseen problem involved, do I need to give more attention to maintaining my gains, etc.? It is far better to try and fail (this time) than never to have tried to change at all (guaranteeing permanent failure). When you have trouble changing, there are a lot of helpful people, books, videos, professionals, and groups that would be glad to help. I try to point you towards several sources of help.

Summary of Steps in Self-help

Once you have decided to make some specific self-improvement, there are ten desirable steps in a difficult self-help project; however, not every step must be compulsively carried out every time you try to change something about yourself. Sometimes, you can omit measuring your progress or analyzing the problem into parts or setting goals or some other steps. This is because sometimes, the desired change is very easy to make, as though it is just waiting for an excuse to change. Most of the time, however, it is hard to change, forcing you to pay attention to all ten steps. At least, you should know how to carry out all of the possible steps, in case they are needed:

Step 1: Select self-improvement projects, no more than 2 or 3 at a time.

_____ see problem checklist in this chapter (Table 2.1).

_____ if you aren't sure you want to change or keep postponing making changes (see Table 2.2).

_____ ask yourself: could this problem be physically caused? If so, see a physician.

_____ if you have a very serious problem, such as suicidal thoughts or difficulty thinking well enough to make any plans, please seek professional help (see the warnings below).

Step 2: Start collecting and recording data reflecting the severity or frequency of the problem.

_____ estimate and record frequency for 1 to 2 weeks prior to starting a daily record.

_____ record information each day that will indicate changes you are making.

_____ keep a diary of your thoughts and feelings as well as actions.

Step 3: Try to understand the problem, how it developed, its original causes, and what causes it to continue.

_____ analyze your problem into five parts. Use Tables 2.1 and 2.3 (in step 5). Look for the origin and influence of each part.

_____ what causes your problem? the history? under what conditions does the problem occur? Any payoffs?

_____ see chapters 3-10 and other readings for frequent causes and explanations.

_____ biology and environment as causes. Motivation to change: do you understand why you want to change? or why you are reluctant to change? What seem to be the barriers to changing?

Step 4: **Set realistic goals.**

_____ be specific: exactly what behavior, emotions, skills, attitudes, or awareness do you want to change? What do you want to eliminate? What to increase?

_____ change in small easy steps if rapid or radical change ("cold turkey") is impossible.

_____ summary of goals--outcome, time, method. Are these goals important, fair, and in keeping with your values and long-range aspirations? (see chapter 3)

Step 5: **Select the self-help methods** that seem most likely to work, i.e. "develop a treatment plan."

_____ consider each of the five parts of the problem: considering causes and goals, which parts seem to be the most likely to produce the changes you want to make?

_____ refer to Tables 2.1 and 2.3, and chapters 3-10 for self-help ideas. Sample self-help plans. Read "general idea" and "purpose" of the methods in chapters 11 to 15 to see which ones seem most likely to work for you.

_____ use doable self-change methods directed at several "parts" simultaneously or in sequence. But avoid overly complex plans that overload your computer or your schedule.

Step 6: **Learn the detailed steps** involved in each self-help method you are using (chapters 11-15) and **try out your plan.**

_____ give the selected self-help methods a fair trial (daily for two weeks or more).

_____ your motivation is crucial; keep it high (see chapters 4 and 14).

_____ take precautions in advance if any strong emotions or possible dangers are involved (see chapters 11-15).

Step 7: Continue throughout the project to assess and plot your progress.

_____ use self-observation for assessment, change, and reward. Get other people's opinions.

_____ continue systematic self-observation for a few weeks after reaching your goals.

Step 8: If needed, revise plan as needed--deal with your resistance to change. Keep up your motivation.

_____ change your tactics, if selected self-help methods are not working. Perhaps other "parts" are more involved than you realized.

_____ change your approach, if you lose your motivation to change. Perhaps the change isn't as important as you thought. Is the old behavior meeting some unhealthy need?

_____ seek professional help if your problems are very serious, become worse, or do not respond to self-help.

Step 9: Plan ways of maintaining the gains made.

_____ use partial and natural reinforcement of the new desired behavior so it becomes intrinsically satisfying. Make it a habit.

_____ may need to repeat treatment occasionally, e.g. start exercising and dieting again as soon as you gain 2 pounds.

Step 10: Make a note of the method's effectiveness: what works for you?

_____ critically evaluate the quality of your "research." What else happened besides your treatment that might have changed the problem situation?

_____ jot down ideas about future uses of this method or improved

procedures; share with others.

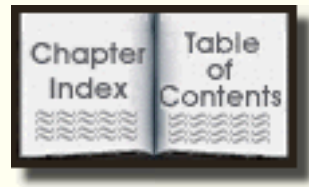
_____ what and/or who were your greatest sources of help?

_____ build your confidence in your ability to self-help.

_____ go to step 1, and begin another self-improvement.

[← Back a page](#)

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STEP 1: SELECT SELF-IMPROVEMENT PROJECTS

Select 2 or 3 self-help projects

For most of us, there is and always will be "plenty of room for self improvement." Looking over the problem check list (Table 2.1) may suggest a number of improvements you would like to make. In general, though, how do you know that you have a problem? Answer: in many ways, e.g. someone might say you do. You might take a test. You might simply recognize you are different from others, e.g. you take twice as long to do something as others do. You may have feelings you don't like, such as tension, anger, fear, boredom, etc. You may just wonder if you are "messed up" or being unreasonable. You may have goals you don't know how to reach. There are obviously lots of ways of concluding there is a problem. It might be wise to talk with others about how unusual or extreme your problem actually is. But make sure you are changing because *you* want to, not just because you want to conform to, to please, or to obey others.

Sometimes we are so busy playing or rebelling or just surviving, we haven't thought seriously about what we want. Reality therapists ask a good question for self-helpers: "Is what you are doing now really going to get you where you want to go in life?" If not, then they ask: "What do you need to start doing to get whatever you want out of life?"

After reviewing these possible self-improvements, remember: select only 2 or 3 self-help projects to work on at any one time. Probably one reason self-help methods are effective is because the self-helper singles out the problem, thinks carefully about possible solutions, makes specific concerted efforts to change every day, and records his/her progress. If you take on too many projects at one time, you dilute this concentrated attack.

What to do if you can't seem to get started on a self-improvement project

A body of research shows that there are a series of stages in changing. The best summary is Prochaska, DiClemente, & Norcross (1992) or Prochaska, Norcross &

DiClemente (1994). In the first stage, I'll call it "**avoidance**," we just don't think about the problem, even though it is perfectly clear to others. Or, we may briefly *wish* to change but have no serious *intentions* or plans for changing. Often, we blame others for the problem and resist change or believe we can't do anything about it. We must move to the next stage, call it "**contemplation**," before we can begin to change. In this stage we become more aware of the problem and we think about changing, but we haven't definitely decided to do something about it yet. We may wonder if change is worth the effort; we should weigh the pros *and* cons of changing. Many people remain in this stage for a long time (smokers for an average of two years). To actually change, however, we must move to the next two stages of **commitment**, called "**planning**" and "**action**." When we make explicit plans, we have decided to take action soon. We may have already tried to change and want to try again. Ideally, we will not obsess too long with understanding the problem and developing a perfect treatment plan; it is important to actually start changing. In the "action" stage we stick with an effective plan until we reach our goals. The last stages are "**maintenance**," in which after making gains we do whatever is necessary to avoid relapse, and "**termination**."

When you realize that many decisions lie between the having-a-problem-but-not-admitting-it-stage and the I'm-going-to-change-myself-with-these-methods-stage, you begin to understand the extensive knowledge needed for self-control. You need to know the steps in change and the barriers to change; you also need to master many useful self-help methods, which include self-motivational techniques. Consider the massive numbers of us that can't get started changing. For instance, among smokers, it is estimated that only about 10% are ready to take action, 35% are in "contemplation," and 55% are in "avoidance." That accounts for 70% of smokers *saying* they would like to join a stop smoking program but only 3-5% actually signing up and *taking action*. The "no shows" had not prepared themselves for action yet. Just look around you, notice how many people are overweight and out of shape. Students want to study but don't get it done. They don't want to be that way; they just can't get themselves to the DO SOMETHING stage. You must honestly ask yourself if that isn't your problem too. Do you know some problem exists, but you just haven't decided to attack the problem directly and forcefully yet?

If so, then your first job is to get motivated and overcome your fears of changing. You need to decide for sure that a particular problem must be faced and conquered. You need to realize you may lose certain pleasures when you give up a bad habit. You may need to "psych yourself up." You may need encouragement. You certainly need to accentuate the positive reasons for changing. There is evidence that impulsive action on a self-help plan is likely to fail if you do not have acute awareness of the probable benefits and losses, without an hopeful, exciting plan (including some faith in your ability to change), and without determination and commitment to fully solving the problem. So, what can you do if you can't get started changing?

Current wisdom says we get to action by *learning more about the problem and about*

ourselves (e.g. how the bad habit harms us and how we profit from or need the problem, e.g. smoking helps us relax). Also, significant others may powerfully confront us about our problem: the kids say they want us to stop smoking and live longer or our lover hints that our rolls of fat are not real sexy. Serious thinking on our own about what kind of person we would like to be may also help us get to action, especially if self-discipline and personal growth are valued traits. Many people are inspired to try to change by talking to others, either others who have changed themselves or others who will listen and understand our gnawing self-dissatisfaction and desire to be better. These are just common sense ideas. The remaining limited "wisdom" we have now about getting ourselves ready to truly change is in **Table 2.2**. Surely we will soon learn more specifics about these crucial self-help steps (see Klar, Fisher, Chinsky, and Nadler [1992] for a more academic discussion of the intention to seek self-change).

As mentioned before, you need to keep in mind: (1) we often need to make several attempts to change before we are successful. Either we try and fail (e.g. the smoker who says, "Quitting is easy! I've done it thousands of times!") or we work on only one part of the solution at a time, going through the stages with each successful self-help project. So, expect some difficulties. Indeed, a previous failure may have prepared you to succeed the next time. (2) Since we can effectively work on only a couple of problems at a time, and since most of us have many, many self-improvements we would like to make, it is only necessary to get "psyched up" about a couple of self-help projects at a time. Putting many projects "on the back burner" is okay, as long as you are working hard on your one or two really important current self-help projects.

Guard against misdiagnosis

WARNING: None of us is qualified to diagnose ourselves. A major concern is what if we misdiagnose our own problem. What if our headache is caused by a tumor instead of stress at work? What if our anxiety is caused by hyperthyroidism or hypoglycemia instead of feelings of inadequacy? What if our poor interpersonal relationships are caused by schizophrenia instead of shyness? What if our "highs" and irresponsible spending are the result of a mild manic-depressive disorder instead of simple "impulsiveness?" What if our depression is caused by PMS instead of our marriage? What if our marital problems are caused by unconscious childhood experiences instead of poor communication skills? What if our fear of knives is caused by an unconscious urge to kill oneself instead of merely being a fear reaction to knives?

We are dealing with very complex matters. Even the experts disagree and don't know much about the causes of many disorders. *Therefore, it is absolutely essential that every self-dianostician get a second opinion, especially when there are significant risks involved. If there is any threat to life, if you might have a serious emotional-mental disorder (this is hard to know), if you have a chemical dependency, if the problems could be caused or*

treated with physical-chemical means, or *if* you have tried for some time to make changes and failed, *please seek professional help right away*. As mentioned in Understandings 11 and 12, always get help making a diagnosis and treating a serious problem. See a physician and/or a psychologist.

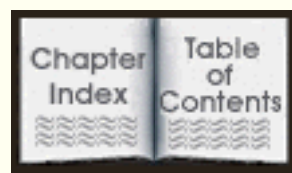
On the other hand, it is obvious that many of the problems listed in Table 2.1 are psychological, requiring new habits, new skills or different ways of thinking, not surgery or drugs or therapy for a psychosis. It is also obvious that some of these problems may have existed for a long time without serious consequences; therefore, it may be quite reasonable, in these less serious areas, to try initially to change yourself without first seeking professional help. If you can change yourself without professional help, wonderful! If you can't, get help!

See the problem as a challenge and an opportunity

In spite of the warning just given, the evidence is clear (D'zurilla, 1986) that optimism is important. No one is going to be a self-helper unless he/she believes (1) the problem is solvable and (2) he/she is capable of solving it. If you believe you can change things, you will work on the problem sooner, harder, and longer. Where does this self-confidence come from? Largely from trying to change things and having some success (see chapter 14--helpful attitudes). It has been said, "Improving is catching! 50% of people who stop drinking also stop smoking." So, select something *you* can change and really want to change--and let's get on with it.

[← Back a page](#)

[Forward a page →](#)



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SELECT SELF-IMPROVEMENT PROJECTS

Table 2.1: Problem Check List

Place a check mark in front of every goal or problem you would like to work on. Then go back and decide on what to work on first. Recommended readings in this book are given in parentheses.

I. I want to change my overt behaviors or my thoughts, such as:

- stop a bad habit--smoking, drinking, drugs, over-eating, swearing.
(Chapters 4, 11) and try to deal with underlying feelings
- overcome behavior problems--lying, stealing, deceiving, laziness.
(Chapters 3, 4, 11, 12) and look for underlying feelings
- study or work more, have more self-control and less procrastination.
(Chapters 3, 4 and 11)
- be more caring, giving, affectionate. (Chapters 3, 4, 9, 11) and look
for interfering feelings
- be more or less socially outgoing. (Chapters 4, 11, 13 and 14)
- improve a friendship or an intimate or love relationship.
(Chapters 9, 10 and 11)
- reduce excessive worries or obsessions or jealousies.
(Chapters 4, 5, 7, 8, 10, 11 and 12)

II. I want to change my conscious emotions, specifically:

- _____ afraid I'll hurt myself or someone else or have a nervous breakdown (go get professional help right away).
- _____ anxious, fearful, tense, shy, up tight, poor sleep. (Chapters 5, 12 , 13 and 14)
- _____ overwhelmed, confused, bewildered, lost. (Chapters 3, 5, 9 and 12, and this may be a problem that needs professional help)
- _____ depression, loneliness, sadness, guilt, feeling a failure. (Chapters 6, 12 and 14)
- _____ resentment, anger, distrust, feeling betrayed, wanting to hurt someone. (Chapters 7, 9, 10, 12 and 14)
- _____ unexplained changes in mood, mood swings of highs and lows. (Chapters 6 and 12)
- _____ physical complaints, aches and pains, tiredness, poor appetite. (Chapters 5, 6 and 12)
- _____ don't give a damn, apathy, feeling that nothing matters. (Chapters 3, 4, 11 and 14)
- _____ overly eager to please, an unquestioning and obedient follower. (Chapters 8, 13 and 14)

III. I want to gain certain skills so I can handle problems better:

- _____ be a good listener, empathic, able to disclose my true self. (Chapters 9 and 13)
- _____ stand up for my rights, refuse to be taken advantage of. (Chapters 8, 13 and 14)
- _____ make good decisions, avoid impulsive or uninformed choices. (Chapters 4, 11, 13 and 14)
- _____ how to meet people, social and dating skills. (Chapters 9, 13 and 14)

- _____ study or test-taking skills, how to concentrate better. (Chapter 13)
- _____ time management, scheduling, reducing procrastination. (Chapters 3, 4, 11 and 13) and work on underlying needs
- _____ leadership and persuasion skills. (Chapter 13)
- _____ parenting skills and relating to children better. (Chapters 4, 9 and 11)
- _____ handling money, budgeting, controlling impulsive buying. (Chapters 4, 11 and 13) and figure out underlying emotions
- _____ choosing a career, planning out my life, making educational plans. (Chapter 3 and 13)
- _____ learn how to deal with sexual problems. (Chapter 10)

IV. I want to change the way I think, more specifically:

- _____ become more hopeful or optimistic, less negative view of the world. (Chapters 6 and 14)
- _____ be more tolerant of others or myself, more accepting of what is. (Chapters 7, 9 and 14)
- _____ be more willing to try something different, more brave, adventurous. (Chapters 4, 8, 11, 13 and 14)
- _____ reduce my own attitudes or expectations or views that upset me. (Chapters 6, 9 and 14)
- _____ learn to think straight and logically, stop deceiving myself. (Chapter 14)
- _____ learn positive mental attitudes, self-suggestions, self-hypnosis. (Chapter 14)
- _____ take more responsibility for my problems, their solution & my life. (Chapters 3, 8 and 14)

_____ develop a philosophy of life and learn how to live by it.
(Chapters 3, 4, 11 and 14)

_____ increase my motivation, overcome my reluctance to change & work hard. (Chapters 3, 4, 11 and 14)

V. I want to understand what makes me tick, why I do the things I do, the unconscious motives and dynamics within me:

_____ uncover and understand the past experiences that still bother me.
(Chapters 9, 14 and 15)

_____ become more aware of my self-deceptions and defense mechanisms. (Chapters 5, 9, 14 and 15)

_____ recognize the "games" being played by me and by others.
(Chapters 9 and 15)

_____ get in touch with the conflicts and repressed feelings inside me.
(Chapters 9, 12 and 15)

_____ remember and understand my dreams or daydreams. (Chapter 15)

_____ realize the continuing impact of my family life & early experiences.
(Chapters 9, 14 and 15)

_____ understand my needs--dependency, aggressive, sexual, etc.
(Chapters 7, 8, 9, 10 and 15)

Table 2.2: For the Hesitant Self-Helper--How to Move from Avoidance to Contemplation to Commitment

Most self-improvement is made by people changing themselves, not by people seeing therapists or attending 12-step groups. Self-help is the most common approach with both easy changes and with very tough ones, including smoking, drinking, and even heroin use (at least in veterans returning from Vietnam). When these self-improvers are asked, "How did you do it?" they often say "I just decided." Maybe there is more wisdom in this comment than we realize at first. It is quite possible, in certain situations, that "just deciding" is the core of the problem. Indeed, for some people, once the decision is

definitely made that "**I'm going to change**," their planning and self-change skills are quite adequate (or, perhaps, any old plan will work) and they simply change. The indecision or ambivalence (between changing and remaining the same) may often, in these cases, be the major problem (Miller & Rollnick, 1991).

On the other hand, most tough self-change projects are not just a matter of deciding "I'll do it." Making significant changes in our habits, feelings, beliefs or attitudes usually require more than will power, namely, extensive knowledge about self-help methods (which may be learned by reading or by trying to change and failing over and over again). And, we also need to learn how to be well motivated and optimistic.

Overcoming the denial of a problem

Denying your problem is appealing because it is easy, there is nothing to do, you can't fail, you can blame others, and others quickly see your resistance to changing so they stop bugging you. We also use a variety of excuses for doing nothing, such as "you can't get better until you hit bottom," "I've tried everything," and "people can't change." Amazingly, many people think self-change is impossible, including an estimated 2/3rds of our physicians. Notice how we expect experts to change us but not ourselves. That's nonsense.

What are the barriers we need to overcome in the process of "just deciding?" For the person who hardly thinks about making a needed change, the common barriers are (1) a *reluctance to admit* the problem ("I'm only 10 pounds overweight," "I'm just big boned," "It came from having babies," "My wife is overweight too," etc.). (2) *Rebellion* against pressure ("I hate it that Mom makes me study before dinner," "I like the way I've been teaching, this new cooperative education is nonsense," "I hate it when he/she mentions my weight when we are making love," etc.). (3) *Resignation* to staying the same ("I can't do anything about it," "I've tried to quit a 1000 times," etc.). (4) *Rationalizing* that the problem behavior is really all right ("I know smoking isn't good for you but I only smoke 15 a day *and* usually I don't inhale *and* I smoke "light" cigarettes *and* I didn't start until I was 25 *and* my grandpa smoked 2 packs a day until he was 95 *and* I need them to relax **but** I'm going to quit!"). These are the kind of obstacles you face--they are powerful.

What can we do about our avoidance and denial? First, we can become aware of our use of excuses and mental tricks to avoid changing. Certain personalities consistently use specific defenses, e.g. if someone said something demeaning about you and you responded by laughing it off or saying "they didn't really mean it--no big deal," you are probably prone to use **denial or minimization**. If you responded by saying "that person is just mean-spirited, besides you can't please everybody--these things happen" or "there are deep psychological reasons why he/she said what he/she did," you are a **rationalizer or an intellectualizer**. If you boiled over, verbally or physically attacking the person or assuming they are totally evil, you are **externalizing** the causes of the problem. If you

became self-critical and felt blamable for his/her opinion, you are "**internalizing**" the causes of the problem. In short, learn what defense mechanisms you use (see chapter 15) and do something about it, e.g. force yourself to face upsetting problems, avoid explaining away criticism of you, empathize with others (even critics), find less destructive ways to vent your anger, avoid feeling totally responsible for every bad happening, etc.

Second, the obvious solution to denial is to open your mind in many ways but this may not be easy. *You must find good, persuasive reasons for changing.* You must face reality and come to truly believe that the desired goals are well worth the cost of changing. This means you admit the problem, see its seriousness, face the worries and fears involved in remaining unchanged, see the advantages of improving, and believe you can make the self-improvements you need. In other words, we have to get intimate with the problem and learn about it, not avoid thinking about it. How do you do that?

Miller and Rollnick, who deal with addictions, have developed questions to help us see our problems more fully (these interviewers have found that frank accusations and threatening confrontations by others frequently don't work, our defenses go up and our denial works overtime):

To see the problem--

- What makes you think this is a problem?
- What difficulties have you had related to this problem?
- How have you been harmed by this problem? Have others been harmed too?
- What things might happen if you continue doing this?
- Do you have lots of reasons why you don't want to change this behavior?

To clarify your feelings--

- How do you feel about this problem? How strongly do you feel?
- What worries you about the future if you don't make a change? How concerned are you?
- How do you feel about yourself and your unwillingness to change up until this point? or
- How do you feel about getting into this situation and not getting out before now?

To determine if you are really interested in changing--

- Can you summarize your reasons for making a change?
- What reasons are there for remaining the way you are? (pay offs for the "problem" behavior)
- Considering the pro and cons, how strongly do you want to change?

- What is keeping you from making a firm, specific commitment to changing right now?

To see how optimistic or pessimistic you are about making the desired changes--

- If you decide to try to change, how confident are you that you could do it? (Give your reasons)
- Do you have some ideas about how to make the changes? Will you need any help?
- Have you read about self-help methods for changing? or about therapies for changing?
- Do you know other people who have made these changes?
- When will you start?

The idea is to maximize in your mind the gap--the distance--between changing and staying the same. The greater the advantages of changing, as you see it, the greater your motivation. This is a crucial start. Reading more about your problem and its development, hearing more about other people solving a similar problem, and learning more about various methods of attacking the problem should give you even more hope and determination to get the job done. If you can't become firmly convinced to change and find yourself making lukewarm attempts, you will probably not succeed. If changing doesn't seem worthwhile, maybe you should seek professional help or talk with a successful self-helper. Others can help you think more about the above questions and your future. You need determination to change.

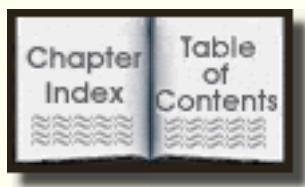
Third, other people are often a crucial factor in determining if we change or not. Some people encourage our bad habits, e.g. an enabler minimizes our problem and doesn't confront us, instead they help us neglect or cover up the problem because they are afraid of straining the relationship. So avoid enablers. Helpers gently help us think about our problems and the solutions; yet, they don't push us into premature action. Admit your reluctance to change to a helpful friend and ask him/her to share his/her view of your defenses and your reasons for avoiding changes. This could be an eye opener. Also, look carefully for helpful programs in your community, such as self-help groups, anti-smoking programs, weight loss support groups, exercise programs at work, and so on. These are great opportunities to increase your awareness of the problems, see your choices, and get more arguments and support for making changes. Friends, programs, or groups will help get you started, and, likewise, *arranging continuing support* will help keep you on track: work with a buddy, report your progress to your doctor or helper every few days, have someone check up on you every week, tell lots of people what changes you are trying to make and ask them to keep asking you about your progress, etc.

Thinking of the "pros" comes first but once you are seriously contemplating changing, you also need to focus on *accepting and/or decreasing the "cons"* of changing. You need

to compensate for your losses. Examples: If by giving up smoking you are losing a way to relax, you need to develop other ways calm down when tense. If drinking less is taking you away from your drinking buddies, you need to cultivate new friends or interact with them when they aren't drinking. If studying more is reducing your time with your lover, arrange to have an especially good time during the time you have together. If becoming more assertive and independent is creating some stress with your partner and causing some loneliness, you may need to "work it out" with the partner and become more involved with friends you enjoy. Taking care of the "cons" will reduce the tendency to backslide.

[← Back a page](#)

[Forward a page →](#)



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STEP 2: START COLLECTING AND RECORDING DATA

Immediately start assessing your adjustment in the area of concern and continue throughout the project (see methods #8 and #9 in chapter 11)

Select some way of measuring the changes you hope to make. The idea is to keep a record of some easily countable behavior, often called "target behavior," and/or some ratable emotion that clearly reflects your quality of adjustment in the problem area.

Examples:

Problem Area	Measure of Progress
Losing weight--	Calorie intake per day (and/or minutes exercising)
Studying more--	Pages read using SQRRR method (or hours spent reading)
Depression--	Number of times I cried today (or rating of gloomy mood)
Suppression of feelings--	Number of times I started to get upset today but didn't let myself feel the emotions (or rate your degree of suppression)
Speech anxiety--	Rating of anxiety while speaking (and/or number of times you speak up)
Closer friends--	Number of empathic responses given (or hours spent with friends or ratings of closeness by friends)
More confident--	Self-rating of confidence. Weekly rating by a friend.

Self-satisfaction-- Number of positive self-evaluations given each day (or a daily rating of self-esteem)

There are many ways of keeping a tally of the frequency or duration or intensity of your target behaviors, feelings, or thoughts during the day. One of the easiest and cheapest ways of keeping score is to carry a 3 x 5 card and make tally marks during the day which you could then plot on a graph each evening. This is especially helpful when the 3 x 5 card is directly associated with the wanted or unwanted behavior, such as being put on your desk or the refrigerator door, on the exercise equipment or the candy box, or inside the cellophane wrapper of the cigarette pack. A simple transfer of coins from one pocket to another is another good counter. Of course, wrist counters, similar to golf counters, are available.

If you record each recurrence of the desired behavior, you are more likely to change your behavior than if you record the bad habit you are trying to replace. Example: It is better to record hours spent studying than hours watching TV if you want to study more. If you are, nevertheless, going to record the unwanted behavior, such as cigarettes smoked, calorie intake, or nail biting, require yourself to record the behavior *before* acting. That way the recording helps to reduce the habit (Kanfer, 1970).

Rate your emotions and attitudes

You will find that certain feelings and emotional reactions are hard to measure. For example, suppose you generally feel blue or sort of sad and bored. How would you count that target behavior? You couldn't, but you can rate it from 1 to 10, with 1 being very happy and excited, 5 being neither happy or sad, and 10 being very unhappy and hopeless. Likewise, if you are just generally irritable, it may be hard to count any meaningful bit of behavior, but you could daily rate your level of irritation or sensitivity or anger.

Every problem--and every desired behavior or feeling--can be measured by counting or rating. By measuring the problem every few hours or maybe every day or two, you can tell how serious the problem is and if you are changing.

Plotting your progress

It is important to start plotting the behavior, feelings, or attitude you want to change as soon as possible, preferably before you start trying to change the behavior, so that you will get an idea of your level of adjustment before self-help is started. In fact, when you make the graph, record your best estimate of the frequency or severity of the target behavior or emotion during the previous week. This provides a pre-observation basis of comparison with later data. Continue to keep these records, preferably day by day, throughout the time

you are trying to change, and keep the records for a while after the project is over to be sure you don't backslide.

Why is it so important to keep a daily record of your progress? It forces you to become more concrete, more realistic, and more objective in thinking about the problem. You can then decide what observable, measurable changes you would like to accomplish. Many people find that as soon as they start observing the behavior through daily records, that the behavior frequently, almost immediately starts to improve. This is empirically confirmed by Thorsen and Mahoney (1974), Kazdin (1974), and Johnson and White (1971). These improvements based on observation alone may fade away rather quickly, however, if they are not reinforced (Mahoney and Arnkoff, 1978).

Another reason for keeping records, especially if honestly plotted and openly displayed for you and others to see, is that they provide some encouragement and social pressure to change. Graphs and charts clearly show successes--and failures. Dieters who record their food intake faithfully every day lose much more weight (37 pounds) than dieters who just "try to watch it" (10 pounds). Finally, a successful record, showing improvement over time, is personally satisfying because of pride in self-control, and also you receive genuine praise from others. Almost everyone admires self-control.

Most of my students have made progress charts with the 30-31 days of the month along the bottom. Then they plot the frequency of the target behavior or strength of their ratings vertically, putting their scale along the left margin. Arranged this way, the graph shows the ups and downs of their lives.

A really neat idea is to add explanatory notes (or symbols) at the high and low points on your graph. Examples: a particularly bad time might be when working overtime or during exams, your irritability may go up and down with your financial situation, etc. This information on your graph makes your behavior more understandable and may lead to helpful ideas.

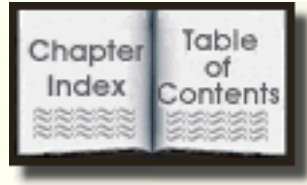
Keep a diary of your actions, thoughts, feelings, dreams

In addition to the behavioral counts, ratings and graphs, I'd strongly recommend you keep a diary. If you are working on an emotional problem--temper control, worry, low self-esteem, fears, dependency--or on an interpersonal concern--loneliness, shyness, jealousy, deciding to marry, fighting with roommates--it is valuable to record the situation and your actions as well as what is going on inside your head and your gut. For instance, if you are hoping to get better control of your anger, you could keep a diary including (a) the situations that upset you, (b) your emotional (gut) reactions, (c) your thoughts and assumptions, (d) your actions--what you said and did--and (e) what was the final outcome in terms of how others responded to your anger. Over several weeks, this information may

help you understand the real causes and dynamics of your anger. Besides, diaries are fascinating months or years later.

[← Back a page](#)

[Forward a page →](#)



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STEP 3: TRY TO UNDERSTAND THE PROBLEM

Try to understand the problem: what are the five parts? how do the parts relate to each other? how did the problem and its parts get started? why have they continued? What are the reasons for changing?

Most of us would like to understand "what makes us tick," even if that understanding doesn't help us change. It is like climbing a mountain; we want to explore our inner self because it is there--a great mystery that intrigues us. Self-exploration is an important life-long task; it can help us change in terms of insight and treatment planning.

Understanding the problem can, of course, be a highly complex, time consuming process (consider that psychoanalysis takes years, perhaps 500 hours of therapy). I recommend you always describe the problem by briefly looking at the five parts, but that the understanding of the history be done quickly at first, coming back to do an in depth probe into the origin and causes of your problem if that is needed.

Describing the problem: look at all five parts

As mentioned in this chapter's overview, the basic idea or system utilized throughout this book is that problems become clearer and more manageable if you break them down into five parts: **behavior, emotions, skills, attitudes-values, and unconscious factors**. Most problems manifest themselves in all or, at least, several of these five parts. For example, shyness may involve (1) withdrawn, quiet behavior, (2) tense, nervous feelings, (3) a lack of social skills, (4) a negative self-concept or expectation that most people will see you as insecure, and (5) unconscious factors, like fearing being stupid because you were called stupid as a child or being a loner because you resented your mother being very sociable.

Here is another example (obviously, not an actual person). The description of this troubled student, John/Jane, is in considerable detail, illustrating the breakdown of procrastination into five parts:

Part 1: Behavior

- I always put off studying and papers until the last minute. I end up being rushed and doing a poor job or trying to find any "easy way out."
- I have no organization, no schedule for studying, no list of what needs to be done, and I frequently forget assignments. I pretty much do what I feel like doing.
- I never study or read unless it is required the next day. I usually study 2 or 3 hours at most for difficult exams. I prefer to watch TV, party, listen to music, sleep, be with friends or my boy/girlfriend.
- I look for shortcuts, including cheating, getting someone to write papers for me, talking my girl/boyfriend into doing my homework for me, etc.
- I harass the students who do their homework and do well on exams.

Part 2: Emotions

- I hate to study, courses are boring, school seems useless. I can't wait until I get out of school and make lots of money.
- My studying is always rushed, I never feel well prepared, I feel anxious in class. I hate to get exams and papers back. I'm embarrassed by my work and grades.
- I feel forced to study and resent it. I would rather talk to friends and do fun things, it makes me mad when I can't do what I want to do.
- I feel little or no guilt about cheating, instead I feel clever and pleased when I can beat the system" and get better grades than the "stupid" kids who do the "useless" homework.

Part 3: Skills (Lack of)

- Poor reading ability and speed. I can't learn the details unless I read the material twice and I can't stand to do that.
- Poor writing ability, poor grammar and spelling.
- I'm able to persuade or threaten others into lending me their notes, into typing my papers and correcting the errors, into letting me cheat off their tests, etc.

Part 4: Mental processes

- I think what you learn in school is a waste. What I think is important is how well a person can control people or "work the system." I'm good at it.
- I think that I will be a responsible, honest, successful, hard worker just as soon as I get into the real world and away from this stupid school.
- I think I am very intelligent because my friends are constantly impressed with the things I do, like giving excuses for missing class or talking teachers into letting me take the exam later (after I get the answers from someone).
- I think the students who study hard or "show off what they know" in class are jerks

and stupid because "they are making it hard on the rest of us."

- I expect to get average grades but I let people know that I haven't studied, so they will not think I am dumb. I'd like to be seen as smart.

Part 5: Unconscious processes (these are possibilities which I can't know for sure at this point or, for that matter, ever)

- I may avoid putting myself to the test, i.e. studying hard to see how able I really am. I'm afraid I'm not very smart; I don't like to think about it.
- I may resent my father who is a workaholic; I probably hated my father's work, success, drive, organization (everything in its place), and pushiness. I felt rejected by mother because she admired father's successes so much. I may push this out of my mind, except for the resentment and distance I feel.
- Many teachers remind me of my father, so this may make it especially satisfying to blow off studying or to cheat on a paper.
- I sometimes think I am an impostor, a manipulator, and a lazy liar. When I think that way, I feel guilty and have some awareness that my future is bleak. I push these ideas out of my mind. Wonder if my conscience thinks I deserve to fail in life?

Note: don't expect yourself, as a beginner, to write so thorough or so "probing" a description of your problem.

The major point to observe here is that you may have *a seemingly simple problem*, such as putting off homework, which *becomes clarified and much more complex when it is analyzed into its five parts*. Anyone can see that John/Jane's behavior of procrastination is merely the surface symptom of several possibly serious underlying problems (self-centeredness, poor self-control and study skills, self-deception, arrogance, a lack of morals, family problems, etc.). *The procrastinating behavior is unlikely to change unless John/Jane changes many other parts of the problem*: his/her habits, his/her feelings, his/her attitudes, his/her goals, his/her relationships, his/her skills, and his/her awareness of unconscious motives as well as other factors. A big order!

On the other hand, in some cases procrastination is a simple matter that can be quickly solved by setting up a daily schedule and a reward system for keeping the schedule. It would be foolish to make our problems unnecessarily complex. So, describe the five parts of your problem quickly and simply at first, then try a very simple approach. If that works and satisfies you, don't waste time. If not, look into the problem more thoroughly.

What is the history?

Beyond theoretical explanations, research findings, and understanding interrelationships among the parts, every self-helper should give a little thought, at least, to the history of his/her problem. Only you know your history. You are obviously on your own to find the precise current or historical events that cause your unique situation. Knowing the specific history can be important in developing a plan. For example, consider two cases of depression: one was recently rejected by a lover, the other learned as a child to be perfectionistic, highly self-critical, and to expect to fail. Both are equally depressed. Obviously, the solutions are probably quite different because the causes and several parts of the problems are different. Causes of a problem may not be immediately apparent even to the person involved, so be open minded as you seek self-understanding, consider all possibilities.

Since behavior therapists are fond of saying their methods can help without the therapist having to uncover the causes and the history of the problem, let me hasten to say that I agree with that too... sometimes. Many problems can certainly be eliminated without digging deeply into your early childhood and without concocting speculative psychoanalytic explanations. Yet, in other cases, it can be beneficial to understand how the problem started and how it has been maintained. Even the behaviorist would want to ask, "What is the reinforcement history of the problem behavior?"

Again, the history of your problem may be clearer if you investigate the background of each part separately. That is, what is the history of your unwanted behavior, your emotional reactions, your lack of skills, your irrational or harmful ways of thinking, and your unconscious needs, "games," or defenses? Consider four stages of your history, as sketchily illustrated by this hypothetical depressed person:

Part of the problem	1. Current situation	2. Any recent stress or crises?	3. Developmental history	4. Origin
Behavior	alone & inactive	--	restrictive parents	--
Emotions	tense & depressed	divorce	expects the worst	(from Mom?)
Skills	poor social skills	friends sided with ex-husband	loner	very shy at 18 months
Cognition	self-critical	blamed by husband	--	Mo. critical

Unconscious factors	husband leaving associated with father leaving	distrustful of men	--	abandoned by Fa. at 6
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Ask yourself, "How did each part start and what has kept it going?" "Is there some reinforcement--a payoff--for each part?" As you will see in chapter 4, there are many ways for a behavior to be maintained. For example, many harmful and troublesome behaviors, feelings, and thoughts have obvious payoffs. Cheating on an exam, being unfaithful, or being very obedient are all rewarded (at least they are behaviors that seek certain rewards). Having a psychosomatic headache may get us attention or off work. Even feeling so shy that a person withdraws from others may be reinforced by the relief the person feels when he/she avoids the stress of interacting. Perhaps every human action that continues is reinforced. If so, look for the payoffs.



A word of caution: The five parts of the problem do not include all of the possible causes of a problem. They only include the psychological parts within you. What else might be a cause of your problems?



Biological and chemical factors: genetic factors, constitution, physical illness, organically based psychiatric conditions (like schizophrenia or manic-depression), physical and mental handicaps, hormones (like PMS), prescribed and street drugs, alcohol, nutritional influences, allergies, etc. Factors such as these may be the primary cause of your problem, that's why you must see a physician when psychological cures don't do much for you (see step 1).

Current physical and social environment: recent crises or stresses, breaking up, losing a friend or a job, doing poorly on a test, poverty, abuse, poor work and/or living conditions, poor education, a lack or excess of friends, the overwhelming demands of a large family, being teased, being sexually harassed, etc. Factors such as these may also cause your problem or, at least, contribute to the problem. You may or may not be able to change your environment. How you perceive and react to the environment is a psychological process, however.

(Childhood experiences certainly also affect your current behavior, personality, and attitudes. However, the memories and/or emotional reactions of these events are still in you; they aren't just history, they are current, powerful psychological factors in your memory *now*. These old habits, emotional garbage, expectations, beliefs, etc. clearly influence your

current adjustment. Throughout this book, the current impact of your childhood and earlier life is constantly considered, especially in chapters 9, 14, and 15.)

Obviously, a *perfect* analysis of your problem would require that *all* factors be taken into account to fully understand and explain your problem--it almost always is very complex. You could spend hours exploring the history and the current dynamics. As I said, *you probably don't need a perfect analysis*. Some understanding is worthwhile, but clearly there is a limit, perhaps an hour or two of reading and thinking, unless it is a very complex or important problem. You have to move on to setting goals for yourself and developing a treatment plan.

For every complex problem, there is a simple answer... and it is wrong.
-Mark Twain

Most of psychology is descriptive; For understanding, look for usable ideas

As you read more and more, keep in mind that general psychology textbooks tend to be 95% descriptive and only 5% prescriptive, i.e. academic psychology observes, surveys, describes development, and reports on experiments to prove and disprove theories, but it doesn't tell you much about how to solve common problems (you usually have to figure that out yourself). There are thousands of volumes describing and attempting to theoretically explain human behavior in an experimental lab. In this book, I have pulled together only the most useful *prescriptive* information and summarized it. In each chapter, I have also cited the better, more prescriptive references. I urge you to become a reader for self-understanding (see chapters 14 and 15). Reading useful psychological information can have a tremendous impact on your life. Give it a try, but I want to repeat a caution: don't get so involved in understanding--it can be addictive--that you forget to, or put off, actually trying to change. The key words are, "DO SOMETHING! If it doesn't work, try something else." If you don't use what you read within a day or two, you will probably lose it. **Keep up your motivation** so you can move on to making specific goals and plans for changing

Avoid these additional pitfalls: wanting to know everything before trying to change, worrying more than planning how to change, hoping for some easy way to change, etc. Continue to reduce your opposition to changing: accept that change takes time and effort, accept that you might fail, accept that the changes may result in the loss of some friends and pleasures. Decide to pay the price for the improvement.

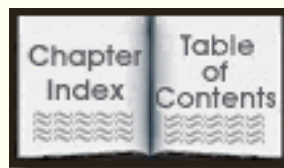
Prochaska, Norcross & DiClemente (1994) say that our motivation to change can often be increased by arousing certain emotions. Examples: Bad habits, although immediately pleasurable, often harm our lives. This long-term self-destruction should make us mad. You

can arrange for experiences that emphasize the need to change, e.g. try running (very slowly!) around the block if you are overweight, calculate how much you spend per year on alcohol or cigarettes or excess food, video yourself getting drunk or bingeing, etc. Create your own negative fantasies about the long-range consequences of your problem, e.g. imagine becoming so fat you can't make love, fat clogging your arteries, how your negative attitude and anger drives everyone away, etc. Looking steadily and honestly at our own gloomy predicted future can propel us to change.

As you work through the steps of self-help, you are likely to get more motivated to change. You will read about and measure the problem, set goals, think about the causes of the problem, wonder what methods will help, develop a good self-help plan, think about how good you will feel about yourself if you change and how bad you will feel if you don't change; all these things add motivation. Seek out information and support from people. Be real clear about your reasons for changing. Remember, consider carefully the reasons for not changing because if you don't become convinced that changing is the right thing to do, you are likely to slip back to your old habit when the going gets rough. Hopefully, you can move to the next steps well motivated. More information about self-motivation is available in chapter 14 and in Prochaska, Norcross & DiClemente (1994).

[← Back a page](#)

[Forward a page →](#)



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STEP 4: SET REALISTIC GOALS

Goals guide our lives. Don't be goalless

When setting goals, you should consider: (1) what do I need to give up or reduce or eliminate (consider each part of the problem)? (2) What do I need to increase or substitute for the unwanted behavior or feeling or thought? (3) What change should be given priority and done first? (4) What are reasonable daily sub-goals and long term goals, and are they consistent with each other? (5) How fast should the changes be made (cold turkey vs. gradual change)? (6) Most importantly, are my goals in this project in keeping with my basic values? Let's look at these questions more closely.

Setting goals is near the beginning of a self-change process; it is not even close to being the end result. However, in our culture or, at least, in my classes, it seems as though many people assume they have solved a problem just as soon as they have stated an admirable goal for themselves or someone else. Examples: A person feeling over-weight says, "I'm going to lose 10 pounds" but develops no specific plan. A friend says to an unassertive co-worker, "You shouldn't let them walk all over you, be assertive." Never mind the details of how to get from where you are (scared and passive) to where you want to be (strong and assertive)! Don't make that mistake. The next two steps, 5 and 6, help you figure out how to get where you want to go. But, sometimes, just deciding where you want to go is not simple, as we'll see.

Realistic, effective goals must be attainable, important, and taken seriously. Being goalless is a serious problem. Goals serve us well. They focus our energy, reduce distractions, get us looking for new solutions, keep us striving, and give meaning to our existence (Locke, Shaw, Saari, & Latham, 1981). Demanding-but-reachable specific goals motivate us more than a vague "do your best" or too easy goals, resulting in better plans and more effort. On the other hand, overly demanding, perfectionistic goals are more likely to lead to failure, disappointment, and giving up (see chapter 6). It may not be easy to find the optimal middle ground between too hard (seeking perfection) and too easy (not trying hard enough) goals; try both extremes until you find what serves you best.

Guidelines for goals: your goals should be truly *yours*, not someone else's. Goals based on "I should" or "I ought to" are not as motivating as goals based on "I want to..." Negative goals that state what you do *not* want to do (eat too much, get mad, feel sad, etc.) are not nearly as clear and motivating as positive goals (I will eat 1000 calories per day, make "I" statements instead of getting mad, and accentuate positive thoughts instead of pessimistic ones). Our goals should be stated in terms of specific behaviors at specific times under specific conditions, not just "I want better self-esteem." Sub-goals usually seem more reachable if they form a series of gradual steps, rather than one giant leap. Understanding your feelings is a commendable goal but gaining understanding frequently doesn't solve all your problems; often you must learn to *act differently* as well as understand. Try to do less of what doesn't work (often what comes naturally) and do things differently; hopefully, more of what works. To set doable goals means you have to know how to change--how to get from where you are to where you want to be. Sometimes this means you must know what methods will work (see next step) or you will have to use your determination or "will" to change, e.g. stop nagging, be a better empathic listener, use "I" instead of "you" statements, etc. Self-confidence that you can accomplish each of your sub-goals is an important part of your motivation and your reaching your long-range goals. But if your "I-can-do-it" attitude is an illusion, then you will fail and your confidence decline.

Your self-help goals should, ideally, be within your control (the outcome is not). That may seem obvious but goals get confused with values or wishes. For example, "I want to be happy" is a very reasonable condition to hope for in life. But our happiness is determined by so many things, many of which are beyond our control. So, as a goal of a self-help project, happiness probably wouldn't be as good as some specific, more controllable act, emotion, skill, thought, or awareness that would probably help "make us happy." Of course, a lot of very desirable goals are not entirely within our control: your grade in Physics, your total sales this year, your love life, your health, etc. On the other hand, we are perfectly able to decide how many hours a day we study Physics, how many sales contacts we make or the skills we use with customers, how much we criticize our spouse or how many fun things we do together, and how stressed we are or how much saturated fat we eat. We can have fairly good control over these things. We can only expect to partially control *our* behavior, not the world.



There are but two roads that lead to an important goal and to the doing of great things: strength and perseverance. Strength is the lot of but a few privileged men; but austere perseverance, harsh and continuous, may be employed by the smallest of us and rarely fails of its purpose, for its silent power grows irresistibly greater with time.

-Goethe

If you persuade yourself that you can do a certain thing, provided this thing is possible, you will do it, however difficult it may be. If, on the contrary, you imagine that you cannot do the simplest thing in the world, it is impossible for you to do it, and molehills become for you



Having a very specific notion of where you are going and how to get there, helps you get there. Also, getting explicit feedback about how much progress you are making towards your daily or weekly sub-goals is very helpful. Therefore, it is to your advantage to state your sub-goals in very specific terms, both behavior-wise and time-wise, e.g. "I want to lose a pound a week for the next 10 weeks. I will keep records and reward myself for eating less than 1200 calories per day by watching TV in the evening. Otherwise, I will have to miss my favorite programs." The weekly weight loss, the reduced daily calories, the record keeping, and the rewards are all possible sub-goals. Likewise, your general goal might be "gaining self-esteem" but the specific sub-goals could be something like, "Whenever I become aware of a depressing and untrue self-critical thought, I will immediately stop the thought and remind myself of two positive traits. I'd like to increase my awareness of these negative thoughts over the next two weeks (so I can stop them) and be much more self-satisfied in one month." Thus, being less self-critical and having more positive thoughts are self-help sub-goals on the way to self-esteem. Remember, becoming happier and having esteem are hoped-for-but-not-guaranteed outcomes; specific self-help goals are more controllable. It is important to measure your progress towards your specific goals. Steps 2 and 7 deal with measuring goal-attainment, as does recording the behavior in chapter 11 and keeping a diary in chapter 15.

Summary

The desired outcomes (goals) for *each* of your self-help projects are likely to be in two or three "parts" of the problem, as described in the last step, i.e. you may want changes in your behaviors, in your feelings, in skills, in how you think, and/or in your awareness of previously unconscious factors. In effect, there are four kinds of highly related goals (general vs. specific; long-term vs. short-term; method vs. results):

1. Major, general, **final outcome-of-the-problem goals**,

Examples:

- I don't want to be so irritable.
- I want to be kinder and gentler.

which may be stated as:

2. **final outcome sub-goals within specific parts**
(behavior, skills, etc.) of the problem,

Examples:

- I want to stop yelling and swearing (behavior).
- I want to calm down disciplining Bobby (emotions).
- I want to learn a lot about parenting (skills).
- I want to think more positively about what Bobby has done, less awfulizing.
- I want insight into how my childhood affects my parenting (unconscious).

which will almost certainly have some:

3. daily or weekly progress (how fast should I change?) sub-goals within each part,

Examples:

- I will eliminate cussing by next Monday.
- I will, in two weeks, lose emotional control less than once per week with Bobby.
- I will attempt, every time I get mad, to see the similarity between Bobby and me at his age, and the similarity between me and Mom/Dad at my age.

and:

4. method (what must I do to produce the changes I want?) sub-goals within each part of the problem.

Examples:

- I will skip the next meal if I cuss.
- I will desensitize my anger in situations where I am correcting Bobby.
- I will read a book on discipline emphasizing positive reinforcement.
- I will think of what Bobby did well or that was nice before criticizing him.
- I will keep a diary describing when and why I get mad--and my memories of childhood in which I felt angry or I saw anger in my parents (or caretaker).

Don't let all these goals overwhelm you. But I want you to get the point: *you need daily and weekly sub-goals*. You may even need hourly sub-goals. You will probably try to change only two or three parts of your problem (that's what you are tentatively deciding in this step--although the method you chose to use will also determine your goals). And, you will need only one or two methods to change each part (steps 5 and 6). However, there are many possible changes you could focus on within each of the five parts of your problem, and you may chose to change rapidly or slowly, and you must chose a self-help method from

among 20-30 possible methods. *These many choices, whether you think about them or not, determine your goals (and your success) in any self-help project.* As you accumulate wisdom and become more aware of the situation and the decisions you are making (or neglecting) every moment, you may gain more control over your life.

But before finalizing your goals, please ask yourself: Are these goals in line with my real priorities in life? Do these goals reflect what *I* value most, what *I* think my life should be devoted to? Or, am I just being shortsighted or selfish or spending my time on some change that is to please others or of little significance to my life or to the world? These are difficult but crucial questions, don't overlook this step. As Covey, Merrill & Merrill (1994) ask, "How many people on their deathbed wish they'd spent more time in the office?" These authors also express the same idea in another way: select your goals carefully because you might reach them, only to discover that you have been climbing a long time up a ladder on the wrong wall! In addition to Covey, Merrill & Merrill's book, perhaps chapter 3 and a book by Dahl & Sykes (1988) will help you find the right direction to go .



What is more mortifying than to feel that you have missed the plum for want of courage to shake the tree?

-Logan Pearsall Smith

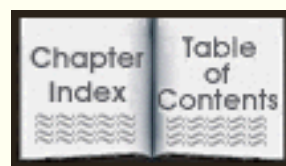
Goals are dreams with deadlines.

I expect to pass through the world but once. Any good therefore that I can do, or any kindness that I can show to any fellow creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again.

-Stephen Grellet

[← Back a page](#)

[Forward a page →](#)



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STEP 5: SELECT THE SELF-HELP METHODS

Select self-help methods and organize them into an overall treatment plan that will be most effective in producing the desired self-change.

In the chapters below, you will find many self-help methods recommended for these problems. It is important to read the chapters related to your problem.

Nature of your concern	Chapters that will help you understand the problem
Deciding on a philosophy of life	Chapter 3
Changing your behavior or habits	Chapter 4 and 11
Dealing with anxiety and fears	Chapter 5 and 12
Dealing with sadness, low esteem	Chs 6, 12 and 14
Dealing with anger and prejudice	Chs 7, 12, 13 and 14
Dealing with dependency, conformity	Chapter 8, 12 and 13
Understanding yourself and others	Chapter 9, 14 and 15
Love, marriage, and sex	Chapter 10

You will find that most situations aren't so simple that you only need to read one chapter, however. Here is why: Each of the How-To-Understand chapters (3 to 10) breaks the topic into the five parts: behavior, emotions, skills, mental processes, and unconscious factors. Thus, chapter 6 on depression will refer you to chapter 4 because depressed people need to be active--behaving--*and* chapter 6 will also refer you to chapter 3 if guilt is involved *and* to chapter 13 if you need social skills to get out and have fun *and* so on. Before you are done, you may feel like you have had to read almost the whole book

because everything is so intertwined. Sorry, but that's real life... and you need to know about all of it.

Remember originally I said the five parts were to help you *understand* your problem. Now, it sounds like I'm saying the five parts help you *fix the problem*. That's right. This five-part analysis helps both ways. It is especially helps you find usable self-help methods. Here is how. Most self-help methods (and therapy methods) have an influence primarily on only one of the five parts of a problem, not all five. Thus, there is a *highly useful relationship between diagnosis (a description of a part of the problem) and treatment methods to use*. Table 2.3 will help you see this relationship and find the chapters telling you in detail how to change each part. At this point, you should be beginning to get the basic idea of how you could develop a comprehensive and fairly sophisticated treatment plan.

Table 2.3: Analysis of Problem into Parts and Possible Solutions

Parts of any problem	Psychological self-help methods
1. Behavior (simple thoughts) (What behavior or habitual thoughts do I want to change?)	Self-reinforcement, self-punishment change of environment, break the chain early, extinction, thought control, covert sensitization, self-instructions.
2. Emotions --fears and anxiety --sadness & self-criticism --anger & prejudice --dependency & passivity (What unwanted feelings are involved?)	Relaxation, self-desensitization, venting feelings, exposure to harmless fears, stress inoculation, meditation, constructive use of emotional energy.
3. Skills (Lacking) (What skills do I need?)	Problem-solving training, social skills via practice in groups and role playing, assertiveness training, constructively handling anger, decision making, study skills, leadership skills, organization and scheduling skills.

<p>4. Mental processes --attitudes --values --motivation --self-concept (Which views and values harm--and which help?)</p>	<p>Questioning irrational ideas, correcting expectations, determinism, building self-esteem, paradoxical intention, increasing motivation, values clarifications, gaining hope, developing a philosophy of life, learning to think straight, helpful attitudes, self-hypnosis.</p>
<p>5. Unconscious motives (What needs and defenses cause me trouble? What conscious life plan can replace my unconscious life script?)</p>	<p>Self-awareness exercises, transactional analysis, psychological reading, focusing, dream analysis, self-understanding by writing an autobiography, feedback from tests, friends, and groups, and learning to accept oneself.</p>

After reading a couple of "understanding-the-problem" chapters (3 to 10) that address your problem, and after reading the general idea and purposes sections of "possible methods" in chapters 11 to 15, you are ready to start working out a treatment plan for yourself.

In step 3, you have already seen how to describe your problem, part by part. Now, you start developing a self-help treatment plan, part by part. By first considering the pros and cons of using several self-help methods within three or four of the most promising parts of your problem, you can crudely draft tentative plans for achieving your sub-goals within those parts of your problem. Jot down your self-help ideas and add other methods as you read and think about solving the problem. Talking to others will help you develop a better plan (see brainstorming in method #11 in chapter 13). At this point, several self-help methods should be considered.

Examples of the self-improvement planning process: Finding self-help methods

Keep in mind that to become an expert self-helper, you need a lot of practice analyzing problems into the five parts. And you need to become familiar with a large number of self-help methods, before you can quickly devise comprehensive self-help treatment plans. After doing several self-improvements and reading much of this book, you should be able to *think of many* possible solutions to almost any problem within a few minutes, even though a good plan *uses only a few* methods.

For now, even without that practice and knowledge, let's look at two illustrations of how to develop a well thought out treatment plan. In the first case, Case A, a young man has a problem of being lonely, fearful, and pessimistic, especially concerning the opposite sex. In Case B, the problem is John/Jane again, i.e. procrastination and a negative attitude towards school.

Case A: A lonely shy man

Part of the Problem

1. Behavior: Avoids girls, has little to say.

2. Feelings: feels shy, anxious when talking to attractive girls, afraid of rejection.

3. Skills: doesn't know how to start or end a conversation; unsure how to ask a girl out.

4. Attitudes: has self-doubts and the belief that it would be awful if a girl didn't want to go out with him.

5. Unconscious: unconsciously hates self for being so weak, suspects that females are demanding, critical, and fickle; afraid of being hurt in a relationship.

Possible Self-help Methods

Write a contract rewarding talking to girls with TV time; buy a new record album as soon as one girl is asked for a date (chapters 4 & 11).

Use relaxation and desensitization to reduce fear of approaching a girl to talk to or for a date (chapters 5 & 12).

Practice different approaches by role-playing with a friend, observe others, prepare for conversations in advance (chapters 9 & 13).

Develop a more positive self-concept by reviewing and praising self for good points; challenge the irrational idea that it would be so awful that he couldn't stand to be rejected by any girl for any reason (chapters 6 & 14).

Look for the source of the self-critical attitude (did parents put him down? Has he been ignored--or indulged?) Where does the distrust of women come from? (Mother liked a sibling more? Has been rejected before? Afraid of sex or intimacy?) See chapters 6, 7, 9, 10, & 15.

Case B: John/Jane--Procrastination

See step 3 for a description of the problem; this is a list of possible self-help methods for changing John/Jane's procrastination:

Part 1: Behavior (Chapters 3, 4, 11, 13)

- Self-confront and admit how serious my situation is; decide if I want to become capable or stay a con headed for trouble. Have a honest discussion of this with my parents.
- Update a To-Be-Done List every morning or no breakfast.
- Set up a schedule for studying. If I can't immediately start studying 3 hours a night (I've got a lot of catching up to do), I'll start with 1 hour and increase it 1/2 hour each week. My reward will be time with my boy/girlfriend (they have agreed to not let me cheat).
- Reduce wasted time, stop cheating, stop insulting good students. Use thought stopping and self-criticism to stop these things. I'll self-praise my improvements.
- Make friends with some serious students, try to see their point of view.
- Plan more good times with friends, but goof off and watch TV less.

Part 2: Emotions (Chapters 5, 12, 14)

- Confront my fears and find out how smart I am. Do my best in one course (4 hours of study per week) and see how well I can do.
- Desensitize my anger towards school work and anxiety about not doing well on papers and exams.
- Challenge my irrational, self-defeating ideas about how stupid school and studying is. Challenge the self-cons about being so clever and so good with people. Remind myself of the deep trouble I am heading for if I don't reduce my hostility.
- Make studying more enjoyable by relaxing, eating, having a coke, holding my boy/girlfriend's hand, etc. at the same time.
- Feel better by being better prepared and by feeling proud of better and honest work.

Part 3: Skills (Chapter 13)

- Read about scheduling and time management so I can be better organized.
- Learn and use a good reading method, such as SQRRR.
- Learn to write better by writing in my diary every day and seeking tutoring at the Writing Clinic.
- Build my vocabulary and spelling ability by adding 5 new words to a 3 X 5 card every day.
- Concentrate on listening to others and responding with empathy to be helpful.
- Learn enough and then offer help to others with their homework.

Part 4: Mental processes (Chapter 3, 4, 6, 13, 14)

- Test out how much studying really affects my grades. Study different amounts of time for different exams (record this) and compare with grades received.
- Stop myself every time I tell myself that social skills and "image" are all that matter. Start being honest with myself about needing to study more, being scared, etc.
- Become realistically excited about my future by spending 10 minutes a day talking to someone or fantasizing about being successful. Also, imagine failing or becoming a hated con artist or total jerk.
- Look out for excuses, rationalizations, and self-cons that justify procrastinating, e.g. "studying doesn't help" or "I'll do it tomorrow" or "I'll be hard working and honest just as soon as I graduate."
- Learn to think clearly and make good decisions, including a career choice.
- Develop a meaningful philosophy of life which I can live by.
- Ask myself several times a day, "What is the best use of my time right now?" Act on the answer.
- Think of compliments to give students who do good work...and even teachers.
- Figure out ways to build my self-esteem and my belief in myself as a self-helper who is in control of my life. Increase my motivation.

Part 5: Unconscious processes (Chapter 4, 9, 15)

- Talk with Mom and Dad to see why he worked so hard and why I resented it. Share with them how I felt left out or rejected. Find out how they felt about my anger and rebellion.
- Increase my understanding of my procrastination and cynicism by doing an autobiography and/or by keeping a journal.
- When I resent a teacher and a tough assignment, I will tell myself that this feeling is a harmful leftover from my competition as a child with my father. It is silly for it to spread to teachers.
- Realize that I may have a tendency to self-destruct by manipulating and lying. Send up a mental warning flare to myself whenever I feel the urge to con someone.
- Become more aware of the unconscious feelings and needs inside me. Read about the unconscious self-destructive or rebellious factors in others.
- Get in touch with the child within; realize the destructive, you're-not-OK, put-down games that child has been playing and find out how to stop game-playing. Take care of my inner child.

OK, OK, if you are screaming, "NO REBELLIOUS PROCRASTINATOR IS GOING TO DO ALL THIS WORK!" You are right. But you are missing the point. This is simply illustrating how a procrastinator *might* consider using many self-help methods. In reality, a procrastinator will probably think of a few of these useful steps he/she could take (especially if he/she reads this list and about procrastination as well as motivation in chapter 4). Then, if he/she is ready to change, he/she will decide to try a couple of the methods.

Deciding on your treatment plan: Make it practical and doable!

In keeping with all the research about good decision-making, I have emphasized over and over that there are a large number of *possible* sub-problems within each part of the overall problem--and, therefore, a large number of *possible* self-help approaches to each part, depending on your unique situation. **IT IS TO YOUR ADVANTAGE TO KNOW MANY SELF-HELP METHODS. BUT, KEEP YOUR PLANS SIMPLE! USE ONLY A FEW SELF-HELP METHODS.** This seems contradictory, but it isn't. To make a good decision, you need to consider many options. But, your actual *self-improvement plan must be doable*.

In most of your problem situations, there will not be clear-cut problems in every one of the five parts. In most instances, only two or three parts of the problem will need to be changed. Concentrate on what seems to be the crucial parts of your problem. For example, suppose that you were John/Jane. You would certainly have to first self-confront and decide you were heading the wrong direction if you really want to be successful and respected. Then maybe (a) establishing a To-Be-Done List and (b) a daily schedule with (c) rewards, plus (d) a diary focusing on how you excuse your procrastination and blame others for your problems are all the methods you would need (as your first try). If these methods don't work, there are lots of other methods to try.

Likewise, suppose you have frequent headaches for which your physician cannot find a physical cause. Your self-help may concentrate on only three parts: part 1, (behavior) observing the circumstances that precede a headache to gain understanding of the causes, part 2, (emotions) learning to relax to counteract the stress, and part 5, (unconscious factors) using meditation or focusing (see chapters 12 and 15) to become aware of the repressed emotions that might cause a headache. If repressed emotions are found, then they can be dealt with directly. In brief, keep your initial plans very basic and straight-forward.

Become a connoisseur of self-help methods; collect them, modify them, invent them. **READ** other books related to your problem. **TALK** to people who have solved the problem themselves, to counselors, to friends, etc. Consider tentatively several methods to change each part of your problem; don't just automatically select a method just because you have

heard of it. Don't just use the same method over and over again, there may be better ways of changing. Also, use methods that will not only solve the immediate problem but will also help you cope with life in the future, e.g. decision-making skills, build self-esteem, etc. Obviously, you can't learn everything you need to know in just a few days, so for your current self-help project select the best two or three methods you have found for changing two or three parts of your problem. Then get on with it.

Unjustified emotional reactions--positive and negative--to certain self-help methods

As you read and think about possible solutions to your problems, you will have to rely on research findings or clinical opinions and/or your subjective reaction to each self-help method. Often the methods *you* believe will work best actually do, probably because you have positive expectations. Trust your judgment (until the results come in). As you get more and more experienced with self-help, your reactions to certain methods will change, depending on how well they have worked for you in the past. An experienced self-helper will adapt old methods and adopt new methods.

You are likely to find, however, that from the very beginning you have positive and negative reactions to certain methods which are not based on real experience. For instance, some people think (without trying it) that it is childish or overly mechanistic to reward their own desirable behavior, feeling they should just carry out the behavior because it is reasonable or right or satisfying, not because it is followed by a silly little piece of candy. Other self-helpers are just the opposite and prefer to concentrate almost entirely on rewarding desired behaviors, feeling (without trying it) that speculation about unconscious motives is, at best, a waste of time or, at worst, foolish and destructive nonsense. Some people feel that they should just naturally be good listeners, good empathizers, good conversationalists, good lovers, etc. without having to learn any new social skills. Others are insatiable social skills training "groupies." Still others are afraid of groups--or think they can't learn anything from peers; only professionals could tell them anything. Many people believe that a complete, logical, compelling, and moral philosophy of life should magically form inside their minds without their having to study various philosophies or debate moral dilemmas at length. Others are constantly pondering the meaning of life; some find meaning, others don't.

Still other self-helpers believe, like Freud, that unconscious factors are the important determiners of what happens in our lives, so looking for "games people play," for unconscious defense mechanisms, for old emotional garbage, for sinister motives, or for "scripts" from early childhood are the only parts of psychology that interest them. Often these people spend all their time searching for their unconscious dynamics and never bother to change.

What are my points? Recognize your biases. These emotional reactions strongly

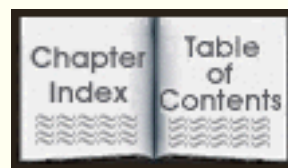
influence the effectiveness you will have with specific methods. So, use your "beliefs" in certain methods to your advantage. In the long run, however, try to guard against having unfounded biases or hopes; *try all kinds of methods* and fairly evaluate them all. I have noticed that psychologists who have a negative attitude towards some technique, such as projective tests, hypnosis, NLP, dream analysis, etc., have more often never studied or used the technique, rather than have used the technique and found it to be ineffective. The world is filled with skeptics and naysayers. Try to be open-minded and learn for yourself. Be sure your negative views of certain self-help methods are based on facts, good research, or your own experience; avoid having opinions based on comments from someone else who is also inexperienced.

Avoid striving for the perfect plan! DO SOMETHING!

Don't spend too much time planning how to change. It can an excuse for doing nothing. Make decisions about goals and methods, then get on with it! Again and again in this book I will tell you to DO SOMETHING, meaning you need to take action. Often just simple acts will produce the desired changes. There is a story about Milton Erickson, an unusually clever and insightful therapist, being asked to make a house call on a reclusive woman who never spoke to anyone and seldom left her house. Dr. Erickson spent less than an hour with the lady and found out she was depressed, felt unneeded and lonely, and was so shy she arrived at church late and left early so she wouldn't have to interact with anyone. He observed she had several African violets in her modest home. So, as he left, he gave her this prescription: "start growing more flowers, ask the priest to notify you of every birth, wedding, and death in the parish, and send a flower on every occasion." She did... and it changed her life. Many years later, Dr. Erickson read a newspaper account of several hundred people attending the funeral of the "African Violet Lady." It wasn't a complex, deeply psychological plan. It was a great plan only because she was willing to DO SOMETHING!

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

STEP 6: LEARN THE DETAILED STEPS INVOLVED IN EACH SELF-HELP METHOD

Learn the details of carrying out the self-help methods selected for your treatment plan, and try out your treatment plan, i.e. **DO SOMETHING!**

The treatment plans, as discussed in the last step, merely identify the possible self-help methods in general terms. To save words, many of the methods are just described by title or brief label, e.g. "confront," "schedule," "reward," "desensitize," "SQRRR," "decision-making," "clarify values," "build self-esteem," "challenge your irrational ideas...or self-cons," "keep a journal," "recognize put-down games," etc. It is very unlikely--unless you are very well read--that you know how to carry out these methods expertly. Indeed, you probably don't have any idea what some of the labels mean. Don't worry, chapters 11 to 15 will tell you exactly how to use each method.

For examples, the two people above (the shy guy and the procrastinator) can find out how to apply certain methods (including some that may not be used) by reading in these chapters:

Self-Help Method (For shyness)	Described in Chapter	Self-Help Method (For procrastination)	Described in Chapter
contracting for a reward	Chapter 11	clarify values and meaning of life	Chapter 3
self-praise	Chapter 11	to-be-done list and scheduling	Chapter 13
relaxation	Chapter 12	self-reinforcement & self-praise	Chapter 11

desensitization	Chapter 12	SQRRR reading method	Chapter 13
role-playing	Chapter 13	improve decision making; making career choices	Chapter 13
building self-esteem	Chapter 14	increase motivation	Chapter 4 & 14
challenging irrational ideas	Chapter 14	increased awareness & diary	Chs 4, 11 & 15
uncovering sources of fears	Chapter 15	revise life script and games	Chapters 9 & 15

Obviously, step 6 is addressing the "nuts and bolts" of self-help. You can't be a competent self-controller without knowing how to use several self-control methods (you, of course, already know some). Many of the self-help methods are fairly complicated for a beginner. Not that they will be hard to learn (if you read carefully), but you can't just "fly by the seat of your pants" either. You will need very clear and detailed directions. Chapters 11 to 15 give step-by-step instructions. I have tried hard to draw on the best books, the best research, and the experience of the best therapists or self-helpers. This may result in my telling you more than you want to know. That's OK, just read the steps in **bold print** if that is all you need to know. These how-to-use chapters also spell out the common problems encountered with each method (by my students, by me, or by clients), the estimated time needed to use the method, the overall research findings, the potential dangers, and the precautions you should take with the method. This is useful information. Some of these self-help methods may require considerable practice before you can use them effectively. Others are easy and ready-to-use.

Try out your plan; Attack the problem with vigor; Give your plan a fair trial

Launch into a self-help project with as much zeal and optimism as possible, but allow each self-change method enough time to have a chance to work. Be realistic, don't expect miracles. For instance, suppose you have been self-critical and have uttered to yourself 25 negative comments per day (1 or 2 per hour) for 10 years. That's a total of 91,250 self-putdowns. A few positive, private comments forced out of you by a skeptical, half-hearted self-help project aren't going to wipe away a ten-year-old bad self-concept. What will? No one knows, but perhaps 25 positive, thoughtful, genuinely felt self-appraisals expressed every day for 100 days would be a good start. Then, add on two or three successful self-improvement projects, and you will see some genuine changes in your feelings about yourself and your future. There is an old military saying: "A poor plan well executed is better than a good plan poorly executed." Once you have developed your general plan, it is important to carry out the plan with vigor. Learn to use the selected methods, then apply the methods. Make your self-help efforts part of your daily schedule. Get "high" on your major

self-improvements. Get determined! Reward and value your efforts highly.



Success is not the result of spontaneous combustion. You must set yourself on fire.
-Reggie Leach

Whatever you can do, or dream you can do, begin it. Boldness has genius, power, and magic in it.
-W. H. Murray, The Scottish Himalayan Expedition

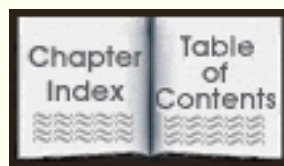


Prepare for possible risks

If the description of the method in chapters 11-15 suggests any risk or if you feel that the treatment might be stressful for you, for instance if it involves strong feelings, upsetting memories, emotional confrontation with others, etc., make preparations in advance for possible undesirable reactions. This might include having a friend stay with you, consulting with an experienced person, or arranging to have someone to call, such as a crisis phone service, if that is needed. The best "back up" service, however, is not a net to catch you as you fall, but knowledgeable information and expert advice in advance to avoid falling.

[← Back a page](#)

[Forward a page →](#)



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STEP 7: ASSESS AND PLOT YOUR PROGRESS

Continue assessing your progress

Step 2 gets you started measuring and plotting the effects of your self-help efforts. This step suggests you keep up the record keeping, so you can decide if you are making satisfactory progress, and determine what is causing the changes. It is easy to neglect the daily recording of your progress; it is routine and unexciting; it might even be discouraging. Try to sustain the record keeping by building it into your daily routine or as part of a diary, or perhaps doing it before dinner or at bedtime, and rewarding it. Measurement is not absolutely necessary but it is helpful.

Deciding if you are making progress

It may not be clear if your self-help efforts are working or not. First of all, it may take some time to start getting results. Don't give up too soon. Secondly, there may be some initial changes--getting better or getting worse--that are temporary. Don't draw hasty conclusions, these early changes may not last. Third, the change may be so gradual or the results so spotty that it is hard to tell if you are making progress, unless you measure. Don't rely entirely on your subjective judgment; too often feeling successful is wishful thinking (Sorrentino & Higgins, 1986).

Compare the results of your self-help efforts, if you have plotted your progress on a graph, with the level you were at prior to starting the project (called "baseline" data). If on 6 days out of 7 during a typical week of self-helping, you are doing better than you did before, you are probably (9 chances out of 10) making significant progress. Pat yourself on the back. That's a crude method but it's ordinarily good enough; see a statistics book for more sophisticated methods. Lastly, some periodic review of each project may be necessary forever to be sure you are maintaining your gains. For instance, over-eating tends to recur, so dieting may be a lifetime endeavor. Check your weight every week, and adjust your eating habits immediately if you gain a pound or two. Waiting until the habit is out of control and you have gained 5 pounds is a major problem.

Encourage others to check on your progress

Research is showing that "phone therapy," i.e. calling and checking on someone's self-help progress, is beneficial. Calls have proven helpful to people stopping smoking, wanting to exercise more, needing to take medication as prescribed, etc. It is a matter of emphasizing the importance of your treatment plan and your changing; it is a prompt or reminder to carry out a new behavior; it is a way of saying "I care about you."

Deciding what is causing the progress

A good self-helper learns what methods work for him or her. The fact that you are successful the first time you try a particular method does not prove the effectiveness of that method. The truth is that the change may have occurred because you expected to get better, because of some other event (e.g. talking to a friend), because the problem was going away anyway, or because of many other reasons. However, if a particular self-help method repeatedly and consistently works for you, then it becomes increasingly convincing that the method you are using, not some other event, is the cause of the improvement. You might even want to stop your self-help efforts (especially when changing behaviors and emotions) occasionally to see if the improvement stops also. Even after "proving" a method works for you, you still don't know if it is the *most effective* method available. You must try out other ways.

Becoming your-own-researcher requires an inquiring, questioning attitude, and a logical, systematic approach to discovering what methods produce what results. Research includes thinking in a sensible and careful way. The end product--useful knowledge--is vitally important.

STEP 8:

REVISE THE TREATMENT PLAN AS NEEDED; DEAL WITH RESISTANCE

If your self-help project doesn't produce the desired results in a reasonable length of time, figure out what is wrong. Perhaps the method needs to be used in a different way, e.g. a behavioral contract may be demanding too rapid change, if so, reward changes in smaller, easier steps. Or, perhaps another method would work better, there are several to choose from in the same or different parts of the problem. Or, perhaps you have lost your motivation or the "faith" you need in yourself to change. Or, perhaps you are resisting change, there may be subtle pay offs for your unwanted behavior or emotions. Several chapters discuss the excuses we often give ourselves for not changing. **Seek professional help**

If you are still unsuccessful after a couple of revisions of your treatment plan, seek help from a friend, teacher, school counselor, or mental health professional. Clinical and Counseling Ph.D. Psychologists are the best trained; Counselors, School Psychologists, and Social Workers with a M.A. are adequately trained and could probably be helpful with self-help; some ministers are trained as counselors but many are not; the family doctor is ordinarily not any more familiar with self-help than you are. Do not be embarrassed that your self-help has, thus far, failed. Instead, be proud of making an effort, including consulting with them for help with changing.

Time is a good healer

It is not uncommon for interest in changing to wane after a few weeks. You may discover that the change you wanted doesn't seem important any longer, that the benefits are not worth the trouble, or that the new you isn't exactly what you expected. So, certain self-help projects may just fade away. This is fine so long as you can honestly assure yourself that you aren't running away from an important, upsetting problem.

Sometimes it is best to simply leave the problem alone for awhile, if the problem is tolerable. Most problems improve with time. Indeed, some problems seem to get stronger as you struggle in vain to get rid of them; then, without attention, the problem may gradually disappear. Consider putting the persistent but mild problem completely aside for six months, then re-think the problem and what to do about it. In the meantime, work on other improvements.

STEP 9:

TRY TO INSURE THAT THE DESIRED BEHAVIOR CONTINUES

This is a small step, but it requires some conscious effort to insure that the newly gained behavior is occasionally rewarded, preferably in some naturally occurring way. Examples: the reluctant student who needs to reward himself for studying will, hopefully, soon receive intrinsic satisfaction from studying itself, such as intellectual stimulation, new interesting conversations, pride in his/her classroom and test performance, etc. Or, the person, who might at first be so uncomfortable socializing that rewards, like a good book or a night of TV, are necessary to overcome

the shyness, should eventually find socializing sufficiently satisfying to maintain itself.

Step 7 mentions the importance of occasionally checking for backsliding. Like "phone therapy," another approach is to team up with a buddy who faithfully checks on your progress, is tolerant of backsliding, but urges you to re-attack the problem if it gains ground on you. Losing some valued characteristic you have gained through hard self-help efforts should be a loud warning signal. It tells you to immediately plug the dike. Mend the damage soon or face a major repair job. Chapter 4 discusses relapse prevention in detail; you have to guard against the return of bad habits. Support from others is important when we start to weaken. Keeping our failures to ourselves reduces our motivation.



Don't forget to celebrate your continued success (sometimes success is just holding your own).



STEP 10:

LEARN FROM EACH SELF-HELP EXPERIMENT; USE YOUR KNOWLEDGE

It is hoped that you will keep this book handy, using it frequently for ideas concerning your problem-of-the-moment. With the passage of time, as the result of your self-experimentation--trying out and evaluating self-help methods--you will acquire a great deal of unique knowledge about yourself and self-improvement methods. Make notes

about your preferred methods, what problems were changed successfully, what methods failed, the techniques that were the most fun, what parts of your problems seem to be the most troublesome, what works with your spouse, the children, the boss, a colleague, etc. A diary emphasizing "growth experiences" could be both helpful and a treasure in later years.

As you gain confidence in self-help, you will depend less on advice from friends, experts, and books, like this one, and become more self-reliant. You will find yourself saying, "I needed help before, but now I can do it myself" (Janis, 1983). That's great (as long as it is true).

Share your experiences and ideas with others. Find satisfaction in helping others help themselves and in working together for your mutual benefit. One of the most therapeutic things we can do is help someone else.

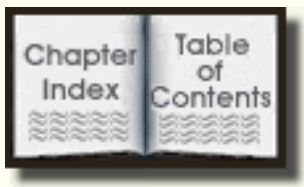
The art of helping oneself, although as old as the human race, is just beginning to be guided by scientific studies. It will take thousands of researchers and tens of thousands of studies to find the better approaches for specific problems, and there will continue to be individual differences so that certain methods work better for some than for others. As science makes its slow progress and shares its findings, you will learn from those sources *but remain your own expert and main source of help*, a self-helper relying on yourself as a researcher and as the best storehouse of knowledge about yourself. That is a big order. Hopefully, this book, plus the personal knowledge you can add to the book, will combine together with a little help from your friends to produce a different and better life for you. Good luck.

Wouldn't it be wonderful if we lived in a world without unfair limitations, so everyone had an equal opportunity to make the best possible life for themselves? For that to happen, society and families would have to change. School and work would have to change. And, each of us would have to learn how to produce changes in ourselves when the opportunities were in front of us. All these changes take knowledge and work. You can start anytime, though; you always have yourself to work on.

After reviewing this chapter, you are ready to go to any "understanding the problem" chapter.

[← Back a page](#)

[Forward a page →](#)



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VALUES AND MORALS: GUIDELINES FOR LIVING



Values and morals

- Overview
- Why we need values and morals
- Why it is hard to deal with values
- The Golden Rule
- Understanding why we need meaning in our lives; what's religions's role?
- Being good is hard



Writing your own philosophy of Life

- Kohlberg's stages of moral development
- Discussion of Kohlberg's stages 5 and 6
- Are women's values different from men's values?
- Selecting your guiding principles
 - Table 3.1: Ways of living
 - Table 3.2: Your life goals
 - Table 3.3: Desired personal characteristics
 - Self-centered vs. others-centered
- Conscience and escape from one's own conscience
- Pitfalls: bypassing our own moral standards
- Other guidelines for living
- Examples of philosophies of life
- Writing your first draft



Putting your helping philosophy into action: Altruism

- Becoming helpful yourself
- Developing a specific self-help plan



Concluding comments; recommended readings



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OVERVIEW

If you know what you want to be, you are more likely to be it. Therefore, we start with a chapter on values, morals, life goals, aspirations, dreams, wanna-bes, etc.

Moral philosophy is hard thought about right action.
-Socrates

Goodness without knowledge is weak; knowledge without goodness is dangerous.
We have to build a better man before we can build a better society.
All that is necessary for the triumph of evil is that good people do nothing.
Our purpose is not to make a living but a life--a worthy, well-rounded, useful life.
Morality is not a subject; it is a life put to the test in dozens of moments.
-Paul Tillich

Why We Need Values and Morals

It is important to carefully consider your values for several reasons: (1) they could guide your life minute by minute towards noble goals, rather than your life being controlled by self-serving motives, customs, accidental occurrences, bad habits, impulses, or emotions. You have to know where you are going before you can get there. (2) Values and morals can not only guide but inspire and motivate you, giving you energy and a zest for living and for doing something meaningful. (3) Sensitivity to a failure to live up to your basic values may lead to unproductive guilt or to constructive self-dissatisfaction which motivates you to improve. (4) High values and some success meeting those goals are necessary for high self-esteem. (5) Professed but unused values are worthless or worse--phony goodness and rationalizations for not changing. We must be honest with ourselves, recognizing the difference between pretended (verbalized) values and operational (acted on) values. Of course, no one lives up to all their ideals, but values that only make us look or feel good (including being religious) and do not help us act more morally must be recognized as self-serving hypocrisy.

Thus, self-help is not just for overcoming problems; it also involves learning to become what

you truly value, achieving your greatest potential. That is why your values and strengths should be considered along with your problems. For every fault or weakness you want to lose, you have a valuable strength to gain; for every crude emotion to control, you have an opposing good feeling to experience; for every awkwardness, a helpful skill to acquire; for every denial, a truth to be found. Optimally, you will identify your problems, as in chapter 2, but also decide on lofty goals that are worthy of your life. I would like to help you find out where you truly want to go. Then, I hope you and I become sufficiently discontent with our shortcomings and dedicated to our highest goals so that we are motivated to achieve our greatest potential. Trying to be good is important, perhaps more important than solving personal problems. Both are self-help.

Moral development teachers often say that becoming moral requires enough emotional development to feel guilty when we do wrong, enough social development to accept our responsibility for behaving in agreed upon ways towards our group, and enough cognitive development to be able to place ourselves in another person's shoes. But just because you develop some of these qualities, it doesn't guarantee that you will develop a wise and effective philosophy of life.

As Steven Covey (1992), the author of *The Seven Habits of Highly Effective People*, points out, many people set goals and strive for years to achieve one after another, only to discover when they get to the end goals that they didn't want to go there. He says, "no one on their death bed ever complains that they should have spent more time in the office." In a new book, *First Things First*, Covey (1994) says everyone and every family (and every organization, every nation, etc.) should have a well thought out "Mission Statement," a set of values, or a guiding philosophy of life. At the end of life, intimate relationships and how you have dealt with others are the things that count. I recommend his books.

Are we Americans becoming more moral? Perhaps in some ways. Reportedly, more and more people are volunteering to help the poor, the sick, and the elderly. We pay more taxes (that *is* doing good!). But there is also a lot of evidence we are backsliding, e.g. a few years ago 9 out of 10 defense contractors were under criminal investigation. In 1990, when tax payers were required to give the Social Security numbers for every dependent, seven million names disappeared! More evidence of backsliding:

Statement	"Yes" in 1965	"Yes" in 1990
Financial success is very important to me.	25%	75%
A meaningful philosophy of life is important.	75%	25%
I cheat on tests.	20%	37%
I'd lie about possible exposure to AIDS (with one-night stands)	---	45%

A nation-wide survey by Ralph Wexler of the Institute of Ethics indicates that 1/3 of high

schoolers and 1/6 of college students admit stealing something in the last year. Over 1/3 said they would lie on their resume to get a job. Over 1/2 of college students admit cheating in some way, over 60% say they would cheat on an important test. Other surveys show that 8 out of 10 high school students admit cheating. Likewise, 1/4 Americans think it is okay to cheat on their auto insurance, 30%-50% think goofing off at work is okay, 1 in 6 use drugs on the job, and 1/3 to 1/2 cheat on their spouses. Almost 60% of American adults have used force against another person; 7% say they would kill someone if paid enough; 25% would abandon their families for money (Etzioni, 1993). Furthermore, Wexler says only 2% of students get caught cheating because teachers don't watch carefully; therefore, maybe crime does pay and maybe honesty is, in some ways, not always the best policy from a selfish point of view. Also, about 20% of high schoolers feel a lot of peer pressure to do something wrong. So, our current environment is not highly moral or supportive of morality and our society doesn't seem to know what to do about these conditions. About 80% of teens think schools should teach basic values; yet, 90% of them are already "satisfied" with their values (Ansley & McCleary, 1992) and probably don't want to think seriously about values.

In any case, all of us face temptations frequently to be dishonest and almost all of us could improve our moral behavior in some way. Avoiding being immoral is a very worthy endeavor; however, it is important to realize the immense gap *from* being "just barely on the side of the law," i.e. on the edge between moral and immoral, *to* being **highly** ethical and noble. We can't all be like Mother Teresa or Albert Schweitzer, but we can recognize the highest levels of ethics humans are capable of achieving. It must, in some cases, require a long and hard struggle to get there. Examples: the parents who sacrifice greatly so their children can have advantages they didn't have. The merchant who works hard 12-hour days to be sure his/her customers are given the best possible service, not just to make money. The soldier who gives his leg, his sight, or his life to protect others. The caring person who takes a needy child to raise. The person who undergoes great personal losses in order to right a wrong or to fight for a worthy cause. It is a giant leap from deciding to tell the truth on your resume about your grades or work experience to devoting your life to a civil rights cause, fighting on the side of the oppressed against an abusive authority, opposing daily the wanton destruction of the earth, etc., etc. It takes great self-control to transform yourself from the lowest level of just barely acceptable morality to the highest level. But who can say that we can't all do it?



Everyone needs a philosophy of life. Mental health is based on the tension between what you are and what you think you should become. You should be striving for worthy goals. Emotional problems arise from being purposeless.

-Victor Frankl (1970)



Why it is hard to deal with values

In contrast with the next chapter on how to eliminate unwanted habits, dealing with values is fraught with special pitfalls. For example:

There is **little research** about which values yield the greatest good for the greatest number of

people or about how to change one's own values or about how to live in accordance with one's basic values. Few candles have been lit here, thus far. My discipline, psychology, has not contributed much to our becoming a moral, compassionate society. Our best thinkers have not even decided the content and structure of values--what the hell is involved? See Schwartz and Bilsky (1987). LeShan (1993) tries to explain our failure to reduce wars and crime or to increase fairness and justice. One might speculate that many people do not want to research values, preferring to believe their values are the best.

Most of us have **little help in developing a philosophy of life**. Values tend to be picked out in a haphazard, piece-meal fashion from friends, parents, the media, teachers, popular heroes, and clergy in that order (*Behavior Today*, Feb., 1981, p. 8); therefore, values are frequently contradictory and not logically connected with how we actually behave. For example, we accept the Golden Rule (do unto others as you would have them do unto you) but at the same time we struggle for money and "the good life" for ourselves without much consideration of the needs of others. We say we value honesty but cheat on our exams (up to 67%), on our income taxes (38%), and deceive our best friend (33%). We claim to value being understanding and forgiving but sometimes become nasty and revengeful. We supposedly value hard work but procrastinate. We seek a devoted partner but are unfaithful (45%), etc., etc. (*Psychology Today*, Nov. 1981, pp 34-50). There are many moral decisions made by each of us every day and always new moral dilemmas to resolve, mostly on our own without help.

Perhaps because many people equate values and religion (yet, I hope it is obvious to you that a person can have very high values--honesty, loving, giving--without having any religious beliefs in God or salvation at all), a discussion of our values may be considered an invasion of our privacy and our personal religious beliefs. Asking a person why he/she holds a particular moral opinion is encroaching on sacred ground reserved exclusively for "persons of the cloth" and God. The place inside where we store our values and our conscience is a scary place to which we invite few people, resenting those who intrude and question our values or preach to us. Perhaps, values are a touchy topic because our own guilty conscience, when aroused, can hurt us. It is true that many people loosely "expect" their religion to keep them moral, but, on the other hand, insist that religion shouldn't get too deeply involved in their "private" behavior or challenge their rationalizations for selfish, immoral behavior. Most importantly, I think we avoid discussing our values because we are unsure of them and afraid our self-serving denials and illusions will be revealed by an open airing of our beliefs.

From my teaching, I have an illustration of how the human mind protects its beliefs: I have indicated many times in many ways to my students that I have doubts about God. Although thousands have come to ask me about other concerns, *not one* student has ever approached me to find out more about my reasons for doubting God or my explanation of peoples' beliefs in God. Quite a few have come to "save" me, but they only wanted to talk, not listen. When was the last time you heard of a church inviting an atheist or agnostic to join them in discussing the existence of God? We maintain many of our beliefs by avoiding questions and doubts, by closing our minds. Perhaps closed-mindedness is a good coping mechanism in terms of religious beliefs, but I doubt if a locked mind is the best processor of ideas to guide our lives. It is hard to even help yourself, if you have a mind that is afraid to think.

A leading researcher of values, Milton Rokeach (1973), believes that it is often necessary to become dissatisfied with yourself before you will change your behavior, attitudes, or values. That makes sense, but it means one has to (a) create a problem (self-dissatisfaction) in order to (b) solve a problem of morals (e.g. becoming more considerate). Naturally, we will be tempted to take the easy way out and avoid dealing with both "problems," but this chapter will try to stimulate and confront our thinking in such a way that each of us can arrive at a consistent, meaningful, just, and motivating set of values to live by, day by day. If we are successful, however, each of us will surely feel some uneasiness during the process of clarifying our values. That is to be expected.

As you know, there is a bewildering assortment of values thrust upon each of us, e.g. by family, religion, teachers, friends, ads, media, movies, music, etc. And, many people and groups take their beliefs and values very seriously. They are certain they are right. If you reject their beliefs, you may encounter serious, real threats, e.g. "you'll burn in hell" or "get out of my house" or "you'll never be happy" or "how can you look yourself in the mirror?" or "that will end our relationship." This is playing hard ball. Sometimes, especially when the other person's values and purposes have not been clearly revealed to you early in the relationship, their moral judgments, rejection, and threats can be very powerful. I will not deceive you about **my beliefs** nor will I attack your beliefs. I want you to know that I have doubts about the existence of a God, but there are certain values I believe in, especially the Golden Rule or caring for others (a central theme of most religions). I offer no threats if you don't believe as I do, instead I offer my understanding because philosophies are hard decisions... and may strip us of comfortable self-delusions and lead us to a hard life. I can not even assure you that I am certain about my own ideas regarding values, but as Mahatma Gandhi said about his beliefs, "they appear to be absolutely correct, and seem for the time being to be final. For if they were not, I should base no action on them." I have done my homework; I only ask that you consider my opinions. Your beliefs are always your choice (so long as they don't hurt others).



Strange is our situation here upon earth. Each of us comes for a short visit, not knowing why, yet sometimes seeming to divine a purpose.

-Albert Einstein



Lastly, our philosophy of life and **the meaning we find in life may change as we go through life**. We mature, we learn, our needs change, we have new relationships, our jobs make new demands on us, we have children, we are successful, we fail, we approach death. These things change our values. Changes in values usually result from conflicts: we act in ways we don't value, we see another viewpoint, we recognize inconsistencies among our values, we are pressured to change our values by others, and so on. In many of these conflicts, such as individual freedom vs. responsibility for others or happiness vs. achievement, there are persuasive arguments on both sides. The lady symbolizing justice carries a balance scale. Such a scale constantly moves because reasoning and the weight of moral arguments constantly changes. But logic and moral judgment are not the only factors changing our values. More important may be rationalizations, biased self-protective thinking, emotional personal needs, and even unconscious factors. So, to have true wisdom about our values requires knowledge and reasoning skills, awareness of our irrationality, insight into our emotions, and some probing of our unconscious. That is hard.

The Golden Rule

Religions claim to be the source of our values and morals. These may often be false claims, because the values are older than the religions, because many religions claim the same ideas, and because several studies provide *no evidence* that religious people are more caring, loving, generous, or helpful than non-religious people (Kohn, 1989). (Kohn cites evidence that religious folks are, on average, *more intolerant* of minorities.) Perhaps the rewards of religions--salvation, nirvana, reincarnation--are their big attractions, not their demanding guidelines for being good. Yet, being reminded of what is good, hopefully will nudge us in the right direction.

"The golden rule," so called because it is the highest rule of life, is an important part of most religions. It is expressed in slightly different ways:

- General wording: "Do unto others as you would have them do unto you."
- Jesus Christ in the Sermon on the Mount: "Therefore all things whatsoever ye would that men should do to you, do ye even so to them."
(Matthew 7:12)
- Judaism: "Thou shalt love thy neighbor as thyself." (Leviticus 19:18)
- Islam: "No one of you is a believer until he loves for his brother what he loves for himself."

Note: Traditions interpret the Golden Rule in different ways, however. The above statements say **DO SOMETHING!** About 1000 to 3000 years before Jesus and Muhammad, there were both positive and negative (DON'T DO) versions of the golden rule:

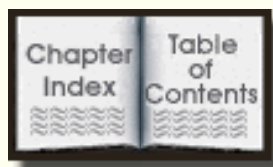
- Confucianism: "What you do not want done to yourself, do not do to others." (Analects 15:23)
- Buddhism: "Hurt not others with that which pains yourself."
(Udanavarga 5:18)
- Hinduism: "Good people proceed while considering that what is best for others is best for themselves." (Hitopadesa)

Note: Somewhat related values are expressed by secular groups:

- Humanists: "Every person has dignity and worth, and, therefore, should command the respect of every other person." (This is in contrast to medieval scholars who taught that life on earth was to be despised and that humans were sinful creatures who should be devoting their lives to getting into heaven.)
- Communist motto: "From each according to his ability, to each according to his needs."
- Indian saying: "Don't judge others until you have walked in their moccasins."

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDING WHY WE NEED MEANING IN OUR LIVES

What's Religion's Role?

Baumeister (1991), in an impressive psychological and historical analysis, says that four basic needs push us to find meaning in our lives. If all four are satisfied, we feel life is meaningful; otherwise, we feel somewhat dissatisfied. These needs are (1) to have **purpose--** striving for something in the future. You may seek *goals* (good job, children, retirement) or *fulfillment* (happiness, pride, how we imagine we will feel when we reach our worthy goals). (2) A need to have **value** --wanting to be *seen as good* and justified in our actions. Moral systems, like the Golden Rule, originally enabled us to live together with some degree of harmony. (3) A need for **efficacy** --*feeling effective*, capable, in control, and that we have made or will make a difference. Humans even need and strive for illusions of control; a myth reduces distress. (4) A need for **self-worth--** finding a basis for *feeling positive about their lives*. The more of these sources of self-esteem we have, the more secure we are. (But, excessive demands on the "self" for meaning causes depression.) Unfortunately, self-worth often involves trying to feel superior to someone or groups of others, thus, for example, the poor southern white male in 1860 felt superior to the black slave and fought, in part, to maintain his status (see chapters 7 and 9 for many examples of chauvinism). These four needs (and their causes) combine with our life experiences (our culture, our family rules, our religion, and our friends' views) to produce our personal value system and the meaning attached to our life.

Baumeister contends that humans, pushed by these four needs and aided by an enormously imaginative brain, have for thousands of years created beliefs (myths) in a "higher power" which will protect and provide for us, make sense of natural events, and give purpose or meaning to our lives. That is, human needs and fears motivated the development of religions which embodied and reinforced our values. Moreover, he says that many of the promises religions have made, such as lasting marriages (with the male in charge), help avoiding or handling misfortunes, the answering of prayers, eternal salvation, etc. are very comforting ideas but pretty much illusory. He and many other scholars (Bellah, Madsen, Sullivan, & Tipton, 1985; Lasch, 1984) think the decline of explicit moral teachings by the church in the last 50 to 75 years has left individuals with a "values gap," without a moral base on which to build a philosophy of life. Since a complete set of values is no longer

handed down to us by family, culture, or church, we now must construct our own value system (or avoid the task). Unfortunately, all of us, especially the young, are rather unprepared for this difficult and important task. Without guidance, we usually adopt just bits and pieces of values and goals from others, then to a large extent we use personal satisfaction as our guiding light: having fun, looking good, loving, working, and being successful and happy. Those aren't bad values but, surely, they aren't humans' noblest efforts either.

The remainder of Baumeister's book deals with psychological explanations of how our species got to this point, namely, moving from *having to know God* (an authority) in order to be moral to today *having to know ourselves* (self-reliance) in order to self-actualize and achieve our purposes. This psycho-history of morals (and such things as religion's treatment of women and sex) is fascinating; I recommend his book strongly. The insights provided should encourage you to re-consider the wisdom of several religions and then formulate your own meanings of life. If a person neither accepts the values and morals of his/her family/community/church *nor* develops his/her own value system, the rest of us may suffer in the form of crime, abuse, violence, inconsiderateness, and selfishness. Thus, I believe we all have a grave responsibility to decide upon and live by our own (but an acceptable) set of morals.

It may be that religions have not given us nearly as many morals and values as commonly believed (although religion has obviously given believers some meaning, in the sense that, for Christians, believing in Christ and following "God's word" is thought to lead to everlasting life). There is evidence that religions gradually incorporate a society's morals and ambitions into what is proclaimed to be God's will (rather than correcting society's wicked ways). Thus, a pacifist religion--"turn the other cheek"--founded by the "Prince of Peace" has repeatedly supported religious crusades, wars for economic gain, and "just wars" wanted by leaders or the people. Even though it appears that religions did not "invent" good morals, religions remain very strong, far from dead. In fact, for believers, religion amply satisfies the four powerful needs for meaning, e.g. **purpose**, directing many lives and promising salvation and less fear; **values**, telling us what is right and wrong; **efficacy**, offering the power of prayer and some feeling of control over life and death, and **self-worth**, including feeling superior to others and being loved, favored, and chosen by God. Religion helps people handle life's misfortunes and our enormous fear of death. It provides a sense of belonging and a support system. The payoffs of religion are so fantastic that if you believe in a religion, it is extremely threatening to even question it, let alone give up its alleged advantages.

God is a delicate issue because some people need religion but others do not. The realist must ask: Did an omnipotent God create man or did insecure, frightened people create Gods? Most people might give a knee-jerk answer but thoughtful consideration of this question takes months or years. How *you* answer that question will influence your behavior somewhat, particularly in terms of church attendance, reliance on prayer, contributions to

church activities and buildings, and perhaps other ways. But your basic value system may not change at all: People are just as honest, caring, gentle, good, etc. when they no longer believe in God as when they did. Religion is not the only basis for being considerate of others, being faithful, unprejudiced, and living in harmony. These values are simply reasonable and beneficial. With or without a religion, we all have the same four needs to meet and most of the same moral choices to make. We can find meaning for our lives without religion. We won't all arrive at the same meaning, but we can, with effort, all be good and do good in our own way. There is no one true meaning of life. Perhaps, as Baumeister says, "the quest for meaning, not the answer, is the real miracle of life."



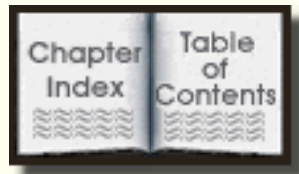
In the last analysis it is our conception of death which decides our answers to all the questions that life puts to us.

-Dag Hammarskjöld



In chapter 14 under "helpful attitudes," I discuss the psychological benefits of a deep religious faith. For some people, the benefits are great and difficult to replace. However, because belief in a God is an emotional matter, not a rational process, it is not an issue we can decide by just "using our head." It is a conflict within each of us between the solace of total faith vs. the satisfaction of facing reality. In our culture, we can't openly debate the existence of God with most people; it is too emotional an issue. Many people can't even privately consider the pros and cons of believing in God; doubts are thought to offend God. Therefore, if religion and God are deeply established parts of your life's meaning, count your blessings but be tolerant of people who chose a slightly different life path. They are not evil.

On the other hand, if your thoughts lead you to question God's existence, do not despair but ask yourself: what are the implications for how I would live my life? Among many other things, I would suggest this--if God isn't ruling the world, seeing that justice is done, taking care of needy people, guiding our priests and leaders, answering prayers, rewarding the good, etc., then each of us shoulders more of the responsibility for those things. In short, without God, the meaning of life may shift slightly but *our lives could become more meaningful* because without an omnipotent God each individual must assume more responsibility for what happens. Therefore, the development of your own philosophy of life is even more important because only humans can learn to save the environment, live in peace, love one another, help the poor and disadvantaged, help ourselves, etc. It will not be easy to do all that we morally should.



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BEING GOOD IS HARD

As scientists, we psychologists know very little about changing our values and little about how people become compassionate, generous, trustworthy, forgiving, and altruistic. See an excellent review of what we do know in Mussen and Eisenberg-Berg (1977). Everyone recognizes, of course, that certain individuals and groups, e.g. the Hopi Indians in Arizona, do develop these kind, socially responsible, considerate traits. But how? We aren't sure, but it certainly isn't easy to become an unselfish person. The Hopi family and community, for instance, teach and model a concern for others, cooperation, and having a "Hopi good heart" from early childhood. Likewise, the Israeli kibbutz (Shapira & Madsen, 1969) and the schools in Russia (Bronfenbrenner, 1975) try to teach non-competitive cooperation and communal responsibilities for others, while we in the United States praise individual freedom and achievement, and encourage win-lose competition. By the way, what has happened to the values of caring for others since the collapse of the Soviet Union?

The "cold war" was believed by some to be a great economic experiment between communism and free enterprise. With the 1990 failure of the communist economy, some American's declared total victory for our side (even though we were having serious economic problems too). I fear what other conclusions are being drawn as well, not by logic but by emotional needs. For instance, let's not conclude that American values were and are superior to Soviet values. I still value their proclaimed cooperative group-orientation, rather than our competitive consider-only-yourself orientation. Thinking people can hardly interpret the "the Cold War" as a great *moral* victory. That 45-year "war" involved two self-centered military giants who for 45 years wasted trillions on weapons and hundreds of thousands of lives in small wars and rebellions around the world, while a billion people remained hungry, sick, and uneducated. Furthermore, if the United States or any other country now jumps to the conclusion that military might (instead of world-wide democracy) is the best way to peace and justice, the country's leaders need more training as thinkers and as moralists.

Humans, acting alone, are certainly capable of selfish, inconsiderate, hostile acts--witness our overflowing prisons. Many people would cheat others and corporations if they

had a chance. A few would torture and kill others, even wipe out an entire country or race or ethnic group (witness Germany, Ireland, Israel, and Bosnia). Many children primarily think of themselves. Colin Turnbull (1972) has described a tribe in Uganda, called the Ik, who are extremely self-centered and downright cruel. Ik parents abandon their children at an early age to fend for themselves or die. Thus, it isn't surprising that all Ik steal whatever they can, even from close relatives, in an effort to survive in a harsh environment. In our culture, we believe in giving our children love, warmth, affection, and meeting their every need; however, as we saw in the introduction, this protected childhood does not guarantee that each child will not steal and cheat, and be kind, just, and generous. We are experimenting, but we haven't discovered yet how to produce good people.

We know there are many good people, like the Hopi Indians. Consider too: Mother Teresa helping the poor in Calcutta or the spouse devoted to a brain-damaged partner or a parent caring for a seriously handicapped child or a passerby who pulls a stranger out of a burning car or a soldier who jumps on a grenade to save his buddies or a donor who gives an organ to prolong life. The list goes on and on, perhaps almost every family has someone who can be turned to in times of trouble. So far as we know, every one of us could become the family helper or, in the right circumstances, become a hero saving lives, helping the poor, insisting that all children be fed, treated, and educated. However, there is no scientific prescription for goodness yet; you have to find your own way. It is vitally important. The world needs more good people. Maybe the suggestions in this chapter will help you find a way that appeals to you.

As humans, we seem to have no basic overriding genetic nature; we seem capable of being good *or* evil; our unique life experiences seem to draw us in one direction or another. Our moral "decisions" are not a single, simple choice made once and forever, but rather a life-long, continuing, complex, poorly understood by others, and an almost unconscious process. There are so many ways of being good and going astray, so many reasons for behaving each possible way, and so many excuses, denials, or rationalizations that confuse the issues. All these factors make the future for each of us uncertain; we all face the temptations of being bad as well as good.

Cultures, families, and friends seem to influence our morals significantly, but these factors change from time to time. For instance, it has become popular in some sub-cultures to think that you are foolish or naive if you don't lie and cheat, when you can probably get away with it. In college today, in contrast to 50 years ago or in a Honor System, relatively few students would turn in a fellow student for cheating. The student culture, in this sense, has become tolerant of cheating. Yet, lots of people still believe differently. We have the Moral Right and other religious groups who call for the old morals. Robert Frank (1988) says that following the morals of great philosophers and religions--honesty, devotion, commitment, self-sacrifice, empathy, and love--(and *not* the modern notion that humans are always self-serving) will lead to a better world *and* to greater personal gain as a trusted, respected, sought-after person. In short, he says it pays for each individual to be moral.

The world seemed to be conducting a *moral experiment* for a while, i.e. competition between two political-moral views: **capitalism**, a *competition, self-oriented, materialistic, live-and-let-live* set of values vs. **communism**, a *cooperative, others-oriented, moralistic, care-for-others* philosophy. Unfortunately, there were too many uncontrolled variables, so no conclusions could be drawn (although we certainly tried to persuade ourselves that "we won"). Too bad we scientists and our governments aren't doing a better job of honestly assessing the benefits and liabilities of different moral-political-economic approaches. Again, you'll have to do the "research" yourself. Maybe the advocates on both sides don't want to know the facts but just want to put out their propaganda. Certainly, the overall advantage of one view over the other is not obvious: giving and caring for others are commendable acts but competition, independence, and greed are powerful motivations which could benefit us all. You see, the world doesn't even know, yet, which values and motives would benefit the people the most.

Hogan (1973) believes that moral behavior is determined by five factors: (1) **Socialization**: becoming aware as a child of society's and parents' rules of conduct for being good. (2) **Moral judgment**: learning to think reasonably about our own ethics and deliberately deciding on our own moral standards. (3) **Moral feelings**: the internalization of our moral beliefs to the degree that we feel shame and guilt when we fail to do what we "should." (4) **Empathy**: the awareness of other people's situation, feelings, and needs so that one is compelled to help those in need. (5) **Confidence and knowledge**: knowing the steps involved in helping others and believing that one is responsible for and capable of helping.

There is not much you can do now about Hogan's first factor--your own upbringing. Even though poor parenting is clearly associated with poor work habits, drug use, gangs, and irresponsibility, you have to accept whatever childhood you had. According to Mussen and Eisenberg-Berg (1977), helpful children usually have nurturant parents who frequently act on their giving, caring nature within the family and with outsiders. These parents set high demands on the child, frequently asking him or her to help or to "take care of" another person, but they do not use "power" in the form of physical force or threats to control their child. Instead, the reasons and ethics for the desired behavior or recommended morals are carefully explained. They point out the "rights" and "wrongs" of the child's daily actions, while living up to their own standards of honesty, concern for others, and fairness. If you were raised in this way, thank your parents. If you weren't, understand your parents, and set about providing yourself with the learning experiences (you can talk to yourself like a parent) you may need to become a helping person.

There are many factors that influence your daily morality, which *you can control*. Let's now explore Hogan's second factor--the moral judgments needed to develop a good value system of your own. The best way for you to do this is by starting to draft your own set of beliefs and values as you consider the following sections. At the end of the chapter,

you will have an outline for a useful value system.

Writing Your Own Philosophy of Life

According to Jewish custom, a person should write two wills: one to give away property and another to pass on his or her values. What values do you want to live by and have your children adopt? I suggest you give this important matter a great deal of thought and then outline a philosophy to guide your own and your children's lives (if they should choose to listen).

First, some definitions of common terms. **Beliefs** are our own expectancies (realistic or not) and understandings (accurate or not) about how things are, such as believing in certain benefits and limitations of education, medicine, science, or religions. **Values** are our ideas about how things should be, i.e. the ideals we hope to strive for. Values can be divided into **desirable life goals** (e.g. happiness or success, see Table 3.2) and **guiding principles** (e.g. hard working or honesty, see Table 3.3). Values could also be ranked in importance from morally crucial, like honesty and freedom and justice, to slight non-moral preferences, like a kind of music or style of dress we prefer.

For the rest of the chapter, I suggest you *concentrate on deciding the few crucial goals and most important guiding moral principles for your life*. Leave aside--for now--the great philosophical questions about how the universe was created, whether or not there is a God or life after death, whether you should seek the truth from authorities, personal experience, or through experimentation, and so on. These beliefs are much too complicated to be dealt with in an hour or so (if ever).

You can, however, decide on the basic goals and ethical principles that will direct your life day by day, moment by moment. You can do this within a few hours. It could be a very important achievement. The next section of this chapter will help you write your philosophy of life and learn how to live by that philosophy. Here is an overview of what we will be covering:

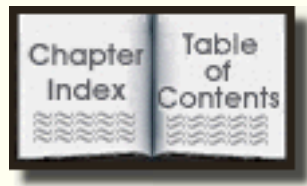
1. Become aware of Kohlberg and others' stages of normal moral development. In what stages are you right now? Make notes.
2. Consider Morris's 13 ways of living. Which ways appeal to you the most?
3. Rank Rokeach's values (Table 3.2, the end goals, and Table 3.3, the ways of getting there). What principles should guide your life? Think about who has lived life closest to your ideals. Buddha? Jesus? Albert Schweitzer? Lincoln? Martin Luther King? A great scientist? A good leader? A caring, helpful person in your community? One of your parents? Why did you make that choice? What are the

implications for your philosophy?

4. Resolve the conflicts among your basic values, such as between seeking personal happiness vs. doing good for others. Does this establish your top priority?
5. Write *your own philosophy of life*--a clear explicit statement of important guiding principles. Not just something that sounds lofty, but realistic, honest *guidelines you will try to live by every hour of every day*.
6. Learn to live according to your highest chosen values, which will test your "will" and require many of the skills described throughout this book.

[← Back a page](#)

[Forward a page →](#)



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WRITING YOUR OWN PHILOSOPHY OF LIFE

Kohlberg's stages of moral development

If you have an understanding of the normal stages of moral development, it should help you to develop or improve upon your own morals or values. This is especially true if the characteristics of highly moral people are clearly described. The following six stages are taken mostly from Piaget (1932), Kohlberg (1975), and Rosen (1980).

Stage 1: **Respect for power and punishment.**

A young child (age 1-5) decides what to do--what is right--according to what he/she wants to do and can do without getting into trouble. To be right, you must be obedient to the people in power and, thus, avoid punishment. Motto: "Might makes right."

Stage 2: **Looking out for #1.**

Children (age 5-10) tend to be self-serving. They lack respect for the rights of others but may give to others on the assumption that they will get as much or more in return. It is more a matter of "you scratch my back and I'll scratch yours," instead of loyalty, gratitude, or justice. Motto: "What's in it for me?"

Stage 3: **Being a "Good Boy" or "Nice Girl."**

People at this stage (age 8-16) have shifted from pleasing themselves to pleasing important others, often parents, teachers, or friends. They seek approval and conform to someone else's expectations. When they are accused of doing something wrong, their behavior is likely to be justified by saying "everyone else is doing it" or "I didn't intend to hurt anyone." Motto: "I want to be nice."

Stage 4: **Law and order thinking.**

The majority of people 16 years old and older have internalized society's rules about how to behave. They feel obligated to conform, not any longer to just family and friends, but also to society's laws and customs. They see it as important to do one's duty to maintain social order. Leaders are assumed to be right; individuals adopt social rules without considering the underlying ethical principles involved. Social control is, therefore, exercised through guilt associated with breaking a rule; the guilt in this case is an automatic emotional response, not a rational reaction of conscience based on moral principles (as in stage 6). People at this stage believe that anyone breaking the rules deserves to be punished and "pay their debt to society." Motto: "I'll do my duty."

Stage 5: Justice through democracy.

People at this stage recognize the underlying moral purposes that are supposed to be served by laws and social customs; thus, if a law ceases to serve a good purpose, they feel the people in a democracy should get active and change the law. Thought of in this way, democracy becomes a social contract whereby everyone tries continually to create a set of laws that best serves the most people, while protecting the basic rights of everyone. There is respect for the law and a sense of obligation to live by the rules, as long as they were established in a fair manner and fulfill an ethical purpose. Only about 20-25% of today's adults ever reach this stage and most of those that do supposedly only get there after their mid-twenties. Motto: "I'll live by the rules or try to change them."

Stage 6: Deciding on basic moral principles by which you will live your life and relate to everyone fairly.

These rather rare people have considered many values and have decided on a philosophy of life that truly guides their life. They do not automatically conform to tradition or others' beliefs or even to their own emotions, intuition, or impulsive notions about right and wrong. Stage 6 people carefully choose basic principles to follow, such as caring for and respecting every living thing, feeling that we are all equal and deserve equal opportunities, or, stated differently, the Golden Rule. They are strong enough to act on their values even if others may think they are odd or if their beliefs are against the law, such as refusing to fight in a war. Motto: "I'm true to my values."

General criticism of Kohlberg's Stages

Kohlberg's conception of moral development is based on thinking and logic, not on feelings for others. Surely feelings can not be neglected. Likewise, Kohlberg believed that morals were based on age and "wisdom," rather than real life experience and empathic identification with others. The truth is that children of 3 or 4 can and do empathize with others and try to help. Caring doesn't require Ph. D.-level, middle-aged reasoning! It requires feelings. Coles (1986) describes some impressively moral children and teenagers.

Some children have stood up to mobs of unfair adults. Lastly, Kohlberg's focus is on the individual, not on what makes for a moral community. Thus, he doesn't balance a self-orientation as opposed to a group-orientation. He doesn't ask, as the Greeks did, the question "what would accomplish the greatest good for the greatest number of people?" And, he doesn't question, as do the Quakers, the morality of settling issues by voting (resulting in as few as 51% imposing--often with glee--their preferences on the remaining 49%) rather than by consensus (everyone agreeing to a carefully considered compromise). Yet, these stages can be a useful way to begin assessing one's own morals.

Discussion of Kohlberg's Stages 5 & 6

Kohlberg's evaluation of moral decisions was based on the quality of the reasoning behind a person's decision, rather than whether or not some specific behavioral decision was made. The thinking process used by some in stage 6 to decide what is fair and reasonable in a moral dilemma is called "**second-order Golden Rule role taking**" (Kohlberg, 1984). There are two steps: (1) Understanding how each person involved sees the situation and (2) imagining how each person would feel if placed in each other person's situation. The aim of this empathic process is to find a "reversible" solution, one that would be seen as *equally just from each person's perspective and considered fair by a high percentage of rationally thinking people*. Example: (1) Imagine the situation of a poor dying patient, her husband, and a druggist who wants \$1000.00 profit (10 times its cost) for an effective drug and (2) imagine how each would feel in the other's shoes, e.g. how the patient would feel as the druggist, the druggist as the dying patient, the patient as the husband thinking about stealing the drug, etc. A solution that might result from this process would be for the druggist to give the patient the drug, and the couple, in turn, would agree to pay for it by working part-time for the druggist after the patient gets well. As we will see later, an 11-year-old girl in Gilligan's study (1982) arrived at a similar solution.

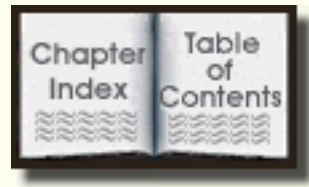
Current theorists believe it takes time (40-50 years), experience with different cultures and values, emotional maturity, self-control and self-esteem, considerable thought about values, and/or moral development training to acquire this kind of moral reasoning. I suspect stages 5 and 6 will be achieved at age 12 or 14, when we know enough to provide the proper training and experience at that age. Good but extraordinary examples of stage 6 morality are Jesus Christ (he spoke cogently of universal principles but he died at age 33!), St. Francis of Assisi, Albert Schweitzer, Abraham Lincoln, Martin Luther King (he became a civil rights activist at age 26!), and Sister Teresa of Calcutta. Don't let this awesome list of saintly people scare you or discourage you. Try to become a stage 5 or 6 person by finding some good causes you are willing to argue for, decide what lifestyle you most value, and start doing it.

As you understand these stages better, you may understand more about why you have

made certain moral decisions in the past. Also, you will realize that you and everyone else operate on several levels at the same time. For example, you may avoid shoplifting for the fear of punishment (stage 1), you may watch your little brother carefully to be sure he doesn't get more attention than you (stage 2), you may want to impress your parents or a teacher (stage 3), you may unthinkingly enforce school rules as a monitor (stage 4), and you may be active in the women's movement or help support a child in India through CARE (stage 5 or 6). Furthermore, you may find your moral reasoning on one level and your behavior on another: 20% of the people at stage 6 of moral reasoning still conformed (stage 3 or 4) when asked by an authority to hurt another person (Kohlberg, 1984). Likewise, my value system says I should share most of my worldly possessions, but often I don't (partly because most people would think I was weird and stupid).

[← Back a page](#)

[Forward a page →](#)



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WRITING YOUR OWN PHILOSOPHY OF LIFE

Are women's values different from men's values?

This section is based in large part on a book by Carol Gilligan (1982), who as a research assistant with Lawrence Kohlberg became aware that women responded differently than men to moral dilemmas. She decided to study these differences more closely rather than disregarding women's views because they don't fit the theory, as some theorists (including Kohlberg) have done, or instead of assuming that women are morally inferior, as some males (including Freud) have done. The moral differences between the sexes are real and important but not clearly understood by most people. For example, using Kohlberg's 6-point moral development scale, women frequently score low, often at stage 3 (where there is an emphasis on interpersonal relationships and helping or pleasing others). Yet, women ordinarily consider themselves just as moral as men if not more so. Let's see if we can clarify our own values by understanding exactly how women's values differ from men's.

According to Kohlberg, the childhood concern of males for "pleasing others" gives way in stage 4 to "living by the rules," in stage 5 a few people "build a better world" and in stage 6 even fewer live by "universal principles of justice." According to Gilligan, females often remain concerned with relationships, progressing as they grow older from pleasing others for personal gain to building close, intimate, selfless, giving relationships in which they do good for others (and get pleasure from doing so). Thus, many women adopt the basic moral principles of the Golden Rule and act on those principles by giving to people in need (which Kohlberg assumes only a few middle-aged men do in stage 6). In short, women's morals seem to develop differently, even though they may end up doing the same things as highly moral men. What are these developmental differences?

Men become much more involved than women in intellectually figuring out what is fair and what are individual rights, such as in making rules (in religion and the family) and laws (in politics). For men, differences of opinion ought to be worked out via logical arguments and courts of law; for women, differences should be worked out by talking to each other, considering each other's viewpoints, and understanding each other's needs. Men are more concerned with becoming independent, "being their own man," being free to do their own

thing, and being as successful as they can be. Women tend to be more concerned with fulfilling their responsibilities to others than with assuring their own rights, more involved with building caring relationships than "breaking away" to make their own way, more into helping others than getting ahead themselves. Thus, one can see why women could become concerned that men's vigilant defense of individual rights and "freedom" might undermine our sense of responsibility for others and lead to indifference to others in need.



Men and women: 90% use both care and justice values; however, 65% focus on one value more than the other, as follows:

Men: 93% have a justice focus; 7% have a care focus; 0% have justice absent; 38% have care absent (62% have some care).

Women: 62% have a care focus; 38% have a justice focus; 23% have justice absent; 8% have care absent (92% have some care).

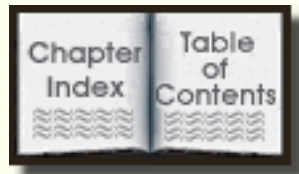
One conclusion: if all our values are to be accurately represented in Congress and the legislatures, half of our representatives should be women. We need their emphasis on caring.



Gilligan illustrates how males and females see the world differently, starting at an early age. Consider the moral dilemma mentioned above of the dying patient and the profit-making druggist. She quotes an 11-year-old male, Jake, who reasons that life is more important than profit, so the husband should steal the medicine. However, an 11-year-old female, Amy, sees the problem as the druggist's lack of sensitivity to the dying patient's needs. She doesn't reason, as Jake does, in terms of the businessman's rights or the husband's moral obligation to steal. Amy simply concludes that the husband shouldn't steal "because it's not right" and the wife shouldn't die either, so all three people will have to talk it over and reach an understanding. Jake and Amy obviously think about the dilemma differently. Unfortunately, the male moral development theorists, like Kohlberg, would probably consider Amy's answer inferior to Jake's. Indeed, she almost sidesteps the examiner's question: "Should he steal the drug?" To her, that isn't the issue. Instead, she concentrates on finding better ways via relationships, not power, to get the drug. Gilligan, a female moral development theorist, considers both Jake's and Amy's views valuable. Jake relies on individual action (stealing) to avoid a personal confrontation. He sees the situation as an impersonal conflict of individual rights rather than a conflict of personal needs. Jake uses logic (life above profit) and the law (the judge will understand) to decide who is right. Amy is less concerned than Jake with who is most right but seeks a practical solution that will hurt no one very much. Her solution depends on people relating and caring for each other.

Keep in mind that boys must gain their masculine identification by separating from mother, while girls attach and take on the characteristics of mother. Thus, for this reason and others, males may tend to see danger in connecting with others--in getting too close or too dependent on someone or in confronting someone. Doing battle in court is more a man's style. Females may see danger in *disconnecting* with others--in loneliness or successful advancement or rejection. Intimacy is scary to males but a source of security to females. Autonomy is scary to females but a source of pride to males. To males, human relationships are seen as a hierarchy based on power and status; they want to climb to the top and feel afraid if others get too close to them (the sociobiologists point out the similarity of this view to the male struggle for sexual dominance in many species). Most men do not have an intimate relationship with a male nor an intimate non-sexual relationship with a female; achievement takes priority over intimacy until mid-life when suddenly males realize what they have been missing. Males identify themselves and their success by their accomplishments; females identify themselves by their relationships. To females, relationships are (or can be) more like a network of safety and care among equals; they want to be in the center of the network and fear getting too far out on the edge (like being caught outside the camp in hostile territory). Women recognize more openly their interdependence on others and see the powerful person as being able and willing to help and nurture others. Men see power as the ability to control others. To males "being responsible" in a relationship means *not doing* what you want to do out of consideration of others. To females "being responsible" means *doing* what others are counting on you to do, regardless of what you want to do. There is a difference.

Surely the male concern with individual rights and the female concern with caring for others are both important. Each sex has important contributions to make to moral reasoning, certainly neither sex has a monopoly on morals. The concept of rights is based on the notion of fairness and equal opportunities. This kind of justice is vital. The concept of responsibility for helping others is based on a compassionate understanding of human needs. Loving one another is also vital. Perhaps a combination of (1) respecting everyone's rights (including one's own), (2) personal integrity (being true to one's beliefs), and (3) assuming responsibility for helping others may define moral maturity for all of us--men and women. Justice tells us that everyone should be treated the same; personal caring tells us to do more than just not hurt anyone--we must help everyone who needs it. Women, giving us a different moral perspective from males, can help all of us be more caring, more responsible, and less aggressive. Thus, we all need to "learn to think like a woman" as well as like a man (see straight thinking in chapter 14). Think of the changes that might occur if world leaders were committed to justice and to responsible caring, rather than just to defending our rights and possessions with weapons.



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WRITING YOUR OWN PHILOSOPHY OF LIFE

Selecting your guiding principles

Moral dilemmas, like the dying wife vs. the profit-seeking druggist, are often discussed in schools and groups in order to "clarify values." There are also exercises in which a group must decide which three people out of six will be allowed to stay in the lifeboat. These activities are supposedly for "moral education." However, the participant's task is to select one value over another (when both are quite important) and then glibly argue for your point of view. These are good verbal exercises or games but, as Etzioni (1993) points out, they, in most cases, do not teach us great moral truths. A true moral truth should be obvious and undeniable, not a topic of serious debate. What are examples? Honesty. Fairness. Caring (as in the Golden Rule). Using your talents to help others.

Etzioni argues for teaching a variety of "accepted values" in schools. But this must be done through meaningful experiences, not via lectures or sermons. An example would be teaching about prejudice and discrimination through a "Brown-eyed, Blue-eyed experiment," as discussed in chapter 7. Values must be internalized, i.e. made part of your basic living philosophy or your core "self." This is usually done by having real life emotional experiences: concern for the sick is learned as a volunteer in a hospital, concern for the poor is learned during a year in National Service in the inner city or on an Indian reservation, concern for migrant laborers is learned in the fields, concern for single mothers is learned babysitting in small shabby apartments, etc. But first you have to decide to have real experiences. This is based on certain values you tentatively believe in. Let's move on to selecting those values.

It should be clear to you from Kohlberg's description of the higher stages that you can only be most moral if you have decided on and dedicated yourself to a set of values: for instance, a commitment to democratic decision-making for stage 5 or to a fair, clear cut philosophy of life for stage 6. My objective here is to encourage you, even though you may not be over 40, to select some basic, guiding moral principles that you will actually use to guide your life, as described in stage 6.

To give you some structure for deciding on your guiding principles, I will first provide you with three lists of major goals pursued by others around the world. These are some of the choices you have, i.e. philosophies, goals, principles, or means to an end you might value and follow. Table 3.1 lists 13 "ways of living" from many cultures (Morris, 1973). Table 3.2 lists 18 "ends" or objectives or outcomes to which you might devote your life (Rokeach, 1973). Table 3.3 lists 18 "means," i.e. ways of being that are considered most moral and most likely to yield the "ends" you seek.

Please don't rush through these lists as though they were just another cute little personality test in the Sunday supplement. They are the best lists of guiding principles available. Your serious consideration of each value is required because you must decide on your highest principles by weighing one against the other; otherwise, you are in danger of vaguely feeling a lot of goals or principles are acceptable and, thus, never really deciding what your highest and most worthy goals are. Since each value or philosophy of life takes you in a different direction, not deciding on your major reason(s) for being is the same as being unguided or morally lost. Go through the lists twice, first giving your initial reactions and, then, go back and make a final judgment about which "way" is most moral--the best way for you to be the best person you could possibly be. These decisions should form the basic outline for your philosophy of life...an idealistic plan for your life. This is no trivial task. See the next page for Table 3.1.

Table 3.1: My preferred way to live

Rating

Agree Mixed Disagree

Ways of living

Way 1: Cautiously and intelligently preserve the best of our culture in order to develop an orderly, active, just world.

Way 2: Be self sufficient, "go it alone," avoid close social ties.

Way 3: Be loving, sympathetic, concerned, respectful, and helpful with others, not greedy or controlling or aggressive.

Way 4: Have fun without getting too involved with others. You can't control the world so enjoy life, for tomorrow you may die. To fully enjoy life, think of "number one" first; let yourself go!

_____ _____ _____
Way 5: Get involved with others for fun and achieving common goals. Give of yourself to others to make this "the good life," don't withdraw or be self-centered.

_____ _____ _____
Way 6: Work hard to solve the problems we face. Don't follow the past or merely dream of the future, do something! Science can solve many of our problems.

_____ _____ _____
Way 7: Accept all philosophies, not just one. Fun, action, and contemplation in equal proportions is the best way to live.

_____ _____ _____
Way 8: Enjoy the simple, available, daily pleasures of home, relaxation, and friends.

_____ _____ _____
Way 9: Stop seeking, be receptive, then wisdom and the good things of life will come freely.

_____ _____ _____
Way 10: Constantly seek self-control, firmly directed by reason and high ideals. Guard against seduction by comfort, selfish impulses, the urge to "cop-out" etc.

_____ _____ _____
Way 11: The internal world of ideas, dreams, sensitivity, and self-knowledge is a better place to live than in the external world.

_____ _____ _____
Way 12: Use all one's energy to build something, to overcome obstacles, to climb a mountain because it is there. Use all the power you have.

_____ _____ _____
Way 13: Let yourself be quietly and serenely used by others, by the world, and by the great powers that be, for their purposes are good. Let the true purposes of life be fulfilled.

Adapted from Morris, C. *Paths of Life*. Chicago: University of Chicago, 1973.

Table 3.2: What life goals do you want to achieve?

Importance to you		Final ranking of guiding principle	Values or Purposes
Higher	Lesser		
_____	_____	_____	1. a world at peace (free of war and conflict)
_____	_____	_____	2. freedom (independence, free choice)
_____	_____	_____	3. equality (brotherhood, equal opportunity for all)
_____	_____	_____	4. happiness (contentedness)
_____	_____	_____	5. an exciting life (a stimulating, active life)
_____	_____	_____	6. wisdom (a mature understanding of life)
_____	_____	_____	7. a comfortable life (a prosperous life)
_____	_____	_____	8. self-respect (self-esteem, feeling good about yourself)
_____	_____	_____	9. salvation (religiously saved, eternal life)
_____	_____	_____	10. mature love (sexual & spiritual intimacy)
_____	_____	_____	11. social recognition (respect, admiration)
_____	_____	_____	12. a sense of accomplishment (I've made a lasting contribution)
_____	_____	_____	13. national security (protection from attack)
_____	_____	_____	14. true friendship (close companionship)
_____	_____	_____	15. a world of beauty (beauty of nature and the arts)
_____	_____	_____	16. inner harmony (freedom from inner conflict)

- _____ 17. pleasure (an enjoyable, leisurely life)
- _____ 18. family security (taking care of loved ones)

Adapted from Rokeach, M. *The Nature of Human Values*. New York: Free Press, 1973. How others rank these values is described after Table 3.3.

Table 3.3: What personal characteristics do you most want?

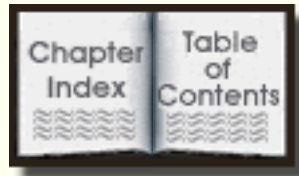
Importance to you		Final ranking as Guiding Principle	Values or Traits
Higher	Lesser		
_____	_____	_____	1. Self-controlled (thinks first, restrained, self-disciplined)
_____	_____	_____	2. Honest (sincere, truthful, disclosing)
_____	_____	_____	3. Loving (affectionate, tender, caring)
_____	_____	_____	4. Ambitious (hard working, aspiring)
_____	_____	_____	5. Cheerful (lighthearted, joyful)
_____	_____	_____	6. Responsible (dependable, reliable)
_____	_____	_____	7. Independent (self-reliant, sufficient)
_____	_____	_____	8. Broad-minded (open-minded, able to see other viewpoints)
_____	_____	_____	9. Polite (courteous, well mannered)
_____	_____	_____	10. Forgiving (willing to pardon others)
_____	_____	_____	11. Intellectual (intelligent, reflective, knowledgeable)

_____	_____	_____	12. Helpful (working for the welfare of others)
_____	_____	_____	13. Obedient (dutiful, respectful)
_____	_____	_____	14. Capable (competent, effective, skillful)
_____	_____	_____	15. Logical (consistent, rational, aware of reality)
_____	_____	_____	16. Courageous (standing up for your beliefs, strong)
_____	_____	_____	17. Imaginative (daring, creative)
_____	_____	_____	18. Clean (neat, tidy)

Adapted from Rokeach, M. *The Nature of Human Values*. New York: Free Press, 1973. How others rate these values is now discussed.

Ratings of Ends and Means Values by 1960 students

College students in the 1960's ranked freedom (#2) as the highest "end" value in Table 3.2, then happiness (#4), wisdom (#6), self-respect (#8), mature love (#10), a sense of accomplishment (#12), and so on with the rest of the even-numbered values followed by the odd-numbered values, ending with a world of beauty (#15) and pleasure (#17). Numbered in a similar way, the highest ranked "means" values (see Table 3.3) were honest (#2), ambitious (#4), responsible (#6), broad-minded (#8), forgiving (#10), and helpful (#12), with logical (#15) and imaginative (#17) being at the low end of the list. Compare your ratings with their ratings; the ratings have remained fairly stable over the years, except that a concern about equality has gone down during the 80's as the gap between the haves and the have-nots widened. Think about these matters. Read more and talk to friends, parents, ministers, teachers, and especially to people who have *different* values than you do. But, make your own final decisions.



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WRITING YOUR OWN PHILOSOPHY OF LIFE

Self-centered vs. others-centered

After working through Tables 3.1, 3.2, and 3.3, you should have a better overall view of the possible meanings of life, the possible purposes of life, and the possible personality characteristics. There is a meaningful distinction, however, between finding meaning in life and finding the meaning of life. For example, you might find meaning in life while making new friends, observing a beautiful sunset, being close to relatives, being good in sports, reading a good book, having a fantastic sex life, etc., but it is not likely that you will choose any of these activities as being your one ultimate purpose in life. Deciding in advance the major purpose(s) of your life is different from experiencing some additional meaning(s) in life as you go along. I'm suggesting that you decide what should be, the *major* purpose(s), the *primary* objective(s) of your life.

In my opinion, there are two fundamentally different life goals: (1) personal happiness and (2) doing good for others, i.e. self-oriented or other-oriented. They are both very appealing values but, unfortunately, they usually take you in opposite directions. If you seek happiness in self-serving ways, you will miss many opportunities to serve others. The 42,000 children dying needlessly every day probably can't be saved without giving up much of your partying and material wealth. If you "love thy neighbor as thyself," as implied by the Golden Rule, you will surely miss out on a lot of luxury and frivolous fun. Becoming an effective helper or a scientist or an intelligent leader requires sacrifices. You can't go full steam both ways--recreation and commitment--at the same time; choices, and usually compromises, must be made (see Branden, 1980, and Wallach & Wallach, 1984). Now, some help in making this tough choice.

I have asked hundreds of college students to answer this question for themselves:

Is it morally just and fair for me to be free to have plenty to eat, nice clothes, luxuries, time and money for fun, TV, and comforts, while others in the world are starving, uneducated, and in poor health?

Yes No

About 50% in 1970 used to say yes, in 1990 about 75% say yes, it is fair. Then I asked them to give their reasons for answering yes or no. I have summarized those reasons into ten statements so you can more carefully think through your reaction to being self-oriented or others-oriented. Indicate the degree to which you agree or disagree with these statements by rating each one from 1 to 5.

Statements

1. To be so self-centered that I would forget the hungry, sick, uneducated, unhappy people in the world is rejecting the Golden Rule (do unto others as you would have them do unto you). I could not live with myself and do this, since I consider one of the highest goals of life to be "...Love one another..." (John 15:12).

Agree Disagree
1 2 3 4 5

2. The more advantages I have--or hope to have someday--the more obligated I am to give to others and to fight for equal opportunities for everyone. "From each according to his/her ability; to each according to his/her needs (communist motto)." "Don't just sit there in your hot tub and say, 'There's nothing I can do about the poor' (student comment)."

Agree Disagree
1 2 3 4 5

3. It is only fair for me to share my resources with others until everyone has their basic needs met. "He who has two coats, let him share with him who has none..."(Lk 3:13). Frankly, I don't think I would freely (on my own) give up my advantages and luxuries, but I should vote for a government that would make me (and others) do what is right.

Agree Disagree
1 2 3 4 5

4. I am very confused about this issue. I want to help others, but I don't know what to do. It is a terrible waste when people starve, or a good brain is neglected, but what can I, as an individual, do? I'd really like to know.

Agree Disagree
1 2 3 4 5

5. Of course, everyone ideally should have an equal opportunity to have a good life. And, I should contribute to making this situation become a reality, but I think the system is pretty fair as it stands today. Consider all the taxes we pay in this country already. I have done and will do my fair share.

Agree Disagree
1 2 3 4 5

6. I have never seriously considered this type of question--and frankly, I don't like being made uncomfortable and asked to respond to these rather one-sided, simplistic statements. You sound like a liberal.

Agree Disagree
1 2 3 4 5

7. The problems of the poor are largely caused by poor governments and big business: bureaucracy, dictatorships, inflation, unemployment, mismanagement, greed of the people in power, etc. I certainly can't do anything about all the bad governments around the world.

Agree Disagree
1 2 3 4 5

8. Do-gooders preaching about our obligations to the poor upset me. Let everybody take care of themselves. The poor have too many children and often don't even try to help themselves. They could get out of poverty if they wanted to. "The poor are always with us," the Bible says, so it must be God's will. People usually get what they deserve.

Agree Disagree
1 2 3 4 5

9. I want to do well, to have "the good life," nice home, cars, luxuries, etc. In this country we have "freedom," which always results in some people having more than others. That's the way it has to be if we are free. Why should I suffer just because others are unhappy? Besides, our country couldn't possibly feed all the hungry in the world, educate everyone, care for all the sick, etc.

Agree Disagree
1 2 3 4 5

10. My goal in life is to be happy, to have a good time. I care about others, yet I also have

a right to whatever I can earn or achieve through my own honest efforts. I want to enjoy life. My first obligation is to see that my family and I have everything we want. I can't help others unless I am happy, so that comes first.

Agree Disagree
1 2 3 4 5

If you answered the basic question "yes," you would be more likely to agree with the first 3 or 4 statements. If you feel negative towards the basic question, you will agree more with statements 5 to 10. These latter statements are the common rationalizations in our culture for not helping others in need; check to see if your answers reveal some of your self-excuses or escape mechanisms (as discussed by Bandura below).

Obviously one could pursue both happiness (choices 7, 8, & 9 above) and the Golden Rule (choices 1, 2, & 3) on a part-time basis (and most of us do), or, if one were very fortunate, one might experience great happiness in life while helping others. The reverse is very unlikely, i.e. doing great good while primarily seeking personal enjoyment.

What is wrong with putting your happiness and financial success first? (i.e. get yours first, like trickle down economics.)

You often hear comments like, "you have to look out for yourself" or "those people really know how to live...how to party" or "you have to be happy yourself before you can help others be happy." All are very common justifications for happiness. But, who is happiest, the person devoted to having fun or the person devoted to helping others? Rimland (1982) did a very simple experiment. Why don't you try it right now. List the 10 people you know best. Rate each one as either happy or unhappy. Then, rate each one as self-centered or others-centered. Rimland found that happy people were ten times more likely to be unselfish than selfish. I rest my case. It is strange that happiness comes to people who have decided not to seek it as their main purpose in life. It comes as a fringe benefit to helpers.

There is accumulating evidence that striving for power, fame, wealth, and material goods--big parts of the "American Dream"--more than for good relationships, personal growth, and altruism is associated with more anxiety, more depression, and poorer general functioning (Kasser & Ryan, 1993). In short, materialism may be bad for your mental (and spiritual?) health. As Fromm (1976) observed, a focus on "having" distracts us from "being" our best person.



Chase after money and security and your heart will never unclench. Care about people's approval and you will be their prisoner. Do your work, then step back. The only path to serenity.

-Lao-tzu, 500 BC

The superior person thinks always of virtue; the common person thinks of comfort.

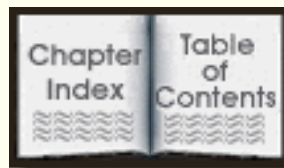
-Confucius



Your choice between (1) happiness or wealth and (2) helping as your highest purpose could have a profound impact on your entire life. Keep in mind that few people are able to follow their highest values all the time; the caring person is selfish in some ways, and the dedicated hedonist occasionally helps others. However, without your highest value in the forefront of your consciousness, day by day, your life is not likely to be well directed. If selfish materialism continues to be your dominant value, try reading Lerner's (1995) *The Politics of Meaning* and Kozol's (1994) *Amazing Grace* (about the poverty and problems of poor children in this country).

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WRITING YOUR OWN PHILOSOPHY OF LIFE

Conscience and Escape From One's Own Conscience

When we don't do what we feel is right (moral), we feel guilty. Our conscience hurts. We feel self-contempt, according to Bandura (1977). To avoid this discomfort, we usually do what is right (as we see it). But sometimes when we want to do something against our values strongly enough, we can deceive ourselves, "con" ourselves, so that we don't feel badly about doing it. We humans have a variety of self-excusing, guilt-escaping mechanisms (from Bandura, 1980b):

1. **Moral justification** --believing our actions are for a just cause. "I stole to provide for my family" or "I lied to protect my friend" or "I cheated because I just had to pass" or see statements #9 and #10 above.
2. **Euphemistic labeling** --using a mild term to hide the actual harmfulness. "I took it" or "sort of borrowed" instead of stole. "I messed them up a little" instead of brutally assaulted. "I didn't tell him/her everything" instead of lied. "We have to take care of our own country first" instead of disregarding others' needs. "Freedom" is often a handy justification for doing whatever you want to do; see #9 above.
3. **Looking good by comparison** --"I didn't cheat nearly as much as John/Mary did." "A lot of millionaires don't pay any taxes." "The rich in India don't give to their own poor, so why should I?"
4. **They told me to do it** --"They talked me into going with them." "I am told what sales pitch to make, don't blame me if it isn't all true." "He/she just kept pushing until I gave in." "I do whatever the law says to do; if I was supposed to do more they would tell me to." See statement #5 above.
5. **Denial of responsibility** --"I just went along with the crowd." "I felt certain someone else would help her, there were people all around." "One person like me can't do anything about poverty." "I'm going to cheat on my taxes because of all the free-

loaders on welfare." See statements #5 and #6 and #7 above.

6. **Denial of consequences** --"I just dropped the bombs on the coordinates I was told and flew back to the base." "I only shoplift from big chain stores; they never miss it." "Paying farmers to not grow food doesn't really affect hunger." "TV just sensationalizes about hunger; there is enough for everyone to eat."
7. **Dehumanization** --"There is nothing wrong with taking their land; they are just savages." "If they are that dumb, it's their fault they are taken advantage of." "Those godless Communists kill anybody in their way; we'd better get them before they knife us in the back." See statement #8 above.
8. **You (the victim) caused me to do it** --"If you hadn't been so nasty, I wouldn't have hit you." "You seemed like you were mad, so I went out with ____." "Those poor countries would take over this country if they could, I wouldn't give them a damned cent!" "The poor cause their own problems." See statement #8 above.

Bandura believes that most inconsiderate, immoral behavior is due to these self-excusing mental mechanisms rather than a faulty value system. So one could "believe in" and espouse a highly moral philosophy of life and still find many ways to cop out. "To thy own self be true." Hopefully, by recognizing some of these defense or escape mechanisms, i.e. ways to escape from your own conscience, you are in a better position for judging if you are being cognitively honest with yourself and behaviorally true to your values. Do you use any of the rationalizations above? See chapters 4, 11, & 15.

Pitfalls: repressing our moral standards or remembering our morals only if we are observed

Besides using rationalizations to avoid the responsibilities imposed on us by our own morals and values (remember the Golden Rule is very demanding), we may have experiences that desensitized us to human cruelty and suffering. As Jerome Kagan (1984) observed, we are in danger of losing our moral standards when our emotional reactions decline, e.g. when we see violence on TV or in horror movies and are not repulsed, when we see starving children and do not scream "this must stop," when we realize that someone is cheating on taxes, a test, or their spouse and let it pass. Negative emotions--indignation when injustice occurs--are a vital part of being moral. We should treasure and encourage these intolerant emotional reactions to immorality, not mimic the psychopath's indifference to law breaking. Moral action is based on emotions, not just on ideas of justice. The seven deadly sins are *all* based on emotions: *caring* for others instead of greed, *admiring* achievements instead of laziness, *hating* injustice, etc. Wrong-doing, our own and others', should offend us (Keen, 1992b) .

Is it important to avoid lying or cheating or being cruel even if you know you won't get caught? Yes! Why? Because *you* would know you did wrong. How could a person believe he/she believes in a certain value or moral if the moral is freely disregarded whenever no one is looking? Obviously, even to the wrong-doer, such professed morals are simply gimmicks or lies to impress others, not guidelines for living. Morals must be practiced in order to grow strong (perhaps practice in situations where you are *not* observed is especially valuable in establishing a moral character). Furthermore, Frank (1988) suggests that looking like a good person, which both the honest and dishonest strive for, is best achieved by actually being good. In short, a person should be honest and faithful and considerate, even when he/she won't get caught, because by doing so he/she cultivates the emotions and moral principles that help him/her be good in other situations. Don't cheat on your taxes, don't lie about your accomplishments, don't pretend to be something you aren't; instead be honest and proudly tell yourself you are building your moral character.

Other guidelines for living

Many books have been written about values and ways to live. I have cited several helpful ones at the end of this chapter.

I have pushed loving one another, following the Golden Rule. Aren't there other good "rules" for living? Of course, but none, in my opinion, as important as the Golden Rule. What are some of the other rules?

Have hope, courage, and self-direction. Without hope, we would do nothing. It helps us through hard times (Pines & Aronson, 1981). Having high hopes gives us the zeal and drive to do our best. Where there is little hope, it takes courage to do what you think is right. The soldier asked (by all of us) to assault a machine gun bunker must have enormous courage and devotion. The person who has different ideas from others must have courage to speak up.

Courage is the mastery of fear, not the absence of fear.
-Mark Twain

One doesn't discover new lands without consenting to
lose sight of the shore for a very long time.
-Andre Gide

Emerson and Thoreau, offered us the idea that societies progress, not so much by the

will and ideas of the masses or rulers, but by the power of the independent, self-reliant thinker, who discovers new inventions, knowledge, solutions, and ways of living. That idea lived 100 years and influenced Mahatma Gandhi, Martin Luther King, Jr., the resistance to the Vietnam war, the Women's Movement, and the Nuclear Freeze Movement. Maybe Eisenhower will eventually be right, perhaps it will be independent, thinking, caring persons all over the world who drag their governments into peace.

Cynicism and pessimism abound today. Nihilistic intellectuals tell us that we have lost our way because religion no longer tells us what is good, that our "minimal self" can't find meaning and, therefore, has lost hope, that our "saturated self" is overwhelmed by information, ideas, and choices, that we can't really ever know the "truth" because every view has some basis in reality, that science only creates myths in the same category as religious or political dogmas, that ultimately life is meaningless. Against this gloomy view are calls for "remoralization," the development of values and goals that provide meaning and hope to every life (Bellah, et al., 1985; Etzioni, 1993; Prilleltensky, 1994; Wallach & Wallach, 1990; Smith, 1994). The use of psychological knowledge in the caring for others is central to all these views. If your life plan ignores morals, scientific truths, and reality, it will probably not serve you well.

As with the intellectuals, there is a tendency everywhere--workers, students, poor, affluent--to pessimistically ask, "What can I do?" or say, "You can't do anything about it." We all have excuses: "I'm too busy," "it's not my fault," "Somebody should do something; *they* will." And, thus, *we* do nothing. Yet, some people, acting on their conscience, have done a lot for the rest of us. It takes thought, courage, and commitment to an ideal bigger than oneself. If your cause is self-serving, you will not persuade many. If your cause is others-serving, almost everyone respects that.


We all need a cause, a dream, a hope for something better. We need a plan. There is a thrill, a satisfaction, a feeling of fulfillment when we struggle to achieve our dream, if it hurts no one and helps others. Many of us cry with joy and feel pride in being human when we see someone struggle for a great cause and/or overcome adversity or misfortune. Don Quixote faced overwhelming odds; Lincoln and 529, 272 others died in the struggle to free the slaves and save the union; President Kennedy said, "Ask not what your country can do for you..." and we joined the Peace Corps by the thousands; Jill Kinmont, a paralyzed skier, became a teacher; the abused woman next door with five small children leaves her alcoholic husband and starts college. It takes determination and courage to act.

Be open to new ideas, experiences, and emotions. Live! Life is a series of new challenges: how to eat, crawl, walk, potty, talk, count, read, etc. How to find our place in the family and in school. How to accept ourselves and our growing bodies. How to get along with the opposite sex, how to handle our sexual and overwhelming love needs. How to cope with children. And the challenges go on and on. Some people stay young and continue to want new adventures, new ideas, new experiences, while others want quiet, familiar security,


and decide they know "the truth."

Be not just open to adventures in the world, but more importantly be open to adventures with ideas and with emotions. There are tests of sensation-seeking which show it is related to having more fun *and* being better able to handle unhappy events in life (Zuckerman, 1979). From Freud to Jourard (1971), psychologists have proclaimed the wholesomeness of expressing our feelings. As we hold back the negative feelings--sadness, anger, fears--we stifle the positive ones--joy, humor, excitement, love for humanity. How sad.

Perhaps worst of all is a closed mind, one that does not welcome in new ideas. There is some wisdom, some justice, some validity in every belief, every theory, every ideology. Absorb every idea you can, love it (like George Washington Carver, who studied and "loved" the peanut) until it reveals its secrets, its gems of wisdom, its usefulness to you. Especially study the ideas and values and beliefs you have an aversion to or dislike. After hard thought (Socrates) take the best ideas for your own.



"The hardest thing of all in life--
The conquest not of time and space,
But of ourselves, of our stupidity and inertia,
of our greediness and touchiness,
of our fear and intolerant dogmatism."



Be good to yourself. Take care of your body, your mind, and your soul (Moore, 1993; Canfield & Hansen, 1994). Enjoy today *and* remember the important things in life, the sacredness of life. There is a saying: "If we fill our hours with regrets over the failures of yesterday, and with worries over the problems of tomorrow, we have no today in which to be thankful." Prepare for the future, but value the preparation enough that you will not feel cheated if you never achieve the goal you are seeking. Don't value a degree or promotion or income so much that you desert friends and family and joy altogether. Thinking little of yourself is self-humiliation; thinking of yourself little is humility.

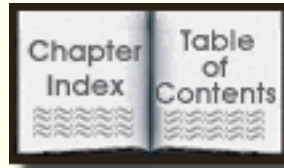
Some find solace in religion; some find moral guidance and inspiration; some find hope beyond this earthly life. Others find guilt; others find excuses for doing very little except seeking their own dubious salvation. Some see God giving us the potential and responsibility for doing good and loving; others see humans as helpless and believe that all progress is up to God. (A caution: Thomas Moore, a former monk, says that everything that happens in the heart--emotions and relations--can only be understood through religion, poetry, and fate. This is at odds with science.)

If you believe that God is responsible for everything that happens, it may be hard to

understand "*When Bad Things Happen to Good People* ." Rabbi Kushner (1981) wrote a book by that title after his teenaged son died from a rare disease. He says God gives relief from suffering, not protection from tragedy. Illness, failure, hunger, quarrels, unfaithfulness, hatred, loss of love, greed, death, and so on are acts of nature, not acts of God. God does not start or stop them for us. What does God do? According to Kushner, God gives us strength and courage to get through and go on after a tragedy; God gives us love and helps us forgive and love others.

[← Back a page](#)

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WRITING YOUR OWN PHILOSOPHY OF LIFE

Examples of philosophies of life

Start selecting your basic principles. Pull together your basic ideas from the above exercises and comments. I will give two **examples** of a philosophy of life. Both may appeal to you and should be useful. First, is a philosophy written by a student which emphasizes self-acceptance, being your true self, self-responsibility, and self-direction. It is comfort and happiness oriented (although the Golden Rule is mentioned).

A happiness philosophy

- I am _____ and no one else. I am unique. I am myself and do the things I do because of me, not because of anyone else. If I ever find myself being displeased because of something I have done, I will realize that the behavior has to be changed by me and no one else. The only person that I can expect to do anything is myself.
- I am one person and will take on the responsibilities of one person, not the rest of the world. I am capable of doing only what I am able to do and will not expect more.
- I will respect others for being what they are, not for what they have. I will accept others for being themselves. I am superior to no one and no one is superior to me.
- I will not let people run my life. My life is my own and I will treasure it for all it is worth. And it is worth everything.
- I will be honest with myself and with others at all times. I will do the best I can in all aspects. I will try my hardest to accept all of my traits--good or bad.
- I will respect my parents and give them all the love they deserve, which is a whole lot. I will try to accept their ideas and listen to them open-mindedly, even if I don't agree. I will explain to them why I believe in the things I do and ask them to accept me with those beliefs. I will cherish them always.

- I will treat others as I want to be treated. I will listen to others' ideas and respect their opinions, even if I'm in disagreement.
- My goal in life is to be happy to the best of my abilities. I am me and I am real. I will live my life as the real me.

A helping philosophy

- I believe it is satisfying and a moral duty to help others. I want to give. It does not seem fair that I should want and/or have so much--a big home, a car, a good education, nice clothes--while many others have so little. I feel compelled to do what is right, even though it is hard for me to give up some things. I want to follow the Golden Rule; if I don't, I won't be happy with myself when I die.
- I would also like to be accepting of myself and others, even when I or they fall short of my ideals. I want to forgive. I believe one way of doing this is by believing in the "lawfulness" of all things, to assume there are necessary and sufficient reasons for everything that happens, for anything anyone does or feels. If I carefully explore every life experience, I can learn to understand these "laws of behavior," become tolerant, and even discover how to change myself and some of the things I don't like. I want to be wise.
- I want to be honest, both with others and myself. I want to live my life with a full awareness of the truth, no delusions or fantasies. I don't want to shut my eyes to anything but least of all to my self-centeredness and greed and to others' frustrations and needs. If I can see clearly through my selfish blind spots, I will be loving, giving, responsible, and self-disciplined. I want to care for others face to face and at a distance by making this a better world.
- I want to love--and show it! I will love my family, my friends, strangers, people who are very different, and, in fact, everyone. A life-long duty is to learn enough so I can give my children security, confidence in their own judgment, and a loving spirit. I will help my friends grow for I will profit from good, thoughtful, able, devoted friends. The heart that gives, gathers. I will fight injustice. As long as there is a good mind wasted anywhere in the world, as long as a potentially loving heart is self-centered or filled with hatred, the world is being cheated. I want to make a difference.

Comment: this philosophy of life emphasizes caring for and doing for others more strongly than the last one. It is more demanding. It does not mention happiness or "doing your own thing." It explicitly opposes self-centeredness and assumes that long-range satisfaction with life rests on doing good rather than having fun.

Writing your own philosophy of life

You have studied enough now--Kohlberg's stages, Morris's Ways of Living (Table 3.1), Rokeach's Means and Ends (Tables 3.2 and 3.3), my comparison of happiness and helping, and two sample philosophies--to write a first draft on your own philosophy of life. Take only 30 minutes or so. Start with a basic decision about which will take top priority in your life--your happiness or helping others. Both are valuable and must be considered. Then decide on other important values for you. Socrates and Plato thought that wisdom, courage, temperance, and justice were the cardinal virtues. Similarly, modern moralists have emphasized doing good, happiness, wise and just use of knowledge, appreciating beauty, affection (love and friendship), fair distribution of wealth, achievement and the good use of power, personal freedom and rights, and other values. At the other end of the continuum were the Christians' seven "deadly sins:" greed, lust, sloth, envy, gluttony, hate, and pride.



Seven sins: wealth without work, pleasure without conscience, knowledge without character, commerce without morality, science without humanity, worship without sacrifice, politics without principle.

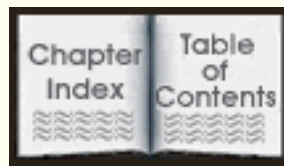
-Mahatma Gandhi



Just describe the 2 or 3, maybe 4 or 5, major values that will determine the basic meaning and purpose of your life. Write them down--thoughts are too ephemeral. Write quickly, don't polish. Your philosophy will and should change as you grow. Remember: you are deciding on your ideals, your highest possible goals, your noblest spirit and dreams, your hoped-for accomplishments, your most inspired visions of your future. Don't worry at this point about how to achieve these ideals. That's the next step. Now, write your philosophy.

[← Back a page](#)

[Forward a page →](#)



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PUTTING YOUR PHILOSOPHY INTO ACTION: RESEARCH FINDINGS ABOUT HELPING OTHERS

A philosophy of life that doesn't influence your behavior isn't worth much. In fact, values can be used in harmful ways: a source of guilt, a cop-out that appeases your conscience ("I'm not doing much but I have wonderful values"), a device for putting down others ("my values are better than yours"), etc. But, a set of values, firmly believed and followed with dedication, is the basis for goodness, maybe even greatness. In terms of interpersonal values--charity, love, tolerance, etc.--you have an equal chance, no matter who you are, to be among the best. You can have praiseworthy values without having money (in fact, being poor may make it easier), without being educated, without travel or culture or worldliness. Others will respect and admire you, if you act out high values. We are, of course, talking about a life-long process of continual re-evaluation of your values and re-appraisal of how to optimally live your values day by day. However, today is the beginning of the rest of your life. So, let's decide what we can do to live up to our highest values.

I will assume you have already drafted your philosophy of life. Now, let's see how research can help us live the ideal of helping others (if that is not one of your values, read on anyway). See Kohn (1992) for an excellent review of the good side of people. **What kind of people are good to others?** They tend to be more confident, happier, positive, more achieving, and not very self-centered or dominant (Myers, 1992; Wilson, 1976; Whiting & Whiting, 1975). Caring people also tend to be more active, assertive (cooperative but not competitive), more free to express feelings, more gregarious (Mussen & Eisenberg-Berg, 1977), and not surprising, more sensitive to others' needs and empathic with others' feelings. Actually, if we ourselves have experienced the same stressful situations as a troubled person is experiencing, we are more likely to show concern for them (Dovidio & Morris, 1975). Altruistic people are more honest, have greater self-efficacy and self-control, and feel more responsible and integrated (Ruston, 1980). The research just cited tells us some of the interpersonal characteristics that are associated with being considerate; perhaps self-help projects developing some of these related traits would help you gradually increase your altruism.

Parents, who discourage aggression and are **sharing, caring, and empathic**

themselves, showing the child how and why to help others, are more likely to produce altruistic children (Kohn, 1988). Such parents often give the child practice caring for a sibling or a dog and encourage the child to see him/herself as sensitive to others' needs. At an early age, girls and boys are curious, gentle, and helpful with a baby. Helping comes natural to most humans if they have had good interpersonal relationships. Etzione (1993) says the evidence is clear that youngsters close to their parents are less likely to become delinquent. Divorce often disrupts the relationship with one parent. Other relationships are also less meaningful: children have babysitters rather than nannies. Larger schools afford less bonding with teachers and perhaps with peers. There are fewer and fewer master craftsmen/women for young people to relate to at work. The world is becoming less personally caring.

More recent research (Tangney, 1988; Betancourt, Hardin & Manzi, 1988) suggests helping is related to: guilt feelings ("I feel badly about what I did") but not shame ("I am an awful person"), believing the helpee is *not* to blame for his/her problems, focusing on the helpee's feelings (rather than remaining "objective"), and having other emotions, both positive (sympathy, grief, pity, or sadness) and negative (upset, worried, or angry about the circumstances). Perhaps as a society we are less personally involved in relationships than we used to be. **Emotions and values are closely connected.**

What **factors in the environment** help us become a giving person? Naturally, caring more frequently occurs where the helpee is liked and where helping similar persons has been modeled by others and is rewarded, e.g. when a person really needs help and shows their appreciation. However, bystanders will often deny or overlook the needs of others, such as a person who is sick, drunk, or being attacked. We assume others will step in and help. But others don't. This occurs even when the hurting person is right in front of us, so is it any wonder that we don't think much about the poor in the slums along the freeway as we speed by or that we quickly forget about the sick or uneducated child we see on TV who is 10,000 miles away? (McGovern, Ditzian, & Taylor, 1975; Weiss, Boyer, Lombardo, & Stich, 1973; Mussen & Eisenberg-Berg, 1977)

Research has also documented the obvious, namely, that a warm, friendly community or environment encourages more helping responses than a cold, suspicious, punitive situation. So be friendly and choose friends who are generous to others. As you might expect, if the situation poses some danger--like intervening in a family fight--we are less likely to offer help. There *is* some danger there. But, as you might not expect, research has also shown that the more people present at the scene of a crisis (and, thus, less dangerous), the less likely it is that a person will offer help, presumably because each person assumes that someone else will call an ambulance or give first aid, etc. (Staub, 1975). So look for things *you* can do. Don't assume that someone else will come to the rescue.

Perhaps the most important awareness for you to have is this: **knowing the steps involved in helping** someone increases the likelihood (from 25% to 42%) that you or I will

actually offer help. Thus, training programs are important, there one can practice by role-playing helpful, empathic, and caring responses. "Affective education" where one listens to moral stories and discusses morals and moral dilemmas in small groups increases behavior considerate of others. Haan, Aerts, & Cooper (1985) concluded, however, that strictly academic or intellectual discussions of moral principles don't help us much. Instead, getting involved in a real group where *real* interpersonal conflicts arise and are worked out fairly is a great learning experience. We need to get emotionally involved and experience the feelings, intentions, and actions of others when in conflict; we need to observe the consequences of others' actions when in moral dilemmas. Making a commitment to be helpful to others is also important (Staub, 1975; Maitland & Goldman, 1974; Vitz, 1990).



The heart has its reasons that reason doesn't know.
-Pascal

Altruism depends first on your liking and accepting others, second on your being concerned for others' welfare, and third on your feeling responsible for helping others in need.
-E. Staub



Latane' and Darley (1970) have described **five steps** in the complicated decision to help someone: (1) notice when someone is in trouble. Fears and shyness can cause us to ignore the needs of others. (2) Carefully determine if the person actually needs help. We are often prone to quickly assume they are all right. (3) Decide to personally take responsibility for helping the other person. Don't avoid a person in need. (4) Decide what you can do. Knowing first aid or having dealt with alcoholics, drug users, epileptics, flat tires, engine problems, divorces, parent-child conflicts, etc. increases the chances we will offer our help. (5) Perform the helpful deed. In short, if you feel more confident and trusting of others and less scared, you are much more likely to be helpful (85% vs. 50% of the time) to a person in crisis (Wilson, 1976). You can't wait until a crisis occurs to get this knowledge, confidence, trust, and courage; now is the time.

What are some of the other **barriers to helping**? Research indicates that people vary greatly in their awareness of their own values; you aren't likely to be dedicated to your basic principles unless they are in the forefront of your thinking all the time. In fact, what seems to usually happen, if you do not keep your values in mind, is that you will be influenced by friends (see chapter 9). Unfortunately, friends are more likely to undermine your values and persuade you to not study rather than to study hard, to play rather than help out at home, to spend money having fun rather than giving to a good cause, etc., so beware. Be independent! Have your own life goals; in that case, Thomas Berndt at Purdue says you will change friends, rather than change your values.

Likewise, in the struggle between conflicting values inside each of us, certain attitudes or values may be used to "cut down" other values, e.g. Rokeach (1973) has shown that people who wanted to stay superior and "keep the niggers in their place" rated freedom much higher than equality (see Table 3.2). Thus, a belief in "freedom" is sometimes used to justify our having advantages and opportunities that are denied to others, just like a preoccupation with seeking happiness or wealth can blind us to the good we could do for others. It is interesting to note that President Reagan's speeches referred to "freedom" and "liberty" twenty times as often as "equality" or "equal rights" (Ball-Rokeach, Rokeach & Grube, 1984). So, don't be pushed around by your politicians, your friends, or by your own emotional needs and cop outs. Stick to your basic values.

Becoming helpful yourself

In summary, you must by now realize that becoming and remaining a caring, loving person is very complicated (though no more complicated than becoming a greedy, angry person). I hope you don't feel overwhelmed or pessimistic. The truth is that **many people have learned to be altruistic** or it is our nature in comfortable circumstances (Kohn, 1992). Examples: About 45% of wallets left on a New York street (containing \$5 and personal papers) are returned intact (Hornstein, 1976). Circumstances influence when people will return a wallet, e.g. positive feelings increase the return rate to 60% and a minor negative experience reduces the rate to 20% (on the day Robert Kennedy was killed, June 4, 1968, *none* of the 40 "lost" wallets were returned). People helped a man with a cane who collapsed on a subway 95% of the time, but if he acted drunk, the response rate dropped to 50% (Piliavin, Rodin & Piliavin, 1969). If you ask for a dollar, a stranger on the street will give it to you 35% of the time; if you ask nicely, saying, "My wallet was stolen," 75% will give (Latane' & Darley, 1970). About 85% of American households give (an average of \$200) to charity. Even a majority of blood donors, say 60% to 65%, volunteered to give bone marrow when the procedure and needy cases were carefully described. Being a bone marrow donor is no simple matter. It involves staying overnight in the hospital, getting an anesthesia, cutting into your bone, digging out the marrow, and recovery! In the right situation many people are very giving. You and I can be too.

There is evidence that **personally helping someone makes people feel good**--calm, less stressed, and self-satisfied, something like a "runner's high." These benefits from helping others don't occur when you merely give money, pay taxes, help without having close personal contact, or feel compelled to help (Luks, 1988). 97% say they want to help but less than half of us do. If an abandoned child were left on our door step, we would help--and love doing it. Why should it make any difference if the needy child is at our door or 10,000 miles away? It would be weird if our morals told us to only help people in our family, our community, our ethnic-religious group, our country, our race, etc.

There is a simple, easy place for you to start: DO SOMETHING! Just realize that

making the world a better place requires a community effort--probably a world-wide effort--and each of us is partly responsible for the world and almost totally responsible for our own behavior. What can you do?

1. There are personal traits to be developed further: (a) confidence, (b) independence from friends, (c) keen awareness of others' needs and of our own emotions and self-centeredness, (d) empathy for others, (e) self-esteem and the courage to offer your help, etc. These traits lead to altruism. Insecurity leads to distrust and dislike of others.
2. There is endless knowledge each person needs to know: (a) the steps in helping, (b) how to handle many kinds of crises, (c) how to gain the self-control necessary to carry out our own lofty ideals, (d) exactly where and how to offer help, etc. Knowledge gives us more ability to do good.
3. There is a need to create an environment (a) that models and rewards caring, (b) that discourages prejudice and hostile competitiveness or even isolation and overlooking the needs of others, (c) that provides ways of helping that do not offend or discourage the person being helped, etc. Any society that makes it difficult or unpleasant to give to others is surely in deep trouble; for instance, in this country *we hate to pay taxes although taxes are our principle way of helping others* outside the family. This anti-helping (taxes) attitude is a major problem but it goes largely unrecognized. In the last few years, however, schools have started to emphasize community service again (something like the Peace Corps ideas). Thousands of students are volunteering at local kitchens for the homeless, agencies for the mentally ill, Big Brother/Big Sisters, McDonald Houses, etc. What a wonderfully enriching, broadening, and meaningful experience. Even politicians are talking about community service again. Humanity can be our community.

There is a lot of help that needs to be done all over the world, enough to fill the lives of several generations. Yet, there is a simple place for each one of us to start: namely, moving from good intentions to good deeds. **DO SOMETHING!**

Don't cop out by saying "I don't know what to do." With a little thought we can all find endless things to do. Examples: mow the neighbor's lawn when they are on vacation or have a death in the family, help a friend move, offer your friendship to a new person in school or your community, offer to baby sit for a family who can't afford a sitter, take an old person to the grocery store each week or to his/her doctor, give some flowers to someone, etc., etc.

Developing a specific plan of action

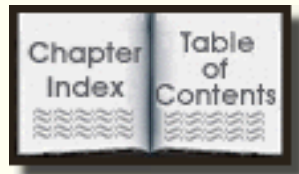
Your philosophy of life is merely a statement of valued intentions or hopes. Now, you need to decide exactly how to achieve some progress day by day towards your ideal goals.

First Things First by Covey, Merrill, & Merrill (1994) does not help much in deciding what should be "first" in your life, but it is an excellent book for helping you put your life mission into action. Also see time management in chapter 13. For each of your major values, make a list of daily or weekly activities to be done.

For example, one person, who is trying to live up to the helping philosophy, might have a list of activities (or self-help projects) like this:

1. Follow the Golden Rule. I will (a) volunteer to be a candy striper or to help in a local teen center. (b) Seek out lonely, unhappy, rejected people near me and be their friend. (c) Waste little money (say less than 20% of my earnings) on junk food, special clothes, partying, and luxuries for me; give 50% of the money I would spend on meat to support vegetarian causes.
2. Accept myself and others. I will (a) stop and figure out why I am resentful before yelling and fighting with my brother and my mother. (b) Carry out at least one self-help project at all times, using as much scientific information as possible.
3. Be aware and honest. I will (a) write in my diary every day, describing as best I can my true motives and deepest feelings. (b) Encourage my friends, especially by my example, to be generous, friendly, and respectful to everyone, and to learn and use as much knowledge as they can. (c) Explain and defend my values to friends. I will not change my morals just to keep a friend.
4. Be loving. I will (a) show the special people in my life that I love and need them. I'll say "I love you" often. (b) Ask at least one person every day if I can help them--and really mean it. Life's greatest joys are to love and to be loved. Be loving to many people, not just to one person or to your family.
5. Treasure life. In spite of the focus in this chapter on major values and over-riding goals, I will also value hundreds of wonderful little events in life: observing beauty, enjoying music, watching a sunset, giving compliments, sharing candy, smelling a rose, taking a warm bath, etc., etc.

These are just general examples. They do not include the specifics (when, where, and exactly how) you will need to consider. Now it's your turn to write down specific ways you can start living your values. Be concrete about what you will do, when you will start, how often, with whom, etc. so that you have a practical to-be-done list to work from each day.



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CONCLUDING COMMENTS AND RECOMMENDED ADDITIONAL READING

I hope it is clear to you now that self-help methods can help you become your best possible self as well as deal with serious problems or just change the things you'd like to see happen, like being a better conversationalist. Any self-improvement requires daily or hourly attention (but once done, it may last forever). However, coming up with the list of ways and specific plans at this time to carry out your moral principles is not a once-in-a-lifetime chore, it is only the beginning. You will probably need to learn a lot about yourself and self-help to do what you think you should do; you will occasionally--every few months--want to re-evaluate your major values relative to other pressing desires and urges you experience; you will need to re-affirm and re-dedicate yourself to your highest values; you will need to periodically re-assess your goals and the payoffs to others and to yourself, then decide if your current lifestyle is the best you can do.

You can find thought-provoking ideas about life's purpose in many places. In chapter 14, helpful attitudes are discussed, including the idea of *finding meaning* in whatever life situation you happen to be in at the moment. Also, how we can use beliefs, such as religious beliefs or faith in science or some political system, to bolster our feelings of certainty and security, is discussed in that chapter. The classic book in this area is Frankl's (1970) *Man's Search for Meaning*. I'd also recommend reading one of Scott Peck's books (1993), although he has become quite religious. Etzione (1993) and Lerner (1995) speak eloquently about the spirit of community--caring for one another. They say our culture has emphasized materialism and individual rights to the point of demanding getting certain benefits, such as welfare, farm subsidies, unemployment compensation, special education, health care, etc. But, they say that as individuals we neglected to define and fulfill our social responsibilities, i.e. helping.

William Bennett (1993), once the leader of the nation's war against drugs, tries to tell kids the difference between right and wrong by sharing stories about honesty, self-discipline, courage, commitment, etc. Remember: setting noble goals does not tell you how to behave so you will reach the goals. Baumeister (1992), as cited earlier, insightfully discusses how needs determine the meanings we seek in our lives. Haan (1985) also discusses our

development of practical morals. Averill & Nunley (1993) depict meaningful journeys based on caring. For pure inspiration it is hard to beat Canfield & Hansen's (1991, 1993, 1995, 1996) *Chicken Soup for the Soul* series; the short stories make you feel good about yourself and the whole human race. They build your spirit. But, if you think our social-economic conditions are fair, read Kozol's (1994) description of children living in the slums of South Bronx and compare their life with the Wall Street brokers just a few blocks away. How can we level the playing field?

In an interesting, easy to read, relevant book, Halberstam (1993) has tried to help people think through everyday moral dilemmas, such as "is it wrong to have sex with someone you don't truly love?" or "are mean thoughts bad?" (In regard to the last question, Halberstam asks: can you imagine Jesus Christ drinking a beer, watching a football game, jumping up and yelling, "Get that quarterback! Smear him!") Much of McKay and Fanning's (1993) guide to being a man centers around values. Finally, 30 of the best thinkers of the last century have shared their philosophies of life with us (Fadiman, 1931, 1990); that should stimulate thinking about your own philosophy. It is worth your time to think about morals.



The shoe that fits one person pinches another; there is no recipe for living that suits all cases.
Each of us carries his own unique life form--which cannot be used by any other.

-Carl Jung

Be your own person--live your own life--you are unique, one of a kind--the world needs you--you
have many choices--you can be many things.



For those who think I've been too preachy in this chapter, I want to share with you a fable told by Elie Wiesel. It takes place in Sodom and Gomorrah--the cities eventually destroyed by God because sin was rampant. In fact, the Bible says less than 10 good people could be found there among thousands. Four of the good people were Abraham's son, Lot, his wife, and their two daughters. You will remember the story says they were saved by angels... but contrary to God's instructions, Lot's wife looked back and, consequently, was turned into salt. Another good person in Sodom was an old preacher who had come to the cities as a young man fifty years before and was appalled by the greed and gluttony all around him. The major interests of the people were money, partying, and sex. They had forgotten the Golden Rule; they did whatever benefited and pleased them. When someone was ill in the street, they looked the other way. They were indifferent to the poor and homeless among them. They only wanted more and more for themselves. The young man was so disturbed that he started to preach on the streets about caring for others. But no one paid attention to him. This went on for years; he became an excellent speaker and was known as "the preacher." He spoke of the joys of loving everyone and helping the poor. He

helped the homeless. He warned of God's wrath. No matter how hard he tried to get them to change, the people of these two cities wouldn't listen. Instead, they thought he was weird. When he was an old man and very tired, a young boy listened to a part of one of his sermons and then shouted, "Why do you preach so much old man? Don't you know people won't change?" The old man said, "Oh, by now, I know that." "So why do you keep on preaching?" asked the boy. "So they won't change me," said the old man.

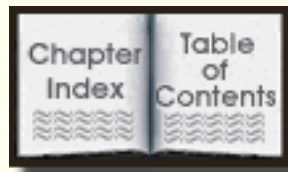


If you really love another properly, there must be sacrifice.
-Mother Teresa

Those who bring sunshine into the lives of others cannot keep it from themselves.
-Sir James M. Barrie

[← Back a page](#)

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BEHAVIOR, MOTIVATION, AND SELF-CONTROL

In chapter 2, we considered the general steps in self-help and what specifically we would like to change about ourselves. In chapter 3, we thought seriously about our values-- what would add meaning to our lives. So, I will assume you now have some self-improvement goals in mind. In this chapter, let's see if we can gain more self-control, starting with behavior, i.e. what you do or how you act.



Introduction and Overview



Intro to Learning

- Classical conditioning
- Operant conditioning
- Recent research on conditioning
- Observational learning & cognition (including self-help efforts)
- Reinforcement



Motivation

- The importance of setting goals
- Achievement
- Attribution theory
- Motivated underachievement
- Social-Cognitive theories of achievement
- Becoming motivated to study
- Learned industriousness
- Humanistic theories: hierarchy of needs
- Positive addiction

- Popular motivation books; serious references



Managing difficult behavior

- Behavioral blocks and getting unstuck
- Why do we lose self-control?
- Preventing unwanted behavior
- Relapse prevention
- Controlling simple habits



Why behavior is hard to understand

- Payoffs change over time
- Positive reinforcement vs. negative reinforcement
- Intrinsic satisfaction & when rewards harm
- Enjoying work and getting into the "flow"
- Unconscious payoffs



Procrastination: an example of hard-to-understand behavior

- How to stop procrastinating



Planning behavioral changes



Review of methods for controlling behaviors

- Self-help methods, continued



Completing your self-help plan



References and methods for specific disorders:

- Abuse
- Addictions & alcoholism
- Compulsive behavior



More specific problems:

- Eating disorders
- Gambling
- Obsessive-Compulsive disorder
- Passivity



More specific problems:

- Sexual concerns
- Sleep problems
- Smoking
- Speech problems
- Unwanted thoughts & worries
- Workaholism



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INTRODUCTION

Wouldn't it be wonderful if you could control your behavior? You'd avoid over-eating, alcoholism, all bad habits, procrastination, being late, impulsive comments and purchases, sinful behavior, misplaced objects and papers, rushing at the last minute, etc. Instead, you'd have good health, a beautifully exercised body, excellent work habits, an organized life, success, good social graces, good mental health, healthy attitudes, and practically a guarantee of getting into heaven.

The truth is: you can't control all your behavior. We are all a little out of control. Some of us are seriously out of control. For example, some of us are ruining our lives and/or killing ourselves with food, drugs, alcohol, cigarettes, careless driving and other ways. Some of us are blowing off our school work or our jobs but still believing, even though it is very unrealistic, that we will "be successful." Some of us can't get or hold a job, or hold on to love, or properly care for our children, or manage a home and pay our debts. There is an enormous difference between the people who are out of control and those in control. It is important to understand the causes of behavior and how to change it. We could all gain better control.

Keep in mind that "behavior" is just one of five parts of any human situation (see chapter 2). The fact is that behavior (actions) and the other parts--feelings, skills, thoughts, and unconscious drives--are so intermixed that it is artificially over-simplified to talk about one part in isolation. Yet, psychologists do that a lot (me too, right now). Otherwise, things get very complicated. And, indeed, perhaps clinicians do over-analyze things, always wondering what you mean when you say "Hello!" But in the 1950's and 1960's psychologists focused on behavior and learning theory, then in the middle 1970's to 1980's the focus was on cognition (thinking). Both were over simplified. Now, in the 1990's focus has turned to the *interaction* of emotions, values, motivation, unaware perceptions and needs with behavior and thoughts. Psychological methods, like therapy and self-help, change our brain. This chapter explores these many interactions. William James and Sigmund Freud would certainly be pleased with the recent return to introspection of our conscious and unconscious thoughts and feelings.

It is wholesome to keep a historical perspective. We must not forget how young modern

psychology is (and how ignorant we all are). Only 150 years ago, we did not use the concept of unconscious forces. Instead when people behaved in ways they didn't "intend" to behave, it was thought they were possessed by an alien force--the will of God, the work of the Devil, a guardian angel, or other spirits (Ellenberger, 1970). In 1900 the focus was on instincts, the stream of consciousness, the "will," the self, and so on. Psychology has changed, but we haven't come far. Wonder what psychology will be concerned with in 2100?

Langer (1989) reminds us that many of our actions are "mindless," i.e. done automatically without weighing the rationality or the pros and cons for the action before responding. Rather than mindless, it may be more accurate to label a good bit of our behavior as self-deceptive or self-conning. For instance, when asked "why are you doing that?" people frequently give an explanation quickly and confidently, but it is often inaccurate (they overlook important factors or are unaware of some response they made and so on). Likewise, people have lots of silly ideas and feelings about their own behavior, such as "I can tell when someone is looking at me" or "I think I have a pretty good chance of winning the lottery." We could also cite as foolish the denial of alcoholics, smokers, over-eaters, non-studying students and others. In any case, whether we are just unthinking about what we are doing or unwittingly fooling ourselves, Langer's point is that greater awareness (mindfulness) is needed for more rational self-direction and greater self-control. Freud would say we haven't learned much yet; we still need to become aware of our conscious and unconscious cognition, including repression, rationalization, denial and other defense mechanisms.

There may be some behavioral habits that have little or no cognitive, emotional, or unconscious aspects, such as brushing your teeth, tying your shoes, walking, breathing and so on. But, as we learned in chapter 2, most behaviors are influenced by other parts of the problem, e.g. eating when anxious or bored, smoking or drinking to relax, procrastinating to avoid work, socializing when we need pleasure, avoiding hard tasks because we think we can't do it, learning new skills when we feel inadequate, setting low goals so we won't feel too disappointed if we don't do well, etc. Consequently, you can't fully understand most human behavior without considering many factors: environment, perception of the situation, consequences of our behavior, learning from previous experience, emotions, needs and level of motivation, knowledge and skills, values and life goals, plans and intentions, expectations, self-deception, unconscious processes, genetic and physiological or hormonal factors, and possibly many, many more variables. All at once!

In the 1940's and 1950's, psychologists thought they would develop one learning theory based largely on rats and pigeons which would explain all human behavior. Not likely! But learning is very important. Almost everything we do, feel, or think is learned. Learning is usually necessary for changing--changing your behavior, changing your mind, changing your awareness, etc. This 100-billion-neuron-brain of ours with 1000 growing, changing synapses on each neuron and over 50 chemical neurotransmitters interacting in each synapse enables some wonderfully complex behavior and thoughts. No computer comes close to

matching the human brain. Two and a half pounds of fantastic living matter that can, hopefully, study and understand itself. What a phenomenon!

Overview of this chapter

In this chapter we will concentrate on understanding ordinary behavior, including how new behavior is learned and how behavior is changed (this is continued in chapter 11). We will look at simple models of learning. Then we will focus on motivation, especially achievement motivation. The common problem of procrastination provides us with a more complex behavior to analyze. Stopping unwanted behaviors and preventing relapses are other important skills to acquire. The chapter concludes with several explanations of why behavior is hard to understand and with a brief description of many methods for changing behavior, using various forms of oral consumption for our examples.

Obviously, emotion expresses itself partly through behavior, but separate chapters deal with fear (ch. 5), sadness (ch. 6), anger (ch. 7) and dependency (ch. 8). Also, skills (ch. 13) influence your performance in many ways. Certainly your thoughts, including your goals and plans, self-instructions (ch. 11), values (ch. 3), expectations, self-concept, personality, self-deceptions, unawareness, and unconscious factors (chs. 9, 14 and 15) influence your behavior. You may want to go directly to those chapters, skipping behavior, if those emotions or cognitive factors seem to be more at the core of your problems.

Psychologists use the term "learning" to refer to any change in behavior that results from experience (Hergenhahn, 1982). To a degree some of our actions are surely influenced by our genes or just by "human nature," but most of our behavior, in contrast to other animals, has been learned from experience. This is true of our unwanted behavior too. So, if bad habits have been learned, they could be unlearned. Likewise, becoming a better person, more thoughtful of others or more skillful, involves new learning (either new behavior, new thinking, new values, or new motivation). Thus, as we come to understand more clearly how we got to be the way we are, how we learned to be ourselves, surely we will know more about how to become what we would like to be. That's our task here.


Typical Introductory Psychology textbooks have described three common kinds of learning: operant conditioning, classical conditioning, and complex social learning. In the first kind of learning (instrumental or operant) we attempt to use our past experience to produce some result, some payoff, usually some change in the environment. Example: You act nice to get someone to like you. The second (classical) usually produces an automatic reflexive response, often an emotion, to a specific situation. Example: Cigarettes come to taste good and calm you down *after* you have smoked thousands in relaxed circumstances. The third kind of learning (observational or social modeling) is when we learn ways of behaving by observing someone else, such as how to approach someone in a bar or how to get our way by getting angry. In this chapter, we'll learn more about these ways of learning. We will attempt to analyze the real causes of real life situations. It is more complex than

implied in most textbooks but you can understand it easily.

Therapists and experimental psychologists know quite a lot about changing. For instance, (1) changing your "environment," including your expectations and plans, can encourage good habits and discourage bad ones. (2) Simply observing your actions will often change them. Disrupting the old unwanted habits and substituting and practicing new desired responses will help. (3) Rewarding the desired actions, thoughts, or feelings immediately, while ignoring or punishing the unwanted behavior, are sometimes useful methods. The last part of this chapter and chapter 11 show you how to carry out these methods and many others. The primary focus in this book is on changing things.

For a clear understanding of behavior, we need to separate (a) the process of learning new behavior from (b) the condition of becoming energized or motivated to act out something you already know how to do, i.e. learning differs from performance (or motivation). Sometimes we must learn a new response in order to cope; the mousey person must learn to be assertive. But much of the time we know how to do the desired behavior, e.g. study, stop eating, attend to our spouse, clean the bathroom, control our anger, etc., but the problem is getting ourselves motivated enough to do it. The only new learning we may need in these cases is more understanding of how to increase our motivation or determination. However, in most self-help projects, you will need to learn new self-modification skills as well as acquiring some means of increasing your drive towards your goal, for instance avoiding temptations, persevering for long-range goals, resisting emotional reactions and so on. Self-help involves mastering self-modification techniques, increasing motivation, *and* developing a belief in yourself as a change agent.

To understand ourselves, we must comprehend the causes of our behaviors. Wise observers have discovered many explanations for behavior which are not obvious and not common knowledge. But this uncommon knowledge needs to be made common. For instance, (1) the payoffs for a behavior may be unrealized, e.g. shyness is reinforced by avoiding social stress; payoffs may be quite delayed, e.g. a career yields rewards years later; or payoffs may be something we find hard to believe we want, e.g. to be sick or to fail. Also, the effectiveness of a specific reward depends on the context, e.g. a bribe of \$10.00 is very different in a very poor family than it is in an environment offering many rewards. Certainly, the payoffs for the same behavior, say drinking, may subtly change over the years or occur only occasionally (called partial reinforcement). (2) Reliance on or over-emphasis on extrinsic rewards (instead of intrinsic enjoyment of the activity itself) may be harmful in some situations, e.g. the good student who comes to say, "I only study because I get \$50 for every A" or more commonly, "I'm only studying so I can get into college." (3) Our behavior may suddenly change when we realize there is an alternative way to react or when we recognize long-range consequences hidden to us before. (4) Underlying emotions, which we only vaguely recognize, may be the major factors producing our behavior, such as when anxiety causes us to overeat or to be compulsive. Awareness of these kinds of facts about learning can help you gain self-control.



If you don't have the capacity to change yourself and your attitudes, then nothing around you can be changed.

-The Koran



Remember, you will learn, retain, and enjoy reading this book more if you immediately apply the ideas to your own life--see if the theories explain your behavior, think about how you could use self-help methods to change, and imagine trying out the methods yourself or telling others how to use the methods. If you don't use--or at least think about using--a new idea within 24 or 48 hours, you are at risk of losing it forever.

Introduction to learning

We change (learn) as the result of experience all the time. That doesn't mean that it is easy to change our behavior, however. If learning to be good were easy, we'd all be saints! Right? Let's see if we can understand why self-improvement is often difficult. Perhaps because there is another paradox, namely, psychologists and ordinary people know a lot about learning (changing) but there is a lot more we don't understand. Our ignorance and pessimism about self-control sometimes overwhelms and paralyzes us.

Consider how mysterious some behaviors are. Why are some very attractive people shy? Why do some of us eat and eat until we are fat, unhealthy, and ugly? Why do others refuse to eat because they weigh 95 pounds but think they are fat? Why do some drink until they die of liver disease? Why might a person smoke cigarettes until they get throat cancer, lose their windpipe, and even then continue to suck the smoke through an air hole in their neck? Why do we often hurt the people we love? Why do we put off studying until the last night before an important exam? Why are some of us pessimists and others optimists--some just get lemons while others make lemonade?

Everyone has a life-time of experience with learning, especially finding out how to get what we want. We seem to have inherited a brain that is especially adept at learning to cope, but we also learn many self-defeating behaviors. Every person has thousands, probably millions, of learned behaviors or habits. Many are very useful, like brushing our teeth, driving a car, talking, etc. Bad habits are probably learned in the same ways as good ones. Replacing bad habits with new, valued ways of behaving probably follows the same learning principles. So let's learn how to change our behavior by learning more about the process of learning. First, a case.

John, the procrastinator

Consider the case of John, a college sophomore, who is a procrastinator. John is of average intelligence and wants to be successful, a manager in a corporation. Yet, he puts off studying, especially math and science. He knows he could learn it but these subjects take time and become boring. He can't just fake his way through a physics exam. John has been and still is especially good at sports, particularly baseball and football, because he is stocky and strong. Also, John has many friends, both male and female. It is very hard for him to study when he has so many fun things to do. Lately, he has noticed resenting the teachers who pile on a lot of work. He is just barely staying off probation.

Clearly, John is in a reinforcement-rich environment; there are so many enjoyable things to do. Thus, it is hard for studying to compete with all the opportunities to socialize, party, relax, play sports, listen to music, talk, flirt, have sex, etc. How could studying math and science possibly be more enjoyable than all these fun things? This chapter focuses on this kind of dilemma.

(Follow up at age 38: John flunked out of college in his junior year, got married to a girl in his hometown, and had three children. His job is secure but uninteresting; it involves operating large earth moving equipment. He has become a loner and depressed. He and his wife drifted apart. Divorced at 37, he misses his children terribly. He still tends to procrastinate, is late for work, doesn't pay his bills on time, and makes no plans for the future. He manages to keep his job but isn't likely to be promoted. The dreams of success he had in college seem so far away and futile to him now.)

Background to theories explaining why we behave as we do

Learned people have always been interested in learning. 2400 years ago, Plato believed that we all had a soul which knew everything. He thought this knowledge was available to us through our "mind's eye" via introspection and reasoning, not observation. His student, Aristotle, disagreed; he believed we learned through observation and thinking to discover the "laws of nature." For instance, Aristotle observed and concluded that ideas were associated in certain ways; namely, ideas that are similar, opposites, frequently paired, and were originally experienced together tend to occur together. So, observing events lead to ideas, then ideas lead to other ideas, according to these "Laws of Association." Both Plato and Aristotle grossly oversimplified human learning and thought.

Unfortunately, Plato had more influence than Aristotle on Christianity. Thus, the Christian religion set "man" apart from natural law, i. e. since man (not women) was made in God's image and had "free-will," man could not supposedly be studied scientifically. This anti-empiricism, i. e. opposition to learning by observation, lasted for 1500 years! About 1600 philosophers started to speculate about the nature of man again. Some thought there were innate ideas (from Plato), e. g. Descartes and Kant; others believed ideas come from experience, e.g. Hobbes, Locke, and Mill, very much like Aristotle...and current thinking

(Hergenhahn, 1982). For about 300 years, we philosophized about learning. Empirical, careful research on learning only started about 100 years ago, a blink of the eye in the history of life. In general, humans have avoided learning about themselves.

The Old Testament in the Bible described Adam and Eve as being made by God's own hands (God was pictured as an ordinary man). All the other animals were assumed (even by great philosophers) to be very different from humans; they had no mind, no rational thought, no language, no feelings, and no soul; animals were mechanical machines. But in 1859, Darwin in *Origin of Species* challenged the separation of animals from humans with his idea of evolution and aroused interest in adaptation to the environment by his idea of survival of the fittest. Evolution was another way, instead of God's hand, to create humans and all other creatures. A species may come into being and adapt by capitalizing on mutant changes and/or by learning how to cope better. People suddenly became interested in psychology, especially in learning to adapt. Learning was also considered another sign of a mind, so psychologists asked, what are the smartest animals? Was learning a mechanical process or a thinking-symbolic-creative, self-controlled process? Is there a continuum from lower animals to humans--do they think like us, as evolution theory suggested, or are they inferior and different organisms?

The 1880's and 1890's brought some remarkable breakthroughs in understanding learning. Hermann Ebbinghaus (1850-1909), a German psychologist, described the laws of learning and forgetting by experimentally studying his own memorization of thousands of nonsense syllables. Ivan Pavlov (1849-1936) was a brilliant, systematic, Russian physiologist who won the 1904 Nobel Prize for his studies of the digestive and nervous systems. For the next 30 years, he carefully explored a kind of learning he called "conditioned reflex" (classical conditioning), which he believed was the basis of all acquired habits and thoughts. At about the same time, a young American studying under William James, Edward Lee Thorndike (1874-1949), established the "Law of Effect," which states that voluntary (controllable, unlike Pavlov's reflexes) behavior followed by a satisfying experience tends to be repeated (learned). Later, B. F. Skinner (1904-1990) saw operant conditioning as a way of controlling almost all behavior. These scientists sought to study experimentally a very simple form of animal learning, which would help explain complex human behavior. It was a good idea, but it didn't work as well as they had hoped. There were many other psychologists, following Darwin, interested in learning but these four are giants.

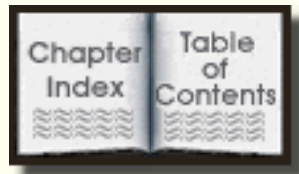
Three basic kinds of learning: Classical conditioning, operant conditioning, and social or observational learning

Let's start with the more simple forms of learning, even though it's never so simple in real life. It is helpful to think of behavior as occurring in a certain context or following certain events (environmental or internal stimuli) and resulting in certain consequences (rewards or punishment; success or failure). Thus, several writers have spoken of the ABC's of behavior as described in Table 4.1.

Table 4.1

<u>Type of Conditioning</u>	<u>Antecedents</u>	<u>Behavior</u>	<u>Consequences</u>
classical-Pavlov	1. pair tone & food	salivation	---
classical-Watson	2. pair rat & loud noise	fear of rat	---
operant-Thorndike	3. (in a cage)	pull strings	escape & get food
operant-Skinner	4. (in Skinner Box)	press bar	food
operant (job)	5. (at work)	work	pay
self-reinforcement	6. (self-help project)	study more	watch 1/2 hr. TV
avoidance-Mowrer	7. see a rat	run away	temporary relief of fear (but fear grows)
avoidance learning	8. child cries	give in to child	crying stops but cries sooner and louder next time
social learning	9. observing model or receiving instructions	imitating model or using information	success

Learning new associations between the antecedents and subsequent behavior is classical conditioning (1 & 2 above). Knowing and/or using the relationships between the behavior and its consequences usually involve operant conditioning (3, 4, 5 & 6 above). Many behaviors are strengthened by negative reinforcement, i.e. avoiding some unpleasant experience (7 & 8 above). We often learn new ways of behaving by watching others (9 above). Some more examples will clarify each type of learning.



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INTRODUCTION TO LEARNING

Classical conditioning

The classic examples of classical conditioning are Pavlov's dogs and Watson's Little Albert. In the 1890's Pavlov, a Russian physiologist, was observing the production of saliva by dogs as they were fed when he noticed that saliva was also produced when the person who fed them appeared (without food). This is not surprising. Every farm boy for thousands of years has realized, of course, that animals become excited when they hear the sounds that indicate they are about to be fed. But Pavlov carefully observed and measured one small part of the process. He paired a sound, a tone, with feeding his dogs so that the tone occurred several times right before and during the feeding. Soon the dogs salivated to the tone, something like they did to the food (1 above). They had learned a new connection: tone with food or tone with saliva response.

Similarly, John B. Watson, an early American psychologist, presented an 11-month-old child, Albert, with a loud frightening bang and a rat at the same time. After six or seven repetitions of the noise and rat together over a period of a week, the child became afraid of the rat, which he hadn't been, something like his fear of the noise (2 above). Actually, although very famous, Watson's experiment didn't work very well (Samuelson, 1980); yet, the procedure shows how one might learn to associate a neutral event, called the conditioned stimulus (strange as it may seem--the rat), with another event to which one has a strong automatic reaction, called the unconditioned stimulus (the scary loud sound). (What I find even more amazing is that Watson described three ways to remove this learned fear but it was 40 years later before psychology took his therapeutic ideas seriously.)

Eventually both the unconditioned (UCS) and the conditioned stimulus (CS) elicit similar (but we now know not the same) responses--an automatic, involuntary response which the person frequently (but not always) can not control. Examples of unconditioned stimuli and responses are: pain and jerking away, a puff of air to the eye and a blink, approaching danger and fear, light and pupil constriction. Classical conditioning sounds simple. Actually, there are many complexities. That's why Pavlov persisted for 30 years.

He discovered many of the basic learning processes, such as the necessary timing when pairing the conditioned stimulus with the unconditioned stimulus, inhibition, extinction, generalization, discrimination, higher order conditioning, and others. All still described in Introductory Psychology textbooks today. Pavlov thought he was discovering the fundamental building blocks of all behavior (and to some extent he was). He even found that animals (he didn't work with humans) went crazy--barking, struggling to get away--when they could no longer discriminate between two tones, CS+ and CS-, becoming more and more alike, one tone (CS+) had been conditioned to produce saliva and a very similar tone (CS-) conditioned to inhibit saliva. Pavlov concluded that all psychopathology was learned via classical conditioning. He wasn't always right, but he was a brilliant researcher.

How can we use this information? What are common, everyday examples of classical conditioning? The Good Humor Wagon and the bakery attract you with bells and smells previously paired with food. TV advertisers pair their product with beautiful scenes or with attractive, sexy, successful or important people in an effort to get you to like their products more. Studying may be unpleasant for John because it has been paired with frustration (hating to do it). Much of what we like or dislike is a result of classical conditioning. Let's take drinking coffee as an example.

Have you ever wondered why and how so many people become habituated to things that naturally taste bad? At first, coffee tastes awful! Yet, many people drink it regularly (me too). Cigarettes taste terrible! Alcohol too! Surely the taste of fingernails and filth under the nails isn't very good! But many college students bite their nails. How do we learn to like these things? Probably through classical conditioning. How?

I'll tell you how I learned to like coffee. My first job as a young psychologist was in a Psychiatry clinic. I was the only psychologist and alone a lot. Needing to talk to someone besides patients, I started taking a coffee break with the secretaries, who were attractive and interesting. Coffee started to taste better and better because I liked the secretaries and enjoyed meeting my social needs. The clever reader might ask why didn't I come to dislike secretaries instead of liking coffee. That would have been possible if the awful taste had been stronger than my social needs. I would have stopped taking breaks if none of my needs were being met.

Even though I'm aware that what I originally really liked and needed was socializing with good looking women, not coffee, I am still 35 years later compelled to have a cup in the morning (only at the office because coffee drinking is under environmental control). I've learned to like it (and I still like women too). Indeed, coffee can now be used to change my reaction to something else. For example, if I now started to eat nutritious but terrible tasting diet cookies with my coffee, I would come to like the cookies after hundreds of associations together (this is higher order conditioning). In turn, the cookies could subsequently influence my reaction to something else, and on and on.

In my case, coffee was paired with satisfaction of social needs. Cigarettes are often paired with relaxation, alcohol with fun activities, nail-biting with relief of anxiety while alone, work and study with the reduction of anxiety, etc. If coffee, cigarettes, and alcohol are paired thousands of times with relaxing, then these behaviors become capable of calming us down. The body, in its wisdom, will start to use these habits as a relaxant when we are up tight. Thus, research shows that *feeling* stressed and helpless causes a smoker to want a cigarette more than just smelling the smoke and seeing that a cigarette and ash tray are available. With this understanding, it isn't surprising that heavy smokers are more likely to be depressed and anxious than light smokers or non-smokers. And, bulimic women report more sexual abuse than non-bulimic women. Classical conditioning connects feelings with environmental cues and with behaviors.

The examples above involve mostly taste but many other things which we come to have a reaction to (but didn't originally) are conditioned: the music we like, the social activities we like and dislike, the people we like and dislike, the way we like to dress, the desire to be the center of attention, the reluctance to approach the opposite sex, the work we like and dislike, etc. Obviously, these subtle preferences may have an enormous impact on our lives.

Pavlov's experiments dramatically demonstrated the environment's control over behavior. We are highly responsive to cues in our environment. We see dessert and can't avoid eating it. We act differently with our mother than we act with our boy/girlfriend. We have a place where we can really concentrate and study. We feel uptight goofing off and get back to work. In fact, classical conditioning is involved in almost everything we do (even though brushing your teeth isn't the emotional high point of your day, notice how you feel if you don't brush your teeth at the regular time). Thus, changing our environment is one of the most effective self-help methods (see ch. 11). Changing our reaction to the environment is another self-help approach based on classical conditioning methods. Indeed, learning to reduce our fears and other unwanted emotions is a major part of gaining control over your life (see ch. 12).

Operant or Instrumental Learning

While Pavlov was studying reflexes in Russia, Edward Lee Thorndike was a graduate student at Harvard observing cats and dogs trying to get out of a cage he had built with a trap door (opened by the animal pulling a string) in order to get food. He wanted to know which animals were the smartest and how does the mind help animals cope. From these studies, he concluded that animals (dogs, cats and chickens) don't learn by imitation, don't reason, don't have insight, and don't have good memories. At first, this must have pleased the anti-evolutionists! But Thorndike did not glorify the human mind; in fact, he concluded that all learning, even in humans, doesn't involve the mind! Learning was for him simply the building of a connection between the situation (S) and a response (R), depending on the

rewarding or punishing consequences to the animal. His basic conclusion was: rewards strengthen the previous response and punishment weakens the previous response.

In the 1930's B. F. Skinner built a "box" in which an animal could get a pellet of food if it learned to press a bar or to peck a light. Thousands of research studies have been done on animals in the Skinner Box. Therefore, the most common textbook examples of operant or instrumental conditioning are a rat pressing a bar in a Skinner Box or a pigeon learning to peck a light to get food (See 4 in Table 4.1). In real life, common examples of operant conditioning would be working for a weekly pay check (5 in Table 4.1) and disciplining a child to change his/her behavior. The use of rewards and punishment has been known to man for thousands, maybe hundreds of thousands, of years. These response tendencies may be built into the species. Indeed, even animals punish their young for nursing too vigorously or for misbehaving. During the 1960's and 70's, the use of reinforcement, called behavior modification, became very popular with psychologists, especially in schools and with the mentally or emotionally handicapped.

The basic idea, straight from Thorndike, is seductively simple: reward the behavior you desire in others or in yourself. This is Skinner's key to utopia. There is also a parallel notion: if you don't understand why you do certain things, go look for the possible rewards following the behavior (Hodgson & Miller, 1982). Then change the reinforcers if you want to change the behavior. This is a key method in self-help. Behavioral analysis (understanding the antecedents and consequences) and positive reinforcement are undoubtedly powerful and under used methods but probably not the solution to all human problems. Don't other factors besides reinforcement influence behavior? What about hoped for rewards? plans? intentions? powerful emotions?

Nevertheless, the Skinner box has undoubtedly given the world valuable knowledge about different kinds of reinforcement schedules, i.e. the consequences of reinforcing every bar press response vs. every 3rd or 10th press vs. every 30 seconds of pressing the bar, etc. As a result, psychologists and efficiency experts know a great deal about getting the most work out of rats certainly and people perhaps in highly controlled environments. Advertisers and politicians certainly know how to sell things. But, psychologists know a lot *less* about self-control in more complex situations where people have many alternatives and can make their own decisions and plans.

Operant conditioning involves operating on the environment in very specific ways, namely, delivering reinforcers or punishment right after the "target" behavior. There are several situations in which behavior-consequence contingencies might be established:

1. You may reward or punish some specific behavior of someone else, i.e. you are changing his/her environment in hopes of changing his/her behavior.

2. Some specific behavior of yours may be rewarded--or punished--by someone else or by yourself.
3. You may engage in some specific behavior because you expect it to yield some desired change in your environment--a payoff (5 & 6 in Table 4.1).

Furthermore, learning not only involves acquiring a new response but also learning to effectively use that response in other situations (generalization) and learning to not use the response in other situations where it won't work (discrimination). Thus, as with classical conditioning, the setting exercises great control over our operant behavior.

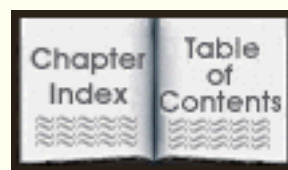
Classical and operant conditioning were not new kinds of learning invented by Pavlov and Thorndike. Conditioning has always existed; psychologists just studied and described its forms more carefully in the last 90 years. No doubt, animal trainers, parents, bosses, and lovers used rewards, punishment, and change of the environment quite effectively 10,000 years ago, much as they do today.

Other examples (5 above) of operant conditioning are salespersons on a commission and factory workers doing "piece work," where the better or faster they work the more they get paid. Likewise, studying for grades, dressing to be attractive, being considerate to make friends, getting angry to get our way, cleaning up our messes for approval or because we enjoy neatness, etc., etc., are behaviors operating on the environment. If they work (yield rewards) the behaviors are strengthened, i. e. become more likely to occur in the future, because they have been reinforced.

There are many other self-modification methods based on operant procedures: self-punishment, negative reinforcement, intrinsic satisfaction, covert (mental) rewards and punishment, extinction (no rewards or punishment after the behavior), and others discussed near the end of this chapter and in chapter 11. You should know them all.

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INTRODUCTION TO LEARNING

Recent research clarifies earlier learning concepts

For 100 years, classical and operant conditioning--behaviorism--have been a major part of psychology. However, recent research has uncovered many misconceptions about these learning procedures. I will not burden you with all these interesting studies (Leahey & Harris, 1989) because they would not be personally useful to you. I will, however, summarize the more interesting results. If it bores you, skip it.

First of all, while classical and operant conditioning sound like very different methods applied to very different responses (reflexes vs. voluntary action), the fact is that *both are involved in almost every real life activity*. You are responding classically to many stimuli in your environment all the time, and many operant response tendencies (serving many purposes) are constantly pushing you in different directions. As illustrated in 7 & 8 in Table 4.1, a feared or distressing object (rat or whining child) classically arouses an emotional reaction prompting you to avoid the stressful stimulus. Thus, you may operantly escape the fear or placate the irritating child, which is followed by relief (negative reinforcement). Unfortunately, also because of the reinforcement, the fear grows (7), the child cries a lot, and you learn to slavishly cater to the child (8). Emotional-reflexive responses are all mixed up with behavioral-voluntary responses. They are just two parts of our bodies.

If classical and operant responding are so intermixed, why are these two conditioning methods always separated in the psychology textbooks and described as being very different? Well, remember who discovered the methods and how. These experimenters--Pavlov, Thorndike, Skinner, etc.--were looking for the basic elements and laws of learning (changing or adapting) that might explain *all* behavior. But, they observed in detail *very limited parts* of behavior. In fact, Pavlov strapped his dogs into his apparatus excluding operant behavior, so he wasn't likely to learn much about the reinforcement of voluntary action. Likewise, Skinner was just as restrictive; he only looked at automatic recordings of bar pressing; he didn't even note how the animal pressed the bar (e.g. left paw, both paws, nose, or body block). Clearly, the rats in the Skinner box were salivating just like Pavlov's

dogs, but it wasn't measured and, in general, neither was any other emotional, physiological, brain function, or reflexive reactions (e.g. frustration, urination, blood pressure, muscle potential, EEG, licking the bar, etc.). Like therapists, experimentalists find what they are looking for--what their biases direct their attention towards. They found very minuscule parts of life, and they failed to observe the interactions with other parts of the organism. As a knowledgeable self-helper, try to do better. Guard against oversimplification and seeing only what you want to see or what is right in front of you. It isn't easy. Always look for classical, operant, and observational or social learning when you are trying to understand any of your behavior. Always look at the five parts of any human problem (chapter 2).

There are other important factors that were grossly neglected by the early investigators of learning: cognitive processes (the mind), the genes and biological influences, and, in humans, such things as values, purposes, and intrinsic satisfactions. A brief summary of these neglected factors will be given here.

From 1900 to 1975 the most serious omission from learning was probably thinking or *the mind*. Before that time, the mind was thought to control behavior. During this time, learning was seen as simple S-R connections, i.e. the environment controlled behavior. Now, since 1980 or so, the mind is back in control of behavior. Psychologists tried to make things simple but it didn't work. Granted, the human mind is complex and behavior would be easier to understand if we could disregard the mind, but that isn't reality. It is just common-sense to include the mind in psychology. In our daily lives it certainly seems to us as though we mentally control our actions. We plan to call a friend or go to the store...and we do. We decide to watch our diet...and we eat less. Fishbein (1980) contends that we act according to our intentions, if we rationally decide to do so and if significant others approve (or won't find out). If plans, self-instructions, and other thoughts do affect our actions, then we need to know how to control our thoughts too (see chapters 13 and 14).

Contrary to the 1900-1975 theorists who thought conditioning was a mechanical, blind, automatic, unthinking process, there is growing evidence that *thinking is very much involved in conditioning*. In fact, the connection between the conditioned stimulus or CS (tone or rat) and the unconditioned stimulus or UCS (food or loud noise) must make sense and be useful, otherwise an animal or human won't learn that connection. Example: An adult would certainly start to salivate to a bell (or smell of a bakery) signaling food is near by. But an adult (or a 4-year-old) probably wouldn't develop a fear of a little kitten under the same conditions as Little Albert with the rat. Adults know kittens don't make banging noises. Even "lower organisms" have an idea about what is most likely to make them sick, so rats, for instance, associate eating or drinking something with nausea much faster than a tone with nausea. Thus, a mass of research demonstrates that animals (and humans) aren't stupid; they are thinking and adapting; they don't learn just any useless pairing of two stimuli together, but where it is very useful, one-trial learning can occur. The classically

conditioned stimuli (tone) must truly predict the unconditioned stimuli (food), thus helping the animal be forewarned and to adapt, before the animal will learn the connection. Similarly, the reinforcement must truly be contingent on the behavior before operant learning occurs. The learner--animal or human--is involved in a complex cognitive process of calculating the relationships between stimuli in the environment and behavioral reactions. The organism is figuring out what is going on--what causes what or what leads to what (called cognitive maps)--and then acts to get the reinforcer (reward).

Note: do not assume that our thoughts affecting what we learn are always correct and just. There is impressive evidence (see *The Class Divided* on PBS or Zimbardo's film about the Prison Experiment) that humans have a remarkable propensity to quickly learn to be prejudiced and mean towards people who are seen as different. Some of the easy things to learn are very wrong. Degrading others, however, can be self-serving (rewarding). So, different parts of our brain have to check the rationality of other parts.

As Tolman insisted 50 years ago, the organism's purposes and expectations seem to be important (although not always commendable). One related issue is why avoidance conditioning doesn't extinguish. Consider this example: suppose a dog has learned to jump out of a shock box at the sound of a tone to avoid the shock. But now the shock is turned off. After many, many jumps to the tone without receiving any shock (this is an extinction procedure--the dog gets no punishment), the animal should stop jumping, but it doesn't. Why not? Perhaps because the animal *expects* to avoid shock by jumping, which happens every time and this, in turn, confirms and reinforces the expectation. So, the jumping doesn't extinguish even though, unknown to the animal, there would be no shock. That makes sense. Similar expectations may be involved in useless human compulsions, obsessions, and worries (chapter 5). For instance, if you avoid talking to black men, then, like the dog in a shock box, you will never learn to interact with and trust black men. In fact, the paranoid expectations may grow.

The study of cognition (thinking) has become a major part of psychology in the last 15 years. It is another important, complex part of life, along side behavior. In this book you will learn about several cognitive theories and therapies: Social Learning Theory (see next section), Problem-solving Therapy, Reality Therapy, Cognitive-Behavioral Therapy, Rational-Emotive Therapy and others.

The early behaviorists also *neglected biology and genes* (of course we can't expect them to have known everything discovered in the last 50 years). It has only been in the last 10 years that fascinating research with identical twins raised apart has shown that talents, interests, temperament, personality (e.g. altruism, empathy, and nurturance), habits (smoking, drinking, and eating), physical health, speech patterns, and even nervous mannerisms are probably genetic to a considerable extent. We can't alter these influences (although we can usually over-ride them); we certainly shouldn't deny them. Neubauer and Neubauer (1990) describe identical twins raised apart from birth who were almost

identically obsessed with order and cleanliness. Both had dressed immaculately, arrived exactly on time, and scrubbed their hands until they were red and raw. When asked why, one convincingly explained, "because my mother was a demanding perfectionist" and the other said with assurance, "because my mother was a total slob." Our genes work in secret (even more so now that our grandparents and great-grandparents are often strangers to us). There is so much we do not know: How do neurons and glial cells influence each other? How do life experiences change brain structure? Why are more schizophrenics born in late winter and early spring?

There is also evidence that *each species has evolved differently* in terms of how quickly certain things are learned, e.g. rats quickly learn to fear a rubber hedgehog (a natural enemy), birds instinctively fear large predator birds, humans tend to fear speaking in front of groups, etc. Other examples of quick conditioning are given above. Perhaps one of the most important species differences to realize is that reinforcements affect rats differently than humans. Most psychology books go into great detail about how different "schedules of reinforcement" produce very different behavior. **THIS IS BASED ON RATS AND PIGEONS.** In fact, HUMANS don't seem to be very sensitive to the schedule of reinforcement (variable ratio, fixed interval, etc.). Psychology textbooks, like early learning theorists, oversimplify things.

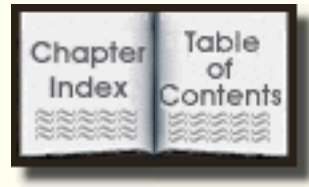
Biology seems to have some amazing effects in certain unusual conditioning situations, such as using drugs (which may help us understand addiction). Suppose you pair repeatedly a certain stimulus or S (perhaps a specific environment) with taking heroin. After a while, the S (being in that situation) will produce physiological reactions similar to taking heroin, i.e. fast heart rate and feeling high. Conditioning has occurred. But this conditioned physiological reaction to the environment gradually starts to change on its own. The same S (being in the drug-taking situation) starts to produce the *opposite* physiological reactions, namely, low heart rate, feeling very down, and craving more heroin. Why does the CR, conditioned response, mysteriously change to a physiological reaction totally opposite to the UCR, the unconditioned response to heroin? The best explanation is biological: perhaps the body learns to prepare in advance for the anticipated shock of a drug injection by lowering the heart rate and making other adjustments which reverse the original conditioned response. Again, conditioning is not a blind, mechanical pairing process, it is a very adaptive response of the body for survival (Leahey & Harris, 1989). We have a fantastic brain...and a wise body. Yet, some mistakes are made.

Finally, the *early behaviorists neglected to pass along valuable knowledge* to the ordinary person. Experimentalists, first of all, tend to publish in obscure journals, obscure because they cater only to theorists who are haggling over fine points of a theory that will soon be replaced by another theory. Secondly, notwithstanding Skinner's utopian and teaching machine ideas, experimental psychologists seem to have little interest in informing ordinary people. They say they are seeking "basic knowledge." Maybe that focus explains why there was a 40 year delay between Watson's work with Little Albert

and the use of a classical procedure called desensitization with fearful clients in therapy. As we will see, the very limited *applied* research has been directed almost exclusively towards helping the professional therapist (behavior modifier) or human efficiency expert or ad agency or educational researcher. It was as though the ordinary person was seen, like the rat or pigeon, as mechanical and unthinking--mindless! Skinner, although the not-too-excited "father" of behavior modification, openly expressed serious doubts about self-reinforcement; yet, he didn't research self-reinforcement or self-help at all; he apparently believed that individuals and society could only be changed by ingeniously clever operant conditioners. The point is that psychology, both the experimentalists and the therapists, has taken decades to get started trying to "giving psychology away" and still generally has little apparent interest in doing so. There's not much money or professional status in it.

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INTRODUCTION TO LEARNING

Observational learning: Learning by observing others and by using cognitive processes, including self-help

In spite of centuries of believing that there is a natural tendency for humans to imitate others, psychologists for most of the 20th century generally assumed that humans didn't learn from observing others. Apparently, this idea came from animals who don't learn very well from observing; animals need to have the experience themselves and be rewarded to learn. As we've just discussed, humans are different.

Bandura (1965) and others have demonstrated that we learn from observing models but we don't necessarily copy them. This is called observational learning. In an early study, children watched a film of an adult hitting and kicking a large punching bag type of doll. Some of the children saw the adult rewarded for the aggressiveness, others saw the adult punished, and still others saw no rewards or punishment afterwards. Later, as you might imagine, when placed in a similar situation as the adult with the doll, the children were more aggressive themselves if they had seen an adult rewarded for being aggressive. If they had seen the adult punished, they were less aggressive, even though they could imitate the adult perfectly. They had learned behavior by observing and learned to monitor and control their behavior if it might lead to rewards or punishment. Every parent has observed this too.

Modeling has also been used as a form of treatment. Children with a fear of dogs (Bandura, Grusec, and Menlove, 1967) or snakes (Bandura, Blanchard, and Ritter, 1969) were shown a model who was not afraid and approached and handled the animal. The children learned to be less afraid. Although observing an effective model in a film is helpful, seeing a live model works better. Even more effective is watching a live model first and then participating by approaching and safely handling the feared animal yourself.

This area of research is called Social Learning Theory because it involves people learning from each other or modeling. Humans can learn what behavior leads to what

outcomes by directly or vicariously (indirectly on TV or from books) observing others, they don't have to experience the situation themselves or be rewarded for the new behavior. In this theory, reinforcement does not strengthen learning; it is simply a payoff that motivates us to perform the behavior that leads to the reward.

The observational learner uses his/her head and thinks. He/she must *attend* to the model, *remember* what the model did, *see the usefulness* of the model's behavior, and be *able to duplicate* the behavior (after some practice). This kind of learning, along with classical and operant, is also involved in many things we do. We learn how to socialize, to do a job, to intimidate by yelling...from others. Every one of us can readily see the influence of our parents' model on our habits, preferences, attitudes, and patterns of thought. In several places in this book, the powerful influence of friends will be mentioned. Schools, TV, entertainment stars, religion, and other sources provide other models. In complex ways these models help us decide how to behave and what kind of person we want to be.

Observational learning involves higher order thinking, not just thoughtless imitating. The person becomes a controlling factor; we make decisions that direct our lives; our mind is an active "agent" involved in learning and changing ourselves and our environment.

Cognition and the modern evolution of self-control

In the 1970's much of psychology returned to the study of the mind. Cognitive psychology studied memory, information processing, decision-making, etc. Attribution theory described how thoughts (about what caused what) could influence behavior, and Rational-Emotive therapists said thoughts (irrational ideas) produced emotions. Academic researchers studied reasoning, judgment, the purposes of excuses or rationalizations, etc. Even behavioral therapists started teaching their clients to be assertive and to give themselves instructions. The list could go on, but psychology was again thinking about thinking.

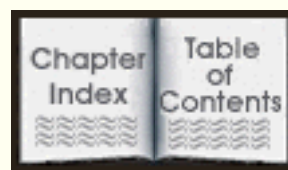
Bandura (1977; 1980b; 1986) came to believe that human behavior is largely self-regulated. He concluded that we evaluate our own behavior; the satisfaction felt when we do well is **intrinsic reinforcement**. He assumed that self-rewarded behavior was just as well learned as externally reinforced behavior, maybe better. Bandura has also researched extensively the concept of **self-efficacy** which is one's beliefs about his/her ability or inability to control one's own behavior, based on personal accomplishments or failures. Clearly, Social Learning Theory involves antecedents (environment), consequences (motivating pay offs), and complicated cognitive processes.

Many other psychological theory-developers have studied self-control recently. Mischel (1981) and his students researched the "delay of gratification" which is when we

work or wait for a big payoff instead of taking smaller immediate rewards. They studied how a child avoids temptations, including having distracting-but-fun thoughts while waiting, developing a "plan" for the payoff, and making use of self-instructions. Kanfer (Kanfer & Karoly, 1982) and his students have conjectured a three-stage model of behavioral self-control: self-observation, self-evaluation, and self-reinforcement. These theories have evolved to be more and more cognitive.

While focusing on the mind, naturally some psychologists re-considered the old self-help concepts of volition, will-power, self-control and so on. A few self-help books described self-behavior modification. Several books focused on stress management and handling fears. Other books dealt with assertiveness, gaining insight, and other specific skills. But no book covered all the problems of the students in a class; therefore, there is no usable, highly applied textbook and only a few personally useful self-help classes for high school or college students. Consequently, self-help techniques have not been well researched in the classroom. Moreover, self-help teaching and research is too time consuming for most publish-or-perish academics. In addition to developing the classroom instruction, the self-help instructor needs several trained assistants working with small groups of five to seven students. This psycho-educational approach is much too complex and too time consuming for most graduate students doing theses and dissertations. As mentioned in chapter 1, there are several barriers to progress, including a lack of competent teacher-researchers in this area, a negative attitude towards teaching ordinary students, a problem measuring and describing the unobservable mental events and the outcome of self-help efforts, and, thus far, a lack of easily researched areas of specialization (analogous to self-efficacy or locus of control).

In spite of this lack of self-help research, by the early 1980's, therapists and researchers believed that 60% of the effects of therapy were attributable to *the client's efforts* and only 40% to the therapist and the therapy methods. Therefore, this group expected self-help to grow more than any other development in the field (Koroly, 1982). It hasn't happened, yet. We have several popularized, highly specialized books, but not much sound self-help research and no general introductory self-help textbooks. Hopefully, as the task of preparing the instructional material for a self-help class is reduced (by general textbooks, instructors' manuals, student work books, guides for group facilitators, etc.), the systematic research of self-help methods will increase.



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INTRODUCTION TO LEARNING

Reinforcement

Psychologists have focused more attention on the power of consequences--rewards, punishment, and removing something unpleasant--to change behavior than any other method. Some behavior modifiers use only this method; others don't use it at all. However, it is not known exactly how reinforcement works: (a) do rewards strengthen the habit (response tendencies in a specific situation) or (b) do rewards merely give us information, letting us know which responses result in the pay offs we want? Or, (c) do rewards act primarily as pay offs for performing a certain action, thus, motivating us? This has been a controversy for decades. We still don't know. Perhaps all three processes are involved; that's my guess. Let's look at some of the complexity.

Behaviorists have a specific definition for a reinforcer: a reinforcer is anything (like food) that is produced by an operant behavior (like pressing a bar) which increases the likelihood that the behavior will occur again in the future. Ordinarily, this is called a payoff or a reward (I often use reinforcer, payoff, and reward interchangeably), but you should realize that a reinforcer, on rare occasions, acts differently from a reward. For example, if your Dad makes a dessert every night but on one particular night announces that you get dessert that night because you studied before supper, this "reward" will probably have no effect on your studying (and, thus, isn't a reinforcer) because it really isn't meaningfully connected to or contingent on your studying. You get dessert anyway. Another example: if a teacher criticizes your hand writing, encouraging you to be more careful, and it results in your writing more neatly, then these reprimands function like reinforcers for better writing (or were they punishment for sloppy writing?). Certainly, rewards don't always work and produce the desired behavior, but, by definition, reinforcement always increases the strength of the preceding behavior.

There are some other problems with the above definition of a reinforcer. It implies that reinforcers only influence behaviors. But there is reason to suppose that emotional reactions, thoughts, attitudes, and physiological processes are also affected by reinforcers. Also, the above definition may imply that only extrinsic material rewards (in the environment) are

reinforcers, but, as we will see, simply our belief that others are impressed with us may be rewarding and feeling proud or excited may be a reinforcement. Certainly love, hate, and addictions "increase the likelihood of certain behaviors" but are they "produced by operant behaviors?" These emotions and needs precede the behavior and seem to motivate certain behaviors which will lead to desired pay offs (including feeling better which is negative reinforcement). Perhaps a need (like hunger) exists before there can be a reinforcer (food), but the drive or need is not ordinarily considered part of the reward. Again, the point is that needs, reinforcements, and rewards are related but somewhat different concepts.

It may also surprise you but rewards will, strangely enough, sometimes *reduce* the frequency of the preceding behavior, i.e. have the effects of punishment. Extrinsic rewards are, in some circumstances, *harmful*, e.g. rewards (like "pay") may turn fun into "work," lower our motivation to do the "work," and reduce the amount of innovativeness or thinking we do about the "work" at hand, thus, making our behavior more automated and stereotyped. Warnings about when *not* to use material rewards are given later in the section on intrinsic motivation. Other examples of harmful rewards: giving concrete rewards (money, car use) for good grades results in lower grades! Threatening and pressuring students to do better is harmful but giving praise, offering to help, and giving encouragement is helpful (Brown, 1990). Repeatedly rewarding the student for completing *easy* tasks results in the student feeling less able and being less motivated. Even rewarding excellence with honor rolls and status may be detrimental if students restrict their interests or avoid hard courses to keep their GPA high. There are no simple rules that all wise people know. It is important to know some of the complexities (see Kohn, 1993, for an excellent practical summary).

To further complicate matters, the effectiveness of a reinforcer (reward), of course, depends on the individual. Listening to loud music is a great reward for some people; it's punishment for others. Accumulating a lot of money is critical for some and rather meaningless for others. Likewise, failure affects us differently. If you are success-oriented, a failure experience seems to increase your drive to succeed and you will try again to accomplish the task. If personality-wise you focus primarily on avoiding failure, a failure is too punishing and you lose interest in the task; you won't try it again. You have to find your own reinforcers (see method #16 in chapter 11).

Losers visualize the penalties of failure. Winners visualize the rewards of success.

-Rob Gilbert

If at first you don't succeed, try, try again. This is easy for the success-oriented, hard for the person trying to avoid failing.

Also, while it seems logical, experimentalists didn't point out until recently that the effects of a reinforcer depends on the context, i.e. a reward has much more impact on behavior if it is powerful relative to the other rewards available in the environment. Likewise, a reinforcer received in an environment rich with many other wonderful, freely available rewards, is not going to have much impact on behavior (remember John?). Thus, the payoff for argumentative-rebellious behavior could be reduced by increasing the rewards obtained from completely different behaviors, such as studying, doing the dishes, getting a job, etc. Perhaps just being in a supportive, reassuring group would reduce the reinforcement gotten from arguing or fighting. Likewise, a weak reward in a rich environment can be strengthened by reducing the free reinforcement available or by making some of the other reinforcers also contingent on the desired behavior (McDowell, 1982). Example: The satisfaction of cleaning your room may be overwhelmed by the other pleasures in the room--TV, electronic games, clothes, friends on the phone, food, etc. Self-helpers need to consider the context of their self-reinforcement.

Considering all this complexity, some psychologists (Klein and Mowrer, 1989) advocate giving up the word reinforcer because it is so unclear. For instance, if presenting food to a very full cat doesn't alter the cat's behavior, then food isn't a reinforcer in this instance, is it? As Bandura suggests, maybe a reinforcer is merely an incentive--a motivator--when the animal is needy. For instance, it is clear that some solutions to problems can be learned but not used (we may find the bathroom long before we need it), suggesting that immediate reinforcement (although, what about the relief of knowing there is one available?) is not necessary for learning to occur. It has also been shown that thin people eat when they are hungry; overweight people eat when food is available and attractive ("The cookies will get stale if they aren't eaten"). The eating-without-being-hungry reaction at first looks like an automatic, almost uncontrollable habit response, not a matter of reinforcement by reducing hunger (but maybe some other need is reduced).

An example of the motivational aspect of reinforcers is your weekly pay check. Especially after 20 years, the money isn't a necessary reinforcement for learning how to do your job. The pay and the threat of loosing your job are simply motivations; you work, in part, for the money. On the other hand, while it is common for self-helpers to reinforce studying by taking restful breaks, calling a friend, having a coke, taking a walk, etc., it seems unlikely that a person would study four hours every night just for those minor immediate rewards. Also, the grade arrives weeks or months after the studying! Hardly an *immediate* reinforcer. So, what explains studying? or working for a promotion? Frankly, psychology doesn't explain this very well. I think we study, in part, because we repeatedly remind ourselves of the long-range + and - consequences of studying, and it feels good to be making progress towards a valued future. The little rewards the self-helper gives him/herself (the 10 minute break) may make the "work" a little more pleasant and probably remind us of our long-range goals, but those goals are usually the powerful motivators.

Early learning theorists thought that being paired very close together (contiguity) was

the key to connecting the CS with the UCS (in classical) and the response with the reinforcement (in operant). Recent research has shown that close pairing does not necessarily result in learning, but rather the CS must predict the UCS and the operant behavior must truly produce the reinforcement (not just be followed by a reward). The reinforcement must be *contingent* on the operant behavior. Contingency--knowing some behavior leads to certain pay offs--is the basis for conditioning. The motivated student must believe that studying leads to better grades and better grades lead to more success and success leads to more satisfaction and so on.

Naturally with all this controversy about reinforcement today, it is also questioned whether self-reinforcement will work. Many say it is the most effective self-help method we have; others totally ignore the method (Brigham, 1989). Isn't it amazing that we don't know how much of the effects of a reinforcer is due to receiving the reward itself, the personal reaction of the person to the rewarder (you or someone else), the reaction to being in control or controlled, and/or to the personal satisfaction of being successful and earning a reward? It's all intermixed. Maybe the confusion explains why people aren't more self-rewarding in order to produce more desired behavior. We apparently don't strongly believe in self-reinforcement or we'd be doing it all the time. Maybe, as Skinner thought, it is punishing to withhold a reward from ourselves, e.g. if you deprived yourself of an available fantastic reward--say a Porsche 944--until after completing the desired "target" behavior (say getting all A's this semester), would the strain of waiting for the Porsche be so unpleasant that the Porsche wouldn't actually reinforce studying? It isn't easy to say, is it? And, there is another question: would most people just cheat (if they could) and immediately take the car, forgetting about achieving the "target" GPA? I think most people could rationalize taking that beautiful little car out of storage for a special occasion or a little vacation. (In which case, you are reinforcing cheating and rationalizing.) Learning to live by the rules is a real problem, as we will see next.

Another problem is that researchers studying self-reinforcement in children have confounded "self-control" (e.g. getting a prize after doing your school work) with external control (where the teacher sets up the reward system, including evaluating the work, deciding when and what prizes are given, etc.). Someone has to plan, execute, and monitor the system--either the teacher or the student. In most of these studies of "self-reinforcement," the little kids aren't taught to be skillful modifiers of their own behavior. So, when the teacher or a psychologist is running the project, it really isn't a self-directed project (although the student may physically give him/herself a toy as a reinforcement). If the children in these studies are not monitored by the teacher and if they grade themselves and have free access to the prizes, *they tend to lie and cheat*, taking the prizes rather freely (Gross and Wojnilower, 1984). That is no surprise and not a compelling argument against all self-reinforcement. It does raise questions but it is still possible that we--as adults and even as children--can learn to forego goodies and fun for a little while, so we can make these reinforcers contingent on doing the things that will improve our lives in the long run. To assume otherwise, i.e. that humans can't delay gratification and would always cheat to get what they want *now*, is a very negative view of the species. And it doesn't square with the bulk of the data (Mischel, 1981).

Many people are testing the notion that useful knowledge (with or without reinforcers) enables a person to become self-directed (including you as you read this book).

One more complication is that there are two aspects of self-reinforcement all mixed together. This is an example: (a) the satisfaction of sinking long shots while practicing basketball and (b) giving yourself a coke as a "reward" after doing well in basketball practice. Do both (a) and (b) actually reinforce *accurate* shooting? Or does (b) only reinforce practicing, not accuracy? How do we know? Secord (1977) says self-rewards and self-praise don't add much reinforcement beyond the satisfaction of doing well. On the other hand, the intrinsic satisfaction of making long shots isn't exactly *self*-reinforcement (you aren't in total control--you don't make every shot and you didn't create the thrill). Secord focuses on helping people set up the conditions (not reinforcement) that increases their chances of doing what they want to do but haven't been able to do, namely in my example, make more long shots (see change of environment in chapter 11).

Age also partly determines which approaches you need to use with children or teenagers. With young children, you can teach parents and teachers how to modify the child's behavior by rewarding or punishing it. With teenagers, this manipulation of rewards frequently will not work because parents can't control much of the teenager's environment. Besides, teenagers are into self-control, i.e. doing their own thing, and skillful at resisting control. Therefore, the usual approach with teenagers is to teach them self-management training--ways of changing their own environment--so that they and their parents or teachers are both happy. Often the major task the teenager needs to learn is which of his/her behaviors will irritate others and which will eventually be reinforced by others.

Many behaviors produce a variety of consequences. Brigham (1989) points out that almost all problem behaviors occur when the complex consequences of an action are *both* immediate and delayed, e.g.:

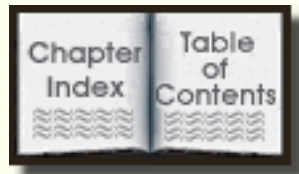
1. taking immediate pleasures but running into trouble in the long run (smoking, over-eating, building love relationships with two people at same time, being so let's-have-a-good-time-oriented at work that you are fired),
2. taking immediate small pleasures but loosing out on major satisfactions later on (spending money impulsively as soon as you get it rather than saving your money for major, important purchases later, having a brief affair resulting in loosing a good long-term relationship, teasing a person to the point that it becomes a big fight),
3. avoiding a minor immediate unpleasant situation but risking a major problem (not going to the doctor to have an irregular, dark mole checked, avoiding treatment for an emotional or addiction problem, neglecting to buy condoms or to take the pill), and
4. avoiding a minor immediate unpleasant situation and, thereby, missing out on an

important future event (not studying hard enough to get into medical or law or graduate school, avoiding meeting people and not developing social skills that would lead to an enjoyable social life and wonderful relationships).

Research has shown that animals and humans tend to take the smaller *immediate* reward, rather than waiting for a larger *delayed* pay off. Consider this example: suppose someone offered you \$8 immediately for an hour of work or \$10 for the work if you would wait three days to be paid, which would you take? Most would take the \$8 now. But suppose someone offered you \$8 for the work in 30 days or \$10 in 33 days, i.e. the same 20% profit in 3 days, which would you take? The 33 day offer, of course. Maybe immediate, no-wait pay offs are just more satisfying. Maybe "a bird in the hand is worth two in the bush." Maybe life teaches us that promises may be broken. In any case, being aware of the appeal and *excessive focus on the immediate pay offs*, can help us cope with these situations. Where the immediate pleasures need to be decreased (#1 and #2), one should avoid the situations and develop other incompatible responses, like assuming more of a responsible leadership role at work instead of playing around. One needs to keep his/her eyes on the big long-range consequences (see motivation in chapter 14). Where one needs to tackle unpleasant immediate tasks (#3 and #4), one should change the environment or oneself so that the necessary immediate behavior is well rewarded while at the same time focusing on learning to enjoy dancing and studying. Again, keep the future in mind so you can avoid major problems and achieve major goals. When we are fully aware of all the consequences of our actions, we can have more self-control and more payoffs in the long run.

Regardless of the outcome of these many debates and questions about the technical term reinforcement, you can rest assured that the outcome or consequences of a specific behavior will in some way influence the occurrence of that behavior in the future. Providing a material reward isn't always the best thing to do. But, assuring that genuine satisfaction follows the desired behavior will enhance your learning and/or your motivation.

As we conclude our discussion of learning, it must be made clear that (1) learning processes are quite complicated, but there is a great deal of useful knowledge available to us in this area, (2) theories often fail to explain or predict real life behavior, and the early theorists neglected many crucial causes of our behavior, and (3) learning theories and experimental researchers have seldom developed helpful treatment or self-help methods. Hundreds of therapy and self-help procedures already exist; they were mostly invented by suffering people and creative practitioners. However, research and theories are important for knowing with greater certainty which methods work, how well they work, and why. That's why researchers should help much more in the process of "giving psychology away."



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MOTIVATION

How to Get Motivated

Humans are motivated by many things--psychological needs, physiological drives, survival, urges, emotions, hurts, impulses, fears, threats, rewards (money, friendship, status...), possessions, wishes, intentions, values, mastery, freedom, intrinsic satisfaction, self-satisfaction, interests, pleasure, dislikes, established habits, goals, ambitions and so on. All at the same time. In the next major sections of this chapter we will deal with questions like: Why don't we do what we want to do? Can we prevent unwanted behaviors, like addictions and bad habits? Why is our behavior so hard to understand? How can we stop procrastinating? In this section, however, we will focus on increasing our drive to achieve our more worthwhile goals, as discussed in chapter 3.

Changing involves both knowing how (learning) and wanting to (motivation). It is important to see that learning is different from performing. A hungry rat in the laboratory will work diligently to discover how to get food. It learns how and vigorously performs, i.e. eats until it's stuffed, then it stops. The rat's eating behavior, after the initial learning, is determined by its hunger needs. We humans are the same; to grow and develop new behaviors we must learn. But, in terms of how far we get in life--how much we accomplish--motivation may be just as important if not more important than learning. We already know how to lose weight (don't eat) or get A's or give generously to others. A common barrier to accomplishing many goals in life is not wanting the goal enough to give it the necessary time and effort (or conning ourselves into believing we can reach our goal in some easy way).



Nothing in the world can take the place of persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education alone will not; the world is filled with educated derelicts. Persistence and determination alone are omnipotent.
-Ray Kroc, founder of McDonald's

Edison: genius is 1% inspiration and 99% perspiration.

Atkinson: achievement is 50% ability and 50% drive.

Motivation gets you started, habit keeps you going.



Occasionally, a person will have enormous determination to achieve something requiring great effort over a period of years. It is emotionally moving to hear about such a person who has overcome great obstacles to achieve an impressive goal. Glenn Cunningham was told as a boy that he would never walk on his badly burned legs; he became a great miler. How do you get the drive to go to college at age 35, work full-time, care for three children, and graduate with honors? The same way Rebecca Lee in 1864 became the first black woman physician: you work to accomplish your dreams. There are many, many inspiring examples of great achievements. Yet, psychology can't, as yet, guarantee high drive or prescribe a cure for laziness.

The Importance of Setting Effective Goals

Motivation is *trying* to reach our goals. But, it isn't just a matter of setting high, noble goals, as discussed in chapter 3, although that is a critical step. It is common to wish for higher goals than we are willing to do the work to attain. We want to be a lawyer but goof off in high school. Many college students with a 2.7 GPA want to become Ph.D's. We want to be a star performer but don't like to practice. Even when trying to better ourselves we may lack the motivation. For example, Rosen (1982) found that only half of the people in a self-help program completed the work. Those who stuck with it got good results (overcoming their fears). Similar results have been found in toilet training of children and self-administered treatment for premature ejaculation. Likewise, Schindler (1979) reported that only 17 of 60 subjects made full use of an assertiveness book. What determines these vast differences in motivation among us? Why are some of us fantastic achievers while others take the easy route? We don't know for sure (but see learned industriousness later), but having explicit goals and certain attitudes help.

Life goals set our sails and give us a push, e.g. "I want to help people." People who reach many or most of their life goals are usually calmer, happier, healthier and less stressed or emotional. However, there seem to be certain life goals that harm our mental health, e.g. "I want to have the power to control or impress people." Wanting to be close to and good to others is associated with better emotional health (National Advisory Mental Health Council, 1995). Likewise, seeking to improve your skills ("mastery goals") results in feeling good about trying hard and in increased effort when an obstacle is met. But wanting to beat others ("performance goals"), such as having a winning season in football or being the best student in your math class, result in avoiding tough challenges, giving up when starting to lose, feeling more anxious, and less gain in self-esteem than with mastery goals. This is why

enlightened coaches are teaching players to focus on mastering their basic skills, not on their won-loss record. It is also easy to see the connection between mastery vs. performance goals and intrinsic vs. extrinsic motivation or satisfaction. The importance of intrinsic satisfaction and the problems with extrinsic rewards are discussed thoroughly later under "Why behavior is hard to understand."

In any area where we are hoping to self-improve, both short-term and long-range goals are needed. If your long-term goals clearly contribute to your most important values and your philosophy of life, they should be more motivating. Good goals are fairly hard--they stretch us--but they are achievable taking small steps at a time. As much as possible, you should explicitly describe your goals in terms of very specific behaviors. Danish, Petitpas & Hale (1995) provide examples of specific behaviors in sports psychology:

- Physical skills--"I'll do 3 more sit ups and 3 more push ups this week than I did last week."
- Cognitive skills--"I'll develop some self-talk that should reduce my fears and improve my batting."
- Gain knowledge--"I'll learn more about exercising to prevent my back from hurting."
- Courage--"I'll practice batting against a very fast pitcher for two weeks, then I'll try out for the school team."
- Social support--"I'll talk to the coach about batting; I'll make friends with guys/girls on the team."

Positive objectives are usually more motivating than negative ones, e.g. "I want to bat over .300" is a better goal than "I'd like to be less scared of the ball." Certainly, the more appealing goals are something *you* want, not something imposed on you. Mastery-oriented people, realizing success depends on their skills, become more self-directed, work harder, achieve a higher level of performance, and get more enjoyment out of the activity. In contrast, according to Murphy (1995), "performance"-oriented people are more likely to strive for attention and view beating others as a "life or death" matter (in this case, failure is interpreted as "I don't have the ability" and interest declines).

This book addresses many different aspects of psychological motivation. The needs for food, water, air, sleep, shelter, and even sex are always there but they don't usually dominate our lives. Our social-psychological needs, instead, dominate most of our lives, such as attention, companionship, support, love, social image or status, material things, power and so on. Also, psychological or cognitive factors, in addition to goals, strongly influence our motivation and attitudes, such as self-confidence in our ability as a change agent (self-efficacy and attribution theory). If we see ourselves as able and in control of our lives, then we are much more likely to truly and responsibly take control.

Sometimes, however, a person's motivation seems excessive. Our goals may be out of reach but we still strive mightily for the goal (as in the movie Rudy). Exceedingly able

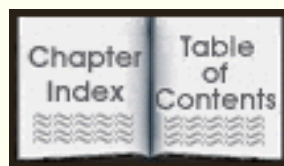
people are occasionally extremely demanding and self-critical of themselves. Between 1987 and 1990, Steffi Graf was ranked the #1 tennis player in the world; she won 97% of her matches. Yet, she was unhappy with her performance 97% of the time. She was so self-demanding that during practice she frequently had an outburst of self-criticism and broke down in tears. Surely intense motivation and excessive anxiety can sometimes be emotionally detrimental.

To be effective our motivation has to be focused on important tasks. As Covey (1989) cogently illustrates, most of us spend a lot of time doing things that *seem urgent at the moment but are really not important* in terms of our major mission in life. Also, we waste quite a bit of our life doing things that are *unimportant and not urgent*, such as reading trash novels, watching mindless TV, etc. So, assuming we do what we are motivated to do, then our motivations are frequently misguided. Covey also emphasizes that our efficiency could be greatly increased if we spent more time doing things that are often *not seen as urgent but truly are important*, e.g. clarifying the major purpose of our life, developing relationships that facilitate efficiency, growth, and meaningfulness, planning and preparing for important upcoming tasks, reading, exercising, resting, etc. He tells a story about a traveler who comes upon a hard working person sawing down a tree and asks, "How long have you been sawing on this tree?" The tired, sweaty worker said, "A long time, seems like hours." So, the traveler asked, "Why don't you sharpen your saw?" The reply was "I'm too busy sawing!" A lot of us are sawing with a saw that needs sharpened. We need to know a lot more about the processes of motivation and self-direction.

Challenging-but-achievable goals are themselves motivating. On the other hand, easy-to-reach goals are boring and/or demeaning. Impossible goals are frustrating (and there are lots of impossible goals, in contrast with the "if you can dream it, you can achieve it" nonsense). Since challenging but realistic goals require us to stretch and grow, they must constantly be changed to match the conditions and our ability. We are most motivated when we feel capable, responsible, self-directed, respected, and hopeful.

[← Back a page](#)

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MOTIVATION

Theories About the Need for Achievement

The desires to succeed and to excel are called achievement needs. Achievement motivation is basic to a good life. Achievers, as a whole, enjoy life and feel in control. Being motivated keeps us productive and gives us self-respect. Where and how achievement needs are learned are complex, intriguing, and important questions. David McClelland, et al. (1953) and John Atkinson (1981) have contributed greatly to this area of study. They began by developing a measure of the need to achieve. Using the TAT, a test which asks you to make up stories about pictures, they found that persons with high achievement needs can be identified by the stories they tell, namely, more stories about striving for excellence, overcoming obstacles, or accomplishing some difficult goal. Other researchers (Jackson, Ahmed, and Heapy, 1973) suggested that achievement needs are made up of several factors:

1. Wanting approval from experts
2. Wanting to make money
3. Wanting to succeed on our own
4. Wanting respect from friends
5. Wanting to compete and win
6. Wanting to work hard and excel

Thus, one high achiever might strive primarily to make money while another person, equal in overall need to achieve, would concentrate on gaining respect and status from friends, and so on, depending on our past experience.

How do we learn to have a high or low need for achievement? It comes partly from our childhood. Although the conclusions are not certain, Weiner (1980, p. 216-218) says a high achieving male tends to have rejecting parents who expect him to become independent early, make high demands on him, reward his success, and/or punish unsatisfactory behavior (which increases the fear of failure). Rather surprisingly, both loving-accepting (undemanding?) and dominant (overcontrolling?) fathers tend to have less ambitious sons. However, sons of managers and owners have much higher needs to achieve than sons of

fathers with routine jobs (Byrne & Kelley, 1981).

Notice in the last paragraph I was talking only about males. What about females? The research in this area for many years found very different results with each sex, so researchers avoided achievement studies with women. More recently this has changed and serious concern has been given to the impact of socially defined sex-roles on behavior. For instance, children's books were found to describe boys as active, effective, and achieving, while girls were described as watching the boys, being a boy's helper, or just tagging along (Weitzman, Eifler, Hokada, & Ross, 1972). Furthermore, an experiment showed that sexist stories actually had immediate impact on the behavior of nursery school children. Girls were more active and persistent in their work if they had heard stories picturing girls that way (McArthur & Eisen, 1976). This is just one minor example. Our needs and goals and self-concepts come from thousands, maybe millions, of experiences. We'll study sex-roles more in chapter 9.

What are the family backgrounds of females with high needs to achieve? They tend to have nontraditional, permissive parents who reward their achievements. The mother plays a crucial role, as does the father for males. Tenth grade girls who feel most competent (this is related to high career goals but not exactly the same as high achievement needs) had mothers who placed high value on their being independent, successful, and ambitious but low value on self-control and being responsible (Baruch, 1976). More research is needed here. There seems to be a fine line between a parent being very encouraging and being overly dominant. Being over-protective is clearly harmful (see chapter 9).

In contrast with the research just cited about what an achiever's parents are actually like, achievement specialists recommend having a somewhat different kind of parent. Johnson (1984) says achievers are produced by parents who let them go on their own, let them set their own goals, and make their own mistakes. These parents encourage high but appropriate goals, respect the child's abilities, take and show great pleasure from the child's successes, and give lots of praise. They let the child try hard on their own before giving suggestions or help, but they give help before the child gives up. They don't do the task for the child nor insist that it be done "my way."

In general, educators believe that high achievers have respectful, praising, optimistic, supportive, hard working parents who are themselves learning and success oriented. These parents expect each person in the household to do their share of the chores and to follow reasonable rules. They talk with each other about their work and studies.

For your purposes, these childhood experiences or the lack of them may be of interest but they occurred in the past and, therefore, are unchangeable (although we might change our reaction to our past). What can you do *now* that enables us to be highly motivated? How can you be so intent on reaching a distant goal that nothing gets in the way?

To accomplish great things, we must not only act but also dream, not only plan but believe.

-Anatole France

Atkinson (1957; 1981) suggested it is much more complicated than just a single need making us do something, although that's part of it. Borrowing a lot from learning theory, he says three factors determine behavior:

A large number of competing *motives* or needs are striving for expression at the same time, such as the need for achievement, the need for close relationships, the need for power, and the need to be cared for by others. Besides the conflict among many motives, the theory assumes there is a conflict between the hope of success and the fear of failure, i.e. an approach-avoidance conflict over each goal. The fear of failure can keep us from trying in school, just as the fear of rejection can keep us from getting emotionally involved with someone.

The strength of the approach and avoidance tendencies is determined by the relative strength of the needs to achieve and the needs to avoid failure (or success), plus the next two factors.

What we *expect* to happen if we follow a certain course of action. We observe the situation and, based on our past experience, estimate the likelihood of success and the chances of something bad happening, depending on what we do. Having some hope is necessary, but it is not a simple situation. As discussed in attribution theory later, a highly motivated achiever may utilize complex optimistic or pessimistic cognitive strategies (Cantor, 1990). For example, an optimistic, high achieving student may seek out friends who value and reinforce his/her successes in school, he/she frequently re-lives in fantasy his/her past accomplishments and dreams of the future, and he/she may relax with friends before an exam. This is called "**illusory glow**" **optimism** because such a person nurtures and protects his/her self-esteem and confidence. They expect to do very well, they work very hard, they enjoy their successes, and, if they should fail, they automatically and immediately apply an "I couldn't help it" defense of the ego (and optimistically take on the next challenge).

On the other hand, Cantor describes the high achieving "**defensive pessimist**" as defending his/her self-esteem *before* the test, not afterwards. Such a student expects to do poorly or, at least, anticipates a variety of possible stumbling blocks. He/she works very hard, preparing especially well for the anticipated difficulties. He/she uses the high test anxiety and stress as a motivator, not as something to avoid, and then takes an "I expected it" attitude towards the rare failure that does occur (and with anxious excitement systematically attacks the next challenge). This strategy is very different from the pessimistic student who "bad mouths" him/herself after a failure: "I'm such an idiot," "I'm so lazy," etc. Such a

pessimist is likely to gradually lower his/her expectations and goals, and perform more and more poorly until eventually becoming a total pessimist who has no hope, expects to fail and, therefore, doesn't try.

Both the "illusory glow" optimist and the "defensive" pessimist are challenged by hard tasks; achieving is important, gratifying, and absorbing for them; they see themselves as having considerable control over the situation and stick with the task, even though it is hard and occasionally disappointing. Compare these achievers with the underachievers described later.

The *incentive* we feel depends on how attractive the possible outcomes are to us personally (relative to how unattractive the possible risks are to us). Each major task, such as becoming a winning tennis player, learning to play an instrument, completing high school math through Advanced Calculus, asking a really appealing person for a date, getting a BA with honors, going to medical school, or raising two children, provides a enormous range of possible payoffs, some more appealing to us than others. The more likely we feel we are to succeed in #2, *and* the more appealing, important, the-right-thing-to-do, exciting, or wonderful the eventual goal, the more drive and enthusiasm we have about the activity.

In summary

How motivated we are depends on (1) the strength of fairly consistent motives or needs inside of us, (2) our expectation of what outcomes certain actions will produce, and (3) how badly at this time we want a certain payoff over all the other wants we have and over the risks we face. The needs, expectations, and incentives are mostly learned; together these factors (our motivation) largely determine what we do and how far we get in life. Although the past experiences related to these factors are unalterable, these factors that influence our lives so enormously can be changed by us. That's the beauty of being human. What does the theory about achievement needs tell us about self-help? Let's consider John, the procrastinator, again.

Parents and teachers train children to be independent and achievers (Winterbottom, 1958) and to fear failure (Teevan & McGhee, 1972). Being rewarded for striving increases our achievement motive; being punished for unsatisfactory behavior--and having our successes disregarded--leads to a fear of failure. To the extent we are self-reinforcing, we could presumably increase our achievement motivation by emphasizing our successes and simply using our failures as cues for us to try harder.

There have been several successful attempts to train people to have higher achievement needs (Burris, 1958; McClelland & Winter, 1969). People were taught to have frequent fantasies of achieving, observe models of successful people like themselves, play games or role-play situations involving taking risks and being a successful competitor. These researchers concluded that they were teaching self-confidence and that "knowledge gives

confidence." You could train yourself in the same ways; schools--and this book--should increase your expectation of success by teaching you skills (chapter. 13), self-control, reasonable attitudes (chapter 14), and self-awareness (chapter 15).

A high need to achieve is correlated with higher grades (Schultz & Pomerantz, 1974); however, Raynor (1981) has shown it isn't a simple relationship. Considering getting B's or higher as important for future plans and for self-respect was related to grades in school for boys. Raynor also found that students in the high-needs-to-achieve-and-low-test-anxiety group did well on the important (to them), relevant courses but not as well on less relevant courses. Students with low-achievement-needs-and-high-test-anxiety did about the same as the above group on less relevant courses but much worse on important courses. The points seem to be: (a) your need to achieve and self-confidence won't do you much good unless you convince yourself that school is relevant to your future and your self-esteem, and (b) a fear of failure produces failure in the more important courses. The next chapter tells you how to reduce fears.

Johnson (1984) summarizes what you can do to keep on striving for your special goals: (a) break your major goals into manageable daily tasks and set aside the time, (b) take pleasure from the work and reward your progress, (c) remember your past successes and imagine how good you will feel when you accomplish your goal, (d) also imagine how bad it will feel to give up or mess up, (e) use competition, especially trying to improve on your best effort thus far, to arouse interest, and (f) seek encouragement and find "heroes" to inspire you.



Don't go around saying the world owes you a living. The world owes you nothing. It was here first.
-Mark Twain

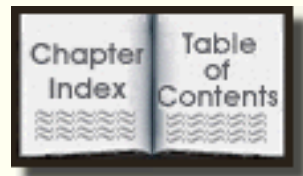
One can never consent to creep when one feels an impulse to soar.
-Helen Keller



Greissman (1987) interviewed over 60 highly successful people and found they had several things in common. They (a) love their work, (b) become highly competent in a specialty, (c) commit themselves to their work, giving it their time--their life, (d) meet most of their needs through their work, (e) long for recognition and self-fulfillment, (f) focus on and "flow" with their work--loosing themselves in it, and (g) quickly see and use new ideas and opportunities at work. They pay a price for success, such as few friends, little partying, little travel, and even isolation from their family, but they have few regrets. Talent matters, but devotion determines the winner most of the time. No one can tell you exactly how to become so devoted...or even if it is a good idea.

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MOTIVATION

Attribution Theory and Achievement

Another related theory to help us understand behavior and motivation, like John's procrastination, is attribution theory. In the 18th century, Hume (1739) argued that assuming there are causes for everything that happens is an inherent part of observing the world, because it makes the world more meaningful. Humans want to know. For instance, if someone bumps into you, you wonder why. You may assume he/she is aggressive, clumsy, flirting, that you are in the way, etc. Obviously, what you assume is the cause of the bumping makes a big difference. Likewise, John might ask himself, "Why do I put off studying?" And answer, "because I am dumb" or "because it is boring." He *attributes* his procrastination to his slowness or to the dullness of the reading. These kinds of assumptions about causes (we seldom know for sure the real causes) will certainly influence how we behave and how we feel.

Heider (1958) was one of the first modern psychologists to write about how the ordinary person thinks about causality--what causes what, or what is attributed to what. Since 1960, hundreds of studies have contributed to understanding why some are highly motivated to achieve and others are not. According to attribution theory (Weiner, 1980), a high achiever will:

1. Approach rather than avoid tasks related to succeeding because he/she believes success is due to high ability and effort which he/she is confident of. Failure is thought to be caused by bad luck or a poor exam, i.e. not his/her fault. Thus, failure doesn't hurt his/her self-esteem but success builds pride and confidence.
2. Persist when the work gets hard rather than giving up because failure is assumed to be caused by a lack of effort which he/she can change by trying harder.
3. Select challenges of moderate difficulty (50% success rate) because the feedback from those tasks tells you more about how well you are doing, rather than very

difficult or very easy tasks which tell you little about your ability or effectiveness.

4. Work with a lot of energy because the results are believed to be determined by how hard you try.

The unmotivated person will:

1. Avoid success-related chores because he/she tends to (a) doubt his/her ability and/or (b) assume success is related to luck or to "who you know" or to other factors out of his/her control. Thus, even when successful, it isn't as rewarding to the unmotivated person because he/she doesn't feel responsible, it doesn't increase his/her pride and confidence.
2. Quit when having difficulty because he/she believes failure is caused by a lack of ability which he/she can't do anything about.
3. Choose easy or very hard tasks to work on because the results will tell him/her very little about how poorly (presumably) he/she is doing.
4. Work with little drive or enthusiasm because the outcome isn't thought to be related to effort.

Obviously, our beliefs about what causes and influences our behavior have a marked impact on our expectations and, thus, our motivation. In chapter 6, we will read about "learned helplessness" which, of course, is associated with little motivation. In chapter 14, we will also learn much more about many cognitive factors that affect our behavior and emotions. Therefore, one way to change our motivation is to change our beliefs--our attributions. For example, we could teach (and prove to) unmotivated, underachieving, and depressed people that they can control life-events by exerting more effort. There have been demonstrations that intentionally "trying harder," say on every other day, actually results in more behavioral changes, but it is hard for some people to exert extra effort. The next section is a case in point.

The Motivated Underachiever

Harvey Mandel and Sander Marcus (1988, 1995) have an interesting view of the "unmotivated" student. They say an underachiever with an "academic problem" is *not* unmotivated, but in fact is *highly motivated* to do poorly and get mediocre grades! Why? Because they want to avoid success! Why and how would anyone choose to blow off school work which is clearly connected with what one does for a lifetime? Because they are afraid of achievement and want to avoid responsibility. The underachiever unconsciously utilizes excuses to explain why he/she is doing poorly and why it isn't

his/her fault. They say, "The exam didn't cover what the teacher said it would" or "everybody did bad" or "my parents had all kinds of things planned for me the night before the exam." The trouble is they believe they want to succeed and they believe their own excuses. The authors call this self-deception "the crap gap." The underachievers also believe that the situation is beyond their control, that they are innocent victims of circumstances. They aren't uncomfortable enough to fight their way out of the gloomy situation they are in.

Since the underachiever is afraid of achieving, the usual efforts of parents and teachers--e.g. offering rewards, threatening punishment, and being assigned a terrific teacher--are ineffective because these methods don't deal with the self-deception and the fears. These underachievers don't want to look honestly and carefully at themselves, their motives, their values, or their future. Why not? Because being successful and realizing that one has the ability to make "A's," take out the garbage on time, change the oil, pay one's own expenses, choose a career, work full-time, etc., means the person is ready and able to "be on his/her own," to be responsible, to be independent, and to keep on taking care of him/herself for the rest of his/her life. On the other hand, being unable to manage your life (without it being your fault) keeps others from expecting you to be mature and capable. Growing up is scary and some, like Peter Pan, don't want to do it (on a conscious and/or unconscious level).

Since this kind of underachiever is not aware of this self-deception, it may be hard for him/her to help him/herself. So, let's see how, according to Mandel and Marcus (1988), a therapist would close the "crap gap," the difference between what the student thinks he/she wants ("good grades") and his/her actual behavior (mostly avoidance of all responsible behavior through the use of excuses). The critical first step is to simply ask the student how well he/she would like to do in school. Get them to state a specific goal, e.g. a "B" average. Second, the therapist, assuming the role of helper, would find out everything about course requirements and *exactly* how the student prepares to meet the requirements. Third, ask the student what is the problem in one of his/her courses (actually this usually solicits an excuse). Then get all the facts, e.g. if he/she says, "I study about an hour a day but it doesn't do me much good," the therapist will find out exactly how much and how effectively the student studied yesterday (maybe 10 minutes because TV was on).

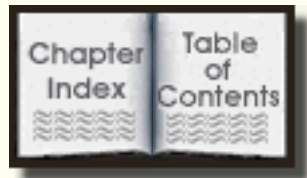
Fourth, make sure the student realizes the connection between studying and his/her grade two months later: "What will happen if you continue to only study 10 minutes a day on math?" "I'll probably get another D." Fifth, the therapist asks the student for some solution for this particular problem or excuse. A detailed plan, including how to handle barriers, is worked out by the student, e.g. "I'll put in a full hour every night." Sixth, make sure the student knows exactly what he/she proposes to do before the next therapy session. This is done knowing that the student will probably not follow his/her plan--he/she hasn't done what they intended to do before, so why now? The therapist's goal, at this point, is "excuse-busting," i.e. to merely to reduce the "crap gap" by getting the student's views of

the situation ("I will study one hour without TV") closer to his/her actual behavior (10 minutes again), to recognize his/her use of excuses, and, eventually, to see his/her role in causing the underachievement.

Seventh, find out if the plan was actually followed. Usually, as expected by the therapist, the student avoids the plan or does poorly for some other reason. Almost always he/she gives the therapist *another excuse*, e.g. "I forgot my books," "I studied the wrong stuff," or "I tried to study for an hour but friends kept calling," because to stick with the old excuse (TV was on) is admitting that he/she really wants to do poorly (the student is strongly motivated to not recognize this fact). Eighth, excuse after excuse is eliminated by going through steps 3 to 7 with each excuse for not reaching each goal. Gradually, the student begins to see his/her self-conning use of excuses, that he/she is responsible for his/her behavior (and the resulting grades), that he/she has some power to control his/her life. Lastly, as the excuses are striped away and insight gained into procrastination and avoidance of responsibility, the student will want to openly discuss his/her fears, what does he/she really want in life, and how does he/she get there from here. Therapy now becomes a very different process, more nondirective, because the student is responsible, introspective, self-directed, far more emotional and alive but ready to face life as an independent individual, even if scared.

Hopefully, some people will be able without therapy to see that they are lying to themselves by the use of excuses. Then by consciously taking control of their lives (stopping the self-conning), they can help themselves. Others will not be able to see why they are underachievers but they will realize they are not performing up to capacity; they should *seek professional help*.

Besides the "academic problem" type (about 50% of all underachievers), Mandel and Marcus, especially in their 1995 book written for parents, describe several other kinds of underachievers, usually related to moderately serious psychopathology requiring professional treatment, such as Anxiety Disorder, Sociopathic Disorder (lack of conscience, manipulative), Identity Disorder (confusion about life goals), and Defiant Disorder. Other writers have described the academic indifference of some people as being due to cultural differences, e.g. if you assume that only white middle-and-upper-class students care about getting good grades, and if you aren't in that social-economic group or hate that type of person, then it becomes difficult to take school seriously. Kohl (1995) writes about students who become offended or resentful and say, "I won't learn from you." There may be many ways to be unmotivated. In any case, a wasted mind is a terrible loss to society, but it is even more serious for your own life when it is *your* mind that is wasted. Do something!



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MOTIVATION

The social-cognitive approach: As a student, are you learning or image oriented?

According to Dweck (1986) and other researchers, there are two basic types of students: (a) **learning oriented** --those wanting to learn and gain competence and (b) **image oriented** --those wanting to look smart and/or avoid looking dumb. We all want to build our self-esteem but we try to do it in different ways. While over-simplified, there are clusters of findings crudely associated with these two types. Understanding these types may help the schools help students and each student self-help.

Learning oriented students see intelligence as changeable ("I can learn to learn this stuff" or "I can get smarter"). They enjoy learning, often fascinated with special topics, such as dinosaurs, geography, some phase of history, politics, women's rights, pollution, nutrition, etc. They see low grades as due to a lack of effort or a poor strategy, which they can change. Pride is based on amount of effort they put in, not on looking smart. They work hard. Being unchallenged is boring and offers no chance to test or prove themselves. Thus, even if they don't feel they are real bright, they will take on tough, challenging intellectual tasks, risking failing on an assignment. More boys take this attitude than girls.

Image oriented students see intelligence as permanently fixed. They consider it very important that others see them as smart or, at least, not stupid or naive. Since doing well is assumed to be due to brains and not effort, there isn't much need to work hard. In fact, if a person has to work hard to learn something, that suggests they aren't very smart. And, if you do poorly, there isn't anything you can do about it. You were born that way. Naturally, such a person would avoid difficult challenges if doing poorly seemed likely (especially true of bright girls or women). They tend to be less curious, less interested in new ideas and in learning about themselves. Their pride is based on good impression management, not on honest, careful estimates of their ability. They avoid testing their limits. Thus, the student's level of confidence is shaky--one low quiz score, one criticism of them, one foolish statement by them raises their own doubts about their intelligence. Even high achievers fall into this trap; their worry about their image reduces the intrinsic satisfaction they get out of

learning.

Schools have recently attempted to build students' self-esteem, sacrificing perhaps the acquisition of knowledge. Three popular principles guide many teachers: give lots of positive reinforcement, expect students to do well (self-fulfilling prophesy), and build the students' self-esteem. All sound commendable. All may be harmful in certain circumstances. Examples: Expecting and rewarding success *on easy assignments* does not encourage a student to tackle hard tasks. Being "successful" on easy tasks doesn't build self-confidence, it makes students feel dumber. Children know their limits aren't being tested. Students are being misled if they are subtly taught that it is easy to succeed as a student. That's a lie. It's deceptive because you haven't been encouraged to dig deeply into topics, to feel the delight of uncovering fascinating new knowledge until you know more about a topic than anyone else, to realize the depth and complexity and wonder associated with almost any subject, to interact with others who know more and are also excited about learning in many areas, etc.



The greater the island of knowledge, the longer the shoreline of wonder.

-Anonymous



Becoming motivated to study

A recent study by Mihaly Csikzentmihalyi indicates that to become motivated to learn in school, (a) you must learn to genuinely enjoy reading and studying and using the information (usually telling others about it), (b) you must be given support and challenge at home and school so that you willingly take on tough assignments, realizing that you will occasionally not do well or not get done, (c) you must feel competent and be taught or tell yourself that doing poorly on an assignment or a test basically means that you need to work harder or take a different approach or both, and (d) you must, in most cases, believe the information learned is worthwhile (at least for passing the exam).

So, if you were an undisciplined person, like John, how could you become motivated to study and gain self-confidence?

1. Learn "I am responsible"--that the more you study, the more you learn and the better your grades are. Thus, you begin to feel more responsible for what you get out of school. How exactly can you do this? (a) Keep records of how much you study and compare your grades when you have studied a lot with times when you study very little. (b) Prove to yourself that you are in control of your grades, no one else, not the teacher, not the exam, not luck.

2. Learn "I can be in control"--that you are capable of directing your life. How? (a) Schedule more study time and reward your promptness and increased effort. (b) Carefully measure the greater efficiency you achieve, e.g. how much more of the last few paragraphs do you remember when studying intensely (see SQRRR method in chapter 13)? (c) Remember: doing poorly simply means you should try harder. Take pride in your self-control.
3. Learn "I have ability"--that you have more ability than you previously thought. How? (a) Have more success by developing skills, like reading and test taking skills. (b) Get more information about your ability, such as aptitude test results or a respected person's honest opinion. (c) Increase your feelings of competence.
4. Learn "I value learning"--that you can value studying and success in school more. How? (a) Write down all the benefits of doing well in school. (b) Remind yourself that each successful step in school means three things--you are earning a chance to continue, you have what it takes to succeed, and you have done something worthwhile. (c) Make use of what you learn, e.g. tell others, interact with others who can add to your knowledge, apply the knowledge in other classes or at work, etc.
5. Learn "I may deceive myself"--that you, like others, are capable of remarkable self-deceiving and self-defeating thought processes which interfere with many important activities in your life, ranging from doing your best in school to trying out for the track team or asking the smartest person in school for a date. How? (a) Observe your attributions, especially your excuses, and double check their accuracy. (b) Overcome your fears (chapter 5) by doing whatever scares you (if it is safe)! (c) Attend closely to your self-concept, including self-efficacy and attitudes about changing, and find the best views for you (see chapter 14).

You need to realize that change is possible before you can change. In recent years, a procedure called attribution retraining has been successful in increasing peoples' motivation to do better in school and other settings. In most cases, the experimenter persuaded the subjects that their failure at a task (e.g. grades) was due to a lack of adequate effort. Not surprisingly, later the subjects tried harder and did better. In other studies, seniors told freshmen about their grades improving markedly or a professor described almost flunking out as a freshman, but, with help of a friend, he started to take his studies seriously, eventually excelling in graduate school. By implication or explicitly, these success stories tell us that we too can change and that good grades result from hard work and persistence day by day, not just before exams and during the last week of the semester. Furthermore, the more effort you put in, the more you learn; the more you learn, the more able you are to do well.

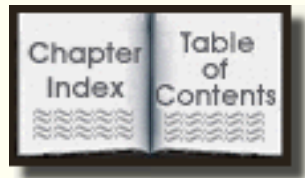
Actually, some researchers have reported that the above success stories improved exam scores a week later and even GPA and Graduate Record Exam scores months later.

Improvement was greater in students who believed they had little control over their lives (see I-E Scale in chapter 8). However, if students can improve their grades after a couple of effort-improves-grades stories, then why don't the hundreds of you-can-change-your-life stories told by friends and parents or on TV or in the movies, have the same effect on all of us? One possibility is that our belief in our own self-control is very *situation specific*, i.e. the success story of an average-turned-super insurance salesperson would probably not inspire a high school freshman to study harder.

Studies of female valedictorians and other academically gifted women often find that they "drop out" of college or graduate school. At the very least, almost every very bright woman finds it necessary to frequently deny or hide her intelligence. Men and women find highly able women threatening. You may think sexism is in the past, but being superior is especially hard for women. Walker & Mehr (1993) provide help for gifted women who want to achieve their potential.

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MOTIVATION

Learned industriousness

Recent research suggests we can learn to be hard, persistent workers. Those of us who have been rewarded, often starting in childhood, for making strong efforts to achieve our own or assigned goals tend to develop a "work ethic" and a "moral ethic." Likewise, training in persisting or waiting for a worthwhile reward or achievement can help us develop better self-control involving handling delays. So, just as there is "learned helplessness," there is "learned industriousness."

There is a "law of least effort:" we all try to get things (a pay off) the easiest way we can. That's smart and different from being lazy. Some of us take on hard challenges, others don't. You can also see an enormous range in the amount of effort people will expend to achieve a given goal. Of course, the value of a goal differs from person to person, but some people simply work much harder and longer than others. Why? Perhaps, according to Eisenberger (1992), because some have a long history of exerting intense effort and then being praised and well reinforced. In effect, some have been given "effort training" to be industrious, others haven't. One theory is that this training is effective because being repeatedly rewarded following long, hard efforts makes hard work in any situation seem less offensive, less aversive, less awful. Eisenberger has also shown that self-talk ("When I try hard, I do well on all my school work" and "when I don't, I don't") further enhances this "effort training." Both high effort and attention to tedious detail, if reinforced, become less unpleasant and less avoided. Thus, reasonable and challenging-but-demanding work or study experiences may produce harder working employees or more motivated students.

Eisenberger suggests another law, the "law of more effort:" if hard work has paid off for you in the past in many different ways, your effort and self-control will increase more, as compared to individuals who have worked less hard, as the stakes get higher. Likewise, a boss, teacher, or parent who has positively encouraged and reinforced your high performance and hard efforts in the past will provide more motivation to you than a person who is or has been more permissive.

Unfortunately, while "effort training" seems simple at first, a little thought makes you realize that the actual work conditions as well as your attitudes and personality traits are all involved in determining if your hard work is viewed as yielding rewards or punishment. If hard work is seen as stupid and/or obnoxious, then one may develop "learned laziness." Also, our willingness to work hard, regardless of our past experience, is, in part, a function of our needs and the nature of the work, e.g. mental or physical, clean or dirty, cooperative or competitive, social or isolated, all of which may reflect one's reinforcement history (Eisenberger, Kuhlman & Cotterell, 1992). Most important aspects of life are complex.

Another fascinating feature of this program of research is the moral consequences of "effort training." Children required to do hard math problems first, cheated less on a later anagram test than students given easy math problems first. We need to know more about the relationship between industriousness and honesty, caring, and other morals. But there are reasons to doubt that the relationship is simple because in some situations having a high need for achievement increases our tendency to cheat.

Later, we will discuss the *harm* that can be done to a person's performance, especially on interesting tasks, by extrinsic reinforcement. Eisenberger's research contradicts this; he found that extrinsically rewarding hard work improves performance. Moreover, he says rewarding *progressively improving* performance (harder and harder effort?) did not reduce intrinsic interest. To me it seems clear that in order to maintain optimal motivation you have to consider both your intrinsic and extrinsic pay offs (see intrinsic satisfaction section). The motivation problem is complicated by the fact that only parts of working or studying are interesting and exciting, other parts are hard and difficult, still other parts are tedious or boring, and so on. You have to cope with all parts of life, so it is important for our work to be satisfying, but a history of hard, rewarding efforts involving long delays of reinforcement may also be important in preparing us for the unavoidably hard and uninteresting parts.

Humanistic theories

Abraham Maslow (1971) was critical of traditional psychology because it based its theories on emotionally disturbed patients or on laboratory animals. Like other philosophers, he believed in the basic goodness of humans and in their tendency to move to higher levels of functioning as their basic physical needs are met. Maslow described the needs at each level, going from the most fundamental physiological needs to the highest, most noble needs. Every person has the same "hierarchy of needs:"

1. Physiological needs--air, water, food, sleep, elimination, sex, activity.
2. Safety needs--escape fear and pain, physical security, order, physical safety.
3. Belonging and love needs--to love and be loved, have friends, be part of a family.
4. Self-esteem needs--to feel competent, independent, successful, respected, and worthwhile.
5. Self-actualization needs--being one's true self, achieving one's highest potential,

wanting knowledge and wisdom, being able to understand and accept oneself and others, being creative and appreciative of beauty in the world. A self-actualized person is happy, realistic, accepting, problem-oriented, creative, democratic, independent, and fulfilling a mission or purpose in life.

What are the implications of this theory for changing behavior? First, the theory says it is necessary to generally satisfy one's basic needs before one can turn to meeting needs higher in the hierarchy. But once a person has taken care of the needs at levels 1 and 2, then one is free, in fact motivated to search for love, then self-esteem, and then finally self-actualization. Thus, if you can't achieve some goal, such as John not being able to study, consider the possibility that some more basic need still hasn't been met and must be satisfied first. For example, John may have to find love or feel secure and liked by his friends *before* he can study effectively and devote himself to a profession. While thinking in terms of a hierarchy of needs may sometimes help you figure out the real underlying problem, research has not supported the theory that *all* needs at a more primary level must be satisfied before you can move on to higher needs (just like you might not have to go in order through all six stages of Kohlberg's moral development, as discussed in the last chapter). So, go for self-actualization at 15 or 19 (long before Maslow said you were ready for it--see chapter 9), even if you lack confidence and a love relationship.

Also, remember if you make different assumptions about the basic nature of humans, you will surely find different underlying problems. Maslow would find unmet love or self-esteem needs; Freud would find unmet sexual-aggression needs; Adler would find feelings of inferiority to be overcome.

Maslow noted that learning theories (not the more recent Social Learning Theories or cognitive theories) were based largely on hunger, thirst, and pain (needs at levels 1 and 2) in animals, seldom dealing with the higher levels. Maslow's theories are based on the opposite end of the scale (needs at level 5). He studied the best historical specimens of our species he could find, including Abraham Lincoln, Thomas Jefferson, Albert Einstein, Jane Addams, Eleanor Roosevelt, Albert Schweitzer, and he interviewed the most outstanding living people available to him at the time. That's where his description of the self-actualized person came from. His was a valuable addition to our knowledge.

Secondly, according to theory, few of us ever achieve self-actualization to any significant degree. Maslow assumed it took the most able among us 30 to 40 years to develop self-actualization. Although Maslow believed we became more self-reliant on our own values and judgment as we met more of our needs, and less dependent on rewards and approval of others, he still emphasized the importance of the environment in determining our growth. He felt families and schools and work should be respectful, nonjudgmental, and trusting, i.e. places where one can make his/her own decisions, gain esteem, and use his/her talents. Otherwise, our growth would be slowed or reversed...and we would have problems. Maslow had impact on Humanistic education and on business management. But, he left it to

others to discover if it is possible to develop specific methods of speeding up the natural development of self-actualization, such as through self-help techniques. Maybe in 100 years we'll all be self-actualizing even as teenagers.

Positive addiction

Addiction to drugs, alcohol, food, smoking, etc. are instances of powerful motivation, but they sap our strength and zest for doing our best. William Glasser (1965) believes there are other addictive activities that give us strength: jogging, meditating, writing a diary, exercising, relaxing, and so on. These are called positive addictions.

Like Ellis and Knaus, Glasser focuses on the emotions underlying our behavior (level II). First, we all want to be loved and to feel worthwhile. When we don't get what we want, we either have the strength to try again or we don't. Thousands of us give up, according to Glasser, by saying, "Why try? I'd just fail" or "It's my parents' fault" or some other similar rationalization.

When giving up and giving excuses don't remove the pain (of not achieving love or worth), we may turn to psychiatric symptoms, such as depression, rebelling, going crazy, psychosomatic complaints, or addiction to drugs, alcohol, or food. Painful as these conditions are, they are less painful than facing the fact that we have failed and given up on obtaining love and self-worth. So, they are another self-con--they make it easier to give up and, at the same time, get some sympathy.

What is Glasser's solution? Positive addictions. It isn't an easy solution nor is it for everybody. It takes six months to a year of activity (jogging, meditating, etc.) one hour every day to develop a strength-giving addiction. The activity must usually be done alone, with no demands or striving for excellence or self-criticism. There are thousands of joggers, bikers, meditators, relaxers, journal writers, exercisers, and other users of positive addictions, along with Glasser, who claim great benefits. They claim to get more results than just feeling better and getting pleasure; they claim greater self-confidence, more energy, better imagination and ideas, more frustration tolerance and so on.

It is an interesting, indirect approach which does not concentrate on dedication to your major life goals. Committing an hour a day directly to loving someone or to studying could have powerful effects too. If I were John, I'd first try to build a real interest and motivation in my studies. There are too many good joggers who are poor students to confidently believe that jogging will make you an "A" student. More research, not more testimonials, is needed to evaluate the effects of positive addictions and to investigate which positive addictions work best with what kind of people and with what problems. But it is an idea.

Popular how-to-be-the-greatest books and programs

Inspirational, confidence-building books sell by the million. None have ever been objectively evaluated to see the results, but people buy them, probably because they do motivate us, at least for a day or two. They are often written by successful business or sales people or by ministers. Psychologists write in areas related to motivation: assertiveness (chapters 8 & 13), self-acceptance (chapters 9 & 14), and self-direction or self-instruction (chapters 5, 11, and this one), but these writings deal with learning skills, not just getting inspiration.

The popular "success" books take four main approaches:

1. Confidence building. The common belief is that you can't sell a product or love someone else until you believe in yourself or love yourself (Amos & Amos, 1988; Zigler, 1987). So, these books essentially tell you to recognize your strong points and to tell yourself you are the greatest.
2. Setting goals and utilizing time effectively (Lee, 1978; Lakein, 1973). While these are important skills and have been discussed in this chapter and chapter 2, the goals need to be more than vague hopes and an occasional motivational speaker. Some seminars or longer programs about goal setting, however, involve lectures and tapes costing several hundred dollars (Meyer, 1988).
3. Inspirational. These books give many illustrations of exceptional people and unusual successes (Simonton, 1994; Ferguson, 1990; Waitley, 1983; Stone, 1962). Michael Jordan's *I Can't Accept Not Trying* is a good example. Other writers emphasize the "power of positive thinking" (Peale, 1952; Schuller, 1973). The techniques involve fantasizing about being successful (like in achievement training), modeling and rehearsal, repeating hopeful beliefs (called affirmations), giving yourself pep talks, and so on. Of special psychological interest is Lillian Rubin's (1996) *Fall Down Seven Times, Get Up Eight* which tells stories of people overcoming horrible childhood experiences. I find the caring stories in Canfield & Hansen (1991, 1993, 1995, 1996) to be heart-warming; they make me value goodness and look for it in others; they help me be good.
4. Understanding human needs. Some of these books explain how to present products and ideas so that they meet peoples needs and, thus, sell (Dichter, 1971). Many other books describe how to influence or motivate others--usually for *your* benefit (Carnegie, 1936).

These popular books are based on one person's experience or hunches, not on research. Don't neglect these books but read them with a lot of skepticism.

Methods for increasing motivation; references

In addition to the many methods already mentioned above, method #7 in chapter 14 summarizes several techniques for increasing your motivation. It should help too. For the serious student of motivation, Heckhausen (1991) provides an excellent review of the whole area, while Boggiano & Pittman (1993) concentrate on educational achievement. Bernard & DiGuiseppe (1993) and McCombs & Pope (1994) try to motivate adolescents in school and in relationships. Very bright, achieving women have special problems in the world of work (Walker & Mehr, 1993).

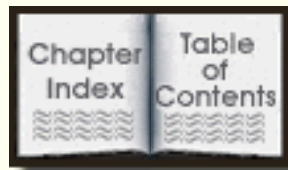
Also, the next three sections probe the causes of self-defeating behavior and procrastination. We must understand and overcome the barriers to achievement, if we are going to reach our potential.



Excellence can be attained if you...
care more than others think is wise.
risk more than others think is safe.
dream more than others think is practical.
expect more than others think is possible.
-Unknown Author

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MANAGING DIFFICULT BEHAVIOR

Why don't we do what we want to do? Why do we lose control? How can we manage difficult behavior? Methods for controlling strong habits

Thus far, we have said that when you don't know how to do something you want to do, you have to learn. We have discussed three kinds of learning and some of the complexities involved. Also, we said when you want to do something that you know how to do but you can't get going, you need to increase your motivation. We've discussed that too.

In this section, we will discuss various kinds of "blocks" that interfere with our doing what we would like to do or keep us from stopping unwanted behavior. All of us have "good intentions" which we don't achieve. Why not? There are many kinds of unwanted behavior, such as ordinary "bad habits," selfishness, sins, addictions, compulsions, obsessions, etc. we can't stop. Why? The true answers to these "why" questions are surely complex and involve the concept of intentionality, our motivation for short-term vs. long-term goals, the use of mechanisms of self-control, the conditions that undermine our "will," emotional reactions that overpower our best intentions, strategies for intentional or unintentional self-deception and the development of false beliefs (such as the smoker who doesn't believe smoking will hurt him), unconscious motives, and many other irrational processes. There are lengthy philosophical discussions about these matters and others, such as "what really is *self-control*?" (e.g. what if you are brainwashed by a friend into wanting to do something--are you still under self-control?).

There is clear evidence that we humans tend to "believe what we want to be true." We sometimes unwittingly generate our beliefs, e.g. we can biasedly select the data or distort the collected data to believe what we want to believe. We can act in certain ways to confirm what we want to believe. We can persuade ourselves that our intention is one thing when objective observers would believe our motives are something else. All this is related to self-control. If you are interested, Mele (1987) provides a long philosophical discussion of these matters.

Behavioral blocks and getting unstuck

Lipson and Perkins (1990) have a book explaining why we don't do what we would like to do. How is our intended behavior "blocked," such as when we are constantly late, can't lose weight, don't exercise, don't do our best, etc.? First of all, they assume that all of our behavior is the result of many forces, including our will, pulling and pushing us in many directions. However, they don't use the concept of reinforcement and they decry the idea of increasing our "will power." They point out, as I have, that much self-help advice is very simple and unquestionably correct: stop procrastinating by "planning your time," lose weight by "eating less," be successful by "studying more," etc. But such advice is often inane--useless--because it can't be followed, our will power just isn't strong enough to make the changes. Often, though, they say that if you understood the forces that block your good intentions, you could counter those forces and do what you want to do. This is a cognitive (insight) approach to self-control of your behavior. Let's see if it helps to describe *five different kinds of blocks*.

First, *a strong force in the environment* may block our intended or desired behavior; it overpowers our will. We often know exactly what these forces are; we recognize them as constant temptations, e.g. a strong attraction to desserts ruins our diet, a desire to have fun keeps us from getting our work done, an angry reaction to someone causes us to say things we shouldn't, an urge to buy clothes overdraws our account, etc. When these forces overwhelm our best intentions, we say, "I'm weak willed," "I'm lazy," "I'm selfish," etc. It may be neat in a way that there are so many strong forces in the world--things we want and enjoy, physical, hormonal, and genetic drives, social needs, compelling emotions, and on and on. But, these forces frequently crush our self-control, and that's not so neat.

This notion of blocks is obvious; however, it isn't easy to assess the strength of the blocks or your "will power." How successful do you feel your will power has been in overcoming the blocks (temptations and distractions)? These authors say will power is frequently weak, usually over-estimated and a false hope. Instead of "will," we have to use our brain--our knowledge of self-help--to devise ways of avoiding or containing these strong forces. There are lots of such methods; most are in this book.

Secondly, in contrast with the forces mentioned above that we are keenly aware of, Lipson and Perkins (1990) contend that *some strong forces are hidden from us* and, thus, since we can't combat them handily, they easily block our intentional behavior. We know the forces are there because we see the results. Examples: Our hot attraction to someone turns cold (we don't know why but perhaps he/she is coming on too strong or getting too dependent). Our grades in chemistry are D's and F's (we have the ability but maybe we fail because medicine is dad's choice, not ours). We have a short fuse with our spouse without sufficient reason and without knowing why (maybe because we feel taken for granted or got a lousy assignment at work). We don't want to turn cold, fail chemistry, or have a fight.

But things like this happen to all of us; hidden forces are the cause. To understand these blocks, *we must seriously search for the reasons*, the hidden forces. When we think we have found the reasons, we must carefully question and critically assess the explanation (because we are prone to self-deception). Are the conjectured forces really there? Are they powerful enough to block our desired behavior? When we accurately see the hidden forces (not easy), we have a better chance of getting back in control.

Thirdly, besides strong forces in the outside world (things we yearn for, fears, reactions of others, etc.), there are *strong forces generated by our own self-evaluations*. Examples: You may be only 5 or 6 pounds overweight but see yourself as embarrassingly chubby. During a conversation, you may panic thinking, "I don't know what to say, I'll look like a jerk." These thoughts and feelings about ourselves are powerful forces that frequently block us from doing what we would like to do. By observing our internal dialogue and self-appraisals, we can gain better control over these blocks. Examples: Some negative things about ourselves, e.g. 6 pounds or quietness, we can accept as okay, others we can "own," e.g. sarcasm or self-criticism, and take responsibility for changing. Likewise, some of your traits may initially be seen as positive, e.g. being a party animal and excessive drinking, but by recognizing their negative long-term consequences and "disapproving" of the destructive aspects of the traits, we can reduce these blocks to achieving our more important life goals.

Fourthly, many *activities can captivate or "enthrall" us*: eating, drinking, listening to music, watching TV, socializing, and even cleaning can capture our attention once we get started. Becoming preoccupied with these activities blocks us from doing other things. Enthralling activities may have a relatively weak initial "pull" for us but once we are absorbed in the activity the "grip" can hold us. All of us have wasted evenings watching worthless TV. If we had gotten off the couch and turned off the set for a minute, we almost certainly would have found something better to do. Ask yourself frequently, "What is the best use of my time right now?" Change your environment. Try to develop more fruitful "counter-thralls." Witkin (1988) has a book about controlling these urges.

Lastly, blocks occur when *a complex collage of forces* pushes us in certain directions, such as when a woman marries the same kind of jerk three times. Another example is the person who is so concerned about being liked that they try too hard to please. As a result, they are seen as weak, "an easy mark," and not respected, which pushes them to try even harder to please. This is called a *self-sealing system* and this vicious circle occurs in many situations: a person creates more problems drinking to avoid problems, an over-protective parent produces a more and more helpless child, an insecure and jealous lover increases his/her chances of being dumped. Obviously, complex but powerful and mostly hidden forces are pushing these people in disastrous directions. Such people must get an understanding of the complex forces shaping their lives, then they have a better chance of coping. They need courage to self-explore--maybe in therapy.

This is a nice theoretical summary of blocks. But, removing your specific blocks is not easy. Washton and Boundy (1989) make the point that many of our self-help efforts are directed at the bad habit and not at the block or real underlying problem. For example, it is common to see drinking or smoking or over eating or procrastination or TV addiction as the problem, while, in truth, the more basic problem is the hurt, anxiety, emptiness, frustration, shame, etc. (feelings and thoughts), which the drinking, eating, escaping behaviors attempt to relieve. These unwanted surface behaviors are not the real problems; they are attempted solutions! The underlying feelings are the problems! Having the will power to stop the unwanted habits is not enough. You must reduce the psychological pain inside which causes the bad habits, i.e. our dis-ease. (Chapter 2 made the same point.) Discovering this internal hurt may be easy; it may be hard even with therapy; it needs to be done (see chapters 14 and 15).

Sidney Simon (1988) describes another set of barriers to changing: (1) Having low self-esteem and feeling unable to change or undeserving of a better life (see chapter 14). (2) Failing to see alternatives or feeling you can't make or don't have good choices (see decision-making in chapter 13). (3) Being unsure of what you want and/or are simply going along with someone else's decisions about your life (see chapter 3 and assertiveness in chapter 13). (4) Finding lots of excuses for doing nothing or "Yes, buting" and, thus, reducing your motivation to change. (5) Being afraid to change (see chapter 5). (6) Feeling alone and unsupported or "I don't need anyone" or "I shouldn't have to ask for help." (Ask for help anyway!) (7) Demanding perfection. (8) Lacking the determination or "will" to get the job done.

When changing, *the first step is the killer*. If you haven't exercised in months or have smoked for years, the first day is toughest. You must use willpower (or, if you prefer, motivation or self-talk). You can strengthen a weak will. Simon suggests *building your willpower* by (a) practicing in more and more difficult self-control situations, (b) taking small successful steps followed by rewards, and (c) planning alternatives to use when major temptations threaten. Besides will power, you need lots of other skills. But the hardest part for many of us will be getting a handle on the underlying emotions causing the inner pain and creating the barriers. This kind of insight comes from gaining more and more knowledge about people and from honestly looking inside yourself.

Once we have self-control why do we lose control over some behavior?

Baumeister, Heatherton & Tice (1994) do a good job of explaining our failures at self-control, e.g. giving up during the performance of a task, losing control over our thoughts or emotions, and letting some habit (eating, drinking, smoking, buying, etc.) get out of control. Unfortunately, these authors' work is of limited value because it doesn't tell us much about how to prevent the loss of self-control. However, by understanding the process

by which we lose control, perhaps science can help us learn how to maintain self-control. You will recognize that "blocks," discussed above, have much in common with "loss of self-control."

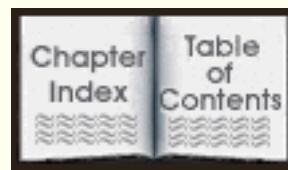
Three steps are needed for us to be in self-control. First, we need "standards," i.e. to know what we want to do or should do. Second, we need to be aware if our behavior is failing to meet our standards. Third, we need to be able to correct our behavior when it becomes sub-standard (this is what the ordinary person would often call "will power"). Failure in any of the three steps will lead to poor self-control: if we don't know where we are going, if we don't pay attention to see if we are getting there, and if we don't know how (or don't have the strength--see blocks) to get back on track if we get lost.

Here are some of the more common ways we lose self-control: we set no goals or impossible goals; we lose control or don't pay attention to our goals or to our behavior; we quit because we get tired or stressed and weakened; we attend to our immediate situation and needs overlooking long-range goals; we misjudge what is important to do; we focus on calming our emotions but neglect doing our tasks or solving our problems; we become obsessed with protecting our egos and neglect getting the job done; we let the initial failure lead to a "snowballing" of many failures (see relapse prevention below); we believe in venting our feelings rather than in eliminating the emotions; we decide we are helpless or bad and stop trying in order to avoid further failure.

Solutions to losing self-control? Set goals, monitor your progress carefully, reward desired behavior, and practice self-control and in the process learn as much as possible about the self-help methods that work for you. As Baumeister, Heatherton & Tice explain, one barrier to gaining this self-knowledge is that most people don't really want to know a lot of accurate information about themselves. Our species prefers to be told positive things or, at most, be told negative things they already believe about themselves. We resolutely avoid accurate self-knowledge about our weaknesses. The more we can overcome this I-don't-want-to-know-the-truth trait, the better we can gain self-control.

[← Back a page](#)

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MANAGING DIFFICULT BEHAVIOR

Preventing unwanted behavior Is it within our powers?

Just as it is hard to start a new habit, it is hard to stop an old one. In fact, some behaviors are thought to be unpreventable, i.e. beyond our ability to control with "willpower" or self-help techniques. Many feel this way about drinking alcohol; some do about eating, smoking, and even procrastination. When we add an awareness that genetic, metabolic, physiological, unconscious, and environmental factors as well as underlying emotions affect our reaction to drinking, food, smoking, coffee, soft drinks, sugar, etc., it shakes our faith (rightly so) in self-control. There is evidence, for instance, that alcoholics chemically process alcohol differently from nonalcoholics (Heilman, film). Alcoholism is called a "disease," implying that it is an unstoppable physical disorder, treatable only by physicians or a Higher Power? For an extensive discussion, see Stanton Peele's books (Peele & Brodsky, 1991).

Experienced people in Alcoholics Anonymous (AA), Overeaters Anonymous (OA), and Emotions Anonymous (EA) say the first step towards recovery is to admit you are powerless over alcohol, food, emotions, or whatever. Then, their 12-step program basically says, (1) abstain (totally in the case of alcohol) by asking for help from friends (in AA or OA or EA who have been in the same situation) and from a Higher Power, (2) admit your "defects of character" and the wrongs you've done, and (3) make amends. AA is often considered the best available treatment for alcoholism, so use it if you need it. Interestingly, AA has a reputation for being successful in spite of little or no outcome research. Unfortunately, AA opposes research (members aren't supposed to disclose what happens at AA meetings) and doesn't directly teach self-control methods. It is known that many people go to AA only a few times and others backslide after hundreds of AA sessions. One study of 90 addicts found that they had, on average, attended 586 AA sessions *before* relapsing (Chiauzzi, 1989). That is an amazing amount of "treatment" to be followed by failure. So, AA is not a perfect miracle cure. If AA added more self-control beliefs and procedures, especially relapse prevention, to its program, it might be more effective. Only research can tell us. See more references concerning alcoholism at the end of the chapter.

There is also evidence that overweight people adjust their metabolism as they reduce their intake of food so that they tend to stay about the same weight, called their "biological destiny" (Bennett & Gurin, 1987). If that is the case, losing weight may be very hard to do if you have a genetic tendency to be heavy or to crave sweets, etc. It is believed that weight loss efforts work best the first time you try to diet; thereafter, the body loses weight more slowly but gains it back much more rapidly. Also, over-weight people produce more insulin than thin people when they see food and that increases hunger pangs. Heavy people respond more to external cues--smells, sight of dessert, etc. All this (plus the emotions pushing us to eat) makes it hard to lose weight. As most people know, our metabolism is a function of our activity level, so losing weight without exercise is especially hard to do.

No matter what the physiological and emotional processes are and how difficult it is to reduce drinking or overeating, the addict still has the problem of how to stop a harmful habit. Should he/she get professional medical help, psychological help, give up trying to do the impossible alone and turn to God, join a self-help group, take antabuse or diet pills, go to a Mental Health Center or an addiction treatment center, talk to friends, read and try to help him/herself or what? My answer again is, "Try all kinds of treatment until something works."

Is it harder for some people to overcome bad habits than others? Since this is like the question "Do I see blue the same as you do?" we will never know but old habits are hard for everybody to stop. How hard? There is very contradictory evidence. Some treatment programs claim a 90% success rate (during the treatment phase). In general, relapse *after* treatment of addictive behavior is very high, 50% to 90% (Brownell, Marlatt, Lichtenstein & Wilson, 1986). Two thirds to 3/4's of drug and alcohol abusers relapse *within three months* after treatment (Chiazzi, 1989). In one study, less than 10% of treated alcoholics abstained for two years (Armor, Polich, & Stambul, 1978). Researchers of weight loss projects also report disappointing results: few stay in treatment, and 80% of those that do, gain any weight loss back within a year. Smokers frequently quit, then relapse. Clients who stay in these treatment programs for various problems are successful (why else would they stay?), but thus far no program enables a high percentage of clients to maintain their gains. So, it is hopeful (we *can* change) but the final long-term results of today's "programs," even the expensive ones, are not good enough. On the other hand, note that about half of all *former* problem-drinkers have quit drinking "on their own" (no help from a MD or AA or any treatment). You are not powerless! But I'd recommend getting all the outside help you can, as well as self-helping.

Similarly, Stanley Schachter (1982) reported some interesting but controversial findings: almost 2/3's (63%) of people who tried to lose weight or stop smoking *on their own* (without professional help) were successful! And they kept it off for years! This implied that self-help was better than professionally run treatment programs. Subsequent studies (Cohen, et al, 1989) showed this was not true; self-quitters (smokers) did no better

or no worse than clients in a stop smoking clinic. But over the years, we try to help ourselves a lot more often than we use professional programs. Thus, 85% of those trying to stop are on their own and only 15% join a stop-smoking program. About 1/3 of all smokers have tried to stop within the last year; most failed. Of those trying to stop sometime (or many times) between 1976 and 1986, 48% of the self-helpers and 24% of the treatment clients were successful. Altogether 40 million Americans have stopped smoking, so it is possible. 90% of the successful ones were on their own and most of them had tried again and again. 70-75 million are still smoking. There is no evidence that successful quitters used different behavior-change methods than the relapsers; they just motivated themselves more and kept on trying (maybe until they found an approach that worked for them). There is hope. Again, I'll remind you: self-administered programs (listening to a tape, reading a manual, watching a videotape) have been just as effective as therapist-administered programs (Scogin, Bynum, Stephens, & Calhoun, 1990). The keys seems to be learning to be motivated and maintaining your gains.

Relapse prevention for addictions

Marlatt and Parks (1982) and Marlatt and Gordon (1985) zero in on a crucial point--the relapse. This is the point, usually after successfully stopping smoking, drinking, avoiding studying, overeating, etc., at which you give up your controlled behavior and fall back into the old behavior. (Untrained or unread self-helpers fail about 80% of the time, usually more near the start than after succeeding. But that is called a failure, not a relapse.) A slight slip is called a "lapse;" total, continuous, complete backsliding is called a "relapse." Why do between 50% and 90% of program successes eventually relapse? Probably because we don't focus enough on maintaining our gains, but research is starting to show us how to avoid relapsing.

First, Marlatt and others (Prochaska, Norcross & DiClemente, 1994) studied the circumstances in which people relapsed, called high-risk situations. About 35% of the relapses occurred *during periods of negative emotions*, such as depression, anger, stress, or boredom. An additional 16% relapsed while having the same kind of feelings but in a social situation--a conflict or argument with a spouse, relative, friend, or co-worker. A health crisis in the family is a common cause. Here again we find an important relationship between behavior and emotions. About 20% relapsed under social pressure, either being with people doing what you don't want to do (smoking a cigarette, using drugs, eating) or being verbally pressured to participate ("Come on, John, have a beer with us"). About 10% of the backsliders felt the forbidden urge or temptation when all alone. None of this is a surprise but it can help us search for the conditions that might reduce our self-control. We all have our "weak times." Old temptations may return months or years later.

Prochaska, et al, found that certain *mental mistakes* lead to relapse: (1) over-confidence ("I've got this drinking problem beat for sure"), (2) self-testing ("I'll keep a

bottle...some candy...some cigarettes hidden in my desk just to prove I'm cured"), (3) self-blaming ("My smoking made my kids sick and caused by husband to start smoking again"). In short, some confidence is needed, but don't get too much of it!

Secondly, Marlatt and his colleagues recommend several **methods for avoiding relapses**. Learn to **recognize your own high-risk situations** by (a) considering the data above and in the following paragraphs, (b) self-monitoring (see chapter 11) what's going on when we are tempted or slip a little or relapse, (c) self-testing in fantasy how well you would handle several high-risk situations (imagine how would you respond if a good friend encouraged you to try cocaine?), and (d) observing your lapse and relapse fantasies or temptations, i.e. imagine how you might relapse. After identifying your dangerous situations, you can avoid some and learn to cope with others. Certainly take credit for avoiding the risky situations.

But, also admit that getting into high-risk situations are a result of a series of decisions *you* have made (without much awareness?), seldom is it an accident or someone else's fault. No alcoholic gets seated at a table in a bar with drinking buddies (nor a philander with a tempting, attractive person) without making many choices leading to that high-risk environment. Identify those decisions or choice points; they are your means of staying out of trouble in the future. Monitor your thoughts carefully. Vigilantly guard against longing for "a cold beer on a hot day," "the taste of just one cigarette," "another night out in a topless bar with the boys," etc. Don't be seduced again. Remember the bad consequences of your old habit and the good aspects of you new lifestyle.

Chiauzzi (1989) identified several specific trouble spots that lead addicts back into abusing. Be especially careful if you have any of these **personality traits**: (a) *compulsiveness* --perfectionistic, unemotional, over-controlled--because they come unglued when they backslide, (b) *dependency*--indecisive, clinging--because they go back to drugs when others abandon them, (c) *passive-aggressiveness* --resistive, procrastinating, blaming--because they drive others away and then can't handle their own anger, (d) *self-centeredness* --egotistical, pushy--because they don't admit their problems, and (e) *rebelliousness* --impulsive, antisocial--because they resent anyone offering help.

Another ominous sign is replacing the old addiction with another addiction, e.g. compulsive alcoholics become workaholics, dependent eaters smoother someone, sex addicts turn to alcohol, smokers to food, etc. As John Bradshaw says, "They are still sick." The second addiction generates new problems. A third pitfall, according to Chiauzzi, is that 30% of relapsers believe all they have to do is abstain or attend AA. They disregard gaining self-awareness, self-help skills, intimacy, advancement at work, a philosophy of life, etc. They also forget to avoid bars, physical problems, loss of sleep, etc. Constant awareness of all these warning signs helps avoid relapse.

Self-help groups, like AA or Weight Loss groups or Assertiveness Training groups, help you stay on track. Ask friends to help: steer me away from temptations, challenge my over-confidence, support my new behaviors and interests, be sure I can say "no" clearly, come quickly to my rescue when I falter, and remember maintenance is forever.

Practice coping with the *unavoidable* high-risk situations. Think about what you could say and do when faced with the temptation. Get advice and watch others. Role play with friends the situation repeatedly until you are sure you can handle it (chapter 13). Learn a set of self-instructions that will guide you through the dangerous period (chapter 11). You might even test your coping skills in the actual high-risk-of-relapse situations: A smoker could interact with other smokers without smoking; John could go play sports or to the bars to see if he can return to his studies within one hour, a dieter could go out with friends having pizza and just have a light salad, etc.

Learn to **make decisions carefully** and stick with them (chapter 13). Marlatt points out that not only are the long-range effects overlooked (e.g. John's neglect of his future career) but the lure of the fantasized immediate result is intensified during the first several days of avoiding a strong habit. Examples: "If I could just have a smoke, I'd feel more relaxed" or "If I go out for a drink, I would get over this loneliness and might run into a hot woman." Sometimes the relapse specialists enable the client under controlled conditions to test out their expectations, i.e. have a cigarette or go to a bar and find out the results are not as fantastic as supposed (exactly when this is a wise approach is not known yet--see Brownell, et al, 1986). This is too risky to do on your own. The grass looks greener on the other side of the fence, but it is just as hard to mow!

Sometimes the therapist gives an abstaining-but-tempted drinker a cold beer and after he/she enjoys the wonderfully soothing release of inner tension that the drinker feels can only come from a beer, tells him/her that it is Near-Beer. This is an eye opening experience. In cases where abstaining isn't possible (such as food), and especially where the client just "can't stand the restrictions any more," Marlatt has tried "controlled cheating," i.e. scheduling a big binge for one meal a week. It helps some food addicts (but probably not drinkers, smokers, spenders, gamblers, etc.) stay under control.

Prepare in advance for a lapse (to avoid a relapse). Attempt to limit the loss of control and reduce the feeling that you are a hopeless total failure. Instead, if you slip, just admit that you have made a mistake. (a) *Make an agreement to limit the slip* (to one smoke, one dessert, one hour of TV, one drink) and/or call a helper when you have lost control. (b) Prepare and *carry a "reminder card"* that says something like this, "Slips do occur. They make us feel guilty, that's normal. But don't let these feelings of failure snowball right now into feelings of hopeless despair so that you continue to (smoke, eat, drink, procrastinate). One slip doesn't make a total failure. Stay calm. Learn from this experience. Learn your weaknesses and how to overcome them. Remember why you are abstaining. Recommit yourself. At this time, do this: *get out of the situation* (leave the bar,

go back to studying, throw away the remaining cigarettes, cake, drugs, etc.). If necessary *call a friend* at number _____. Exercise or atone for a wrong or do something good. You'll feel better." (c) Later, *practice handling the high-risk situation with a supportive friend*. And, when alone, imagine handling similar situations well.

Any **addicted person needs to reorganize his/her life**. The needs driving the compulsion can be met in better ways. The habit-breaker needs more satisfaction out of life, probably requiring a balance of some immediate pleasures and long-term, meaningful goals. Often, a more detached view of the urges and craving (not "ain't I awful" and "I'm a failure") is helpful; it helps the urges fade away. Marlatt and many other researchers (e.g. Brownell, et al.) recommend learning a broad range of self-help skills, much like what is offered by this book. This includes personal problem solving skills, learning to get a balance between "shoulds" and "wants" in your life, getting exercise and some positive addiction (described by Glasser above), behavior control techniques, increased self-awareness (realizing our rationalizations and denial), and encouragement from friends or a self-help group to vigilantly guard against unwanted choices and actions.

Not all relapse prevention programs have been successful but the majority have been. Relapse prevention works best with drugs, only fair with alcohol, and poorly, thus far, with smoking. If you do backslide, relapse prevention helps you recover from lapses (but the training may increase lapses). Some behaviors are very hard to maintain. Many people make the same New Year's resolutions for several years before they find the right "treatment plan." Smokers typically make 3, 4 or more attempts to stop before succeeding. Prochaska, DiClemente, & Norcross (1992) found that relapsers don't necessarily go back to "square one," sometimes they learn from their mistakes, think of a better approach, and build up their courage to try again. Try hard to avoid relapsing but if you do, *don't give up*. This is one of the "hot" areas in self-control, much research is being done.

Controlling simple habits

Nate Azrin and Greg Nunn (1977) offer *Habit Control in a Day*. It is a clinically tested method for stopping nail-biting, hair-pulling, tics, stuttering, thumb sucking, and other nervous habits. They obtained 90% reduction in the habit the first day and 95% reduction within the first week and 99% within a month (assuming you keep working on the problem as prescribed).

The method is simple: learn to *substitute an acceptable but incompatible action in place of the bad habit*. To do this you must observe the bad habit in minute detail. The substitute behavior should (1) interfere with the habit but not with other normal activities, (2) be unnoticeable by others but something you are very aware of, and (3) be a response you can easily do for 3 minutes or so.

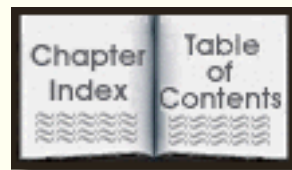
Examples of behaviors useful in opposing bad habits are: grasping an object, like a pencil, or lightly clenching your fist. Either could be substituted for nail biting or hair pulling. Likewise, filing your nails or brushing your hair would also be incompatible with nail biting or hair pulling. Also, isometric contraction of muscles opposing the ticking muscles is another example. Consciously breathing in and out slowly and evenly is inconsistent with coughing or clearing your throat; drinking water is incompatible with the same habits.

Next, practice the new response 5-10 minutes every day for at least a week. In addition, mentally rehearse how and when you can use the new response. Once mastered, the new response must be used for *three minutes every time* (a) you catch yourself doing the old habit, (b) you feel the urge to do the old habit, (c) you enter a situation where the old habit frequently occurred, and (d) you realize you are doing another habit that often precedes the bad habit. Examples of the latter would be face touching that almost always precedes nail biting or hair pulling, touching the finger nail before biting it, and feeling your face before picking it. More careful self-observation is needed to discover the situations, activities, and people in (c), and the associated habits in (d).

Azrin and Dunn's procedures also include relaxing in the habit-producing situations, daily practice of replacing the old habit with the new response in the four circumstances described above, asking friends for feedback, showing off your improvements (especially in situations you have been avoiding), and, of course, keeping daily records of progress.

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WHY IS BEHAVIOR SO HARD TO UNDERSTAND?

All of us, including psychologists, have difficulty understanding why people do the things they do. If behavioral control were simply a matter of immediate, external, observable reinforcement, we would not be so baffled (nor intrigued) by humans. There are several reasons why behavior and feelings are so mysterious.

Classical, operant, and social conditioning are all intermeshed

As mentioned above, everyday examples of pure operant or classical learning are hard to find. They operate together in complex ways. For instance, a stimulus (an insult or a nice body) may elicit an unobservable emotional response (anger or attraction). That's classical conditioning. But the overt response, which may or may not be consistent with the emotional reaction to the offending or appealing person, depends on many complicated factors, including needs, self-evaluation and confidence (that's Social Learning Theory), anticipated + and- consequences (that's social and operant conditioning), and other forces. What actually happens, including how the other person reacts, after we overtly respond influences how we feel (classical) and how we respond (classical, social, and operant) in similar situations later on. My simple point is: it's complicated. Yet, knowing the theories of learning, motivation, and self-control reduces some of the mystery.

The payoffs for a behavior are multiple and may change over time

Smoking is a good example. Like my coffee drinking mentioned above, one has to learn to like cigarettes. That means puffing on a cigarette must have been paired thousands of times with the satisfaction of powerful needs: peer approval? a sense of adventure or grown-upness? eating and drinking? relaxing? having a good time? Eventually cigarettes taste good. But at a later stage, after thousands of more puffs, cigarettes do more than taste good; they help the smoker calm down; they become a handy tranquilizer; they become an important part of the smoker's life. How? Unwittingly the smoker pairs smoking with relaxation: after a meal, watching TV and having a beer, during a rest period, after sex (Oh, yes!), etc. Therefore, a relaxed response is conditioned to cigarettes. Naturally, an uptight smoker would then habitually use smoking as a way to relax. It's complex but more

understandable why, in spite of the health hazards, awful breath, and wasted money, smokers continue to smoke and find it very hard to stop.

Just as the payoffs for smoking are multiple and change over time, the same is true for drinking or drugs. Another way of thinking about it is that the "causes" change. For example, at first we may drink to experiment or for excitement or to have fun with friends (see, I watch the commercials). Later, depending on our unique needs, one person may drink in order to socialize and to feel confident enough to approach the opposite sex. Another person may learn to feel powerful while drinking and become aggressive and argumentative; another may enjoy the closeness and caring intimacy with his/her own sex. Finally, a person may drink alone to deaden the pain of loneliness or old age or marital problems or illness. As time passes, drinking serves different purposes, probably several all mixed together. That makes it harder to understand.

Behaviors may continue without constant rewards

Indeed, the most persistent behavior is only occasionally rewarded, called partial or intermittent reinforcement (Ferster & Culbertson, 1982). That's easy to see. Consider two salespeople, one sells a product almost every time he/she approaches a customer, the other sells another product only occasionally, say every 20-25 customers. Which salesperson will continue trying to make a sale the longest without getting discouraged and giving up (assuming no one is buying)? The salesperson who has learned to expect a lot of rejections. Consider another situation: Who will nag or complain the longest? Person A who ordinarily gets his/her way as soon as he/she gets unhappy or person B who doesn't always get his/her way but has had to really get nasty and upset before the other person caves in? Obviously, person B. Person A has had little experience dealing with unresponsive individuals, whereas person B has been trained by some people to expect the other person to give in if he/she gets very obnoxious.

Many of our behaviors are only occasionally reinforced. Gambling and nagging are good examples. Being open and honest, bragging, being seductive and flirting, working extra without pay, reading a self-help article and so on, only occasionally yield a payoff. If these behaviors get partially reinforced often enough, the behavior may become remarkably persistent, as though it is a "part of you." On the other hand, when too much work is required for the payoffs, we usually begin to lose interest and the behavior declines. But not always...read on.

Behavior that has at one time served a useful, obvious purpose and become well established may continue long after it is needed. Examples: a person just starting in business may need to "pinch pennies" and make shrewd deals to survive; thus, being a Scrooge is reasonable and rewarded. However, a rich person may continue to be a Scrooge when it isn't necessary. Spending money in a way that early in his/her career would have

been reckless still creates anxiety in the wealthy person. Frugality continues because it still feels good to save and be shrewd. Likewise, a workaholic may put in 12 hour days for years after he/she has become successful. The hard work still reduces his/her anxiety. The effective rewards are still there, they are just internalized.

There are two implications: (1) if the reinforcement situation changes and you have to persevere longer than usual to reach the goal, you may not continue long enough to get rewarded. John, the procrastinator, may not have learned (or accepted reality) that more work is necessary at this level for a good grade. (2) If you unthinkingly continue an old behavior, you may neglect better alternatives. After being dumped, a lover may avoid loving anyone else for a long time. Keep considering your choices. The rejected person can love again, the workaholic can relax, the greedy can be generous. But only if they think about changing.

Reinforcement can be positive (adding rewards) or negative (removal of something unpleasant)

Everyone understands what rewards are--getting money, praise, pleasure, etc. The process of providing something pleasant--a reward--following a behavior in order to strengthen that behavior in the future is called "positive reinforcement." We discussed this under operant conditioning. There is a different procedure called "negative reinforcement." It involves taking away or escaping an *unpleasant* stimulus or situation. This escape is, of course, pleasant and reinforcing, i.e. it strengthens the behavior immediately preceding the escape of something unpleasant. Examples: if a whiny child becomes quiet after you threaten him, your use of threats is reinforced. If your friend's obvious irritation is reduced by your giving in to her/his wishes, your submissiveness is reinforced. If you feel more comfortable abiding by the rules, obeying laws, doing your homework, or following traditions, your "good" behavior is partly the result of negative reinforcement (escaping criticism or punishment or guilt).

Negative reinforcement is an important key to understanding human behavior. Any behavior that reduces an unpleasant feeling or threat is reinforced. Examples: anxiety may be reduced by obeying parents, doing homework, rationalizing, or escaping into TV. Sadness may be lessened by drinking, smoking pot, making up with someone, or visiting friends. Annoying behavior may be stopped by threats, violence, giving in, requesting they stop, or leaving the situation.

This process of strengthening a prior behavior by removing something unpleasant is also important in the development of fears (chapter 5), procrastination, compulsions, dependency, obedience, and anger. Why is anger so well learned in so many people? Because it stops things we don't like (see chapter 7). The attacker's angry response is strengthened by getting his/her way. The attackee gives in to escape the attacker's anger

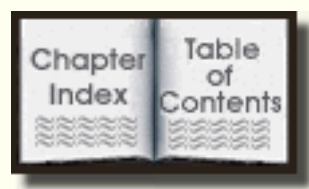
and/or use of punishment (and learns to be submissive, as mentioned earlier).

Many people confuse negative reinforcement with punishment. Since negative reinforcement sounds like the opposite of positive reinforcement (or a reward), people wrongly assume it is punishment. Actually, punishment and negative reinforcement are opposites: punishment *causes pain*, negative reinforcement *avoids pain*. Thus, punishment and negative reinforcement have the opposite effect--negative reinforcement strengthens the previous behavior, punishment reduces or stops the preceding behavior (at least while the punisher is around). The terms will be clear if you realize there are two kinds of reinforcement and two kinds of punishment:

Concept Process

- **positive reinforcement:** giving or getting something pleasant, e.g. a weekly pay check or a compliment
- **negative reinforcement:** taking away or avoiding something unpleasant, e.g. avoiding stress by not trying for a position
- **positive punishment:** administering or receiving something unpleasant, e.g. being fired or spanked or getting an "F"
- **negative punishment:** taking away or being deprived of something pleasant, e.g. being denied TV or fun activity or the car

Reinforcement usually increases the likelihood that the preceding behavior will re-occur. Punishment usually reduces the chances the behavior will re-occur. Further confusion comes from the fact that negative reinforcement often involves escaping or removing the threat of punishment or obtaining relief from something else unpleasant, like anxiety or anger or guilt. For example, when we study hard for an exam, the threat of getting a "F" because we didn't study is removed. Not going to the dentist is a way of avoiding fears. All four concepts are important (see chapters 8 for passivity, 9 for punishing children, 11 for self-punishment and self-applied negative reinforcement). Much mysterious human behavior is the result of negative reinforcement.



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WHY IS BEHAVIOR SO HARD TO UNDERSTAND?

Extrinsic and intrinsic motivation: when do rewards harm?

Reward a behavior and it increases, right? Well, that's what I've been telling you, but it isn't always true (Kohn, 1993). Sometimes, rewarding a behavior makes it *less* likely to occur in the future. When? Under several conditions: (1) Some rewards have insulting implications, such as "Son, I'll give you 50 cents to mow the lawn" or "Honey, I need more sex; I'll give you \$5.00 every time we make love." It isn't uncommon to hear someone say, "I'm not going to work for minimum wage." The poor pay ("reward") is demeaning.

Glowing praise can sometimes imply that you have limited ability, such as when people say to you, "It's great you did so well!" and it is clear that they didn't expect you to do very well. If the basic message is that they think you have little ability, that is not rewarding.

(2) Rewards may reduce the intrinsic satisfaction we get from an activity. There is a wonderful baseball story that illustrates this outcome, called the "overjustification effect." An old man was bothered by kids playing ball and yelling every day in an empty lot next to his house. He knew he couldn't just chase them away. So, he offered each one of them 25 cents to play and yell real loud. They always played there anyway and the money was great, so they did. He did the same thing the next day and the day after that, urging them to make a lot of noise. The kids were delighted. On the fourth day, however, the old man told them he was sorry but he could only pay them 15 cents. They grumbled but did it anyhow. The fifth day, he told them he could only pay 5 cents. The kids left and never came back! Why did this happen? Remember attribution theory? Perhaps the old man had changed the kids' thinking from "I love to play ball here" to "I'm just playing here for the money (an overjustification--an over emphasis on the money)." In this way, a little "reward" actually *reduced* the overall satisfaction the kids got from playing. (Have you heard people say, "I just work for the money" or "I just study for the grade?" They are overjustifying too and are depriving themselves of many satisfactions.) It's not surprising that people lose interest in things they have been bribed to do (Kohn, 1993).

There are other risks in using rewards. Adlerian psychologists oppose rewards because they emphasize the controlling or superior position of the rewarder and the dependent, inferior position of the rewardee. Many people resent reward systems; they feel they are being treated like a child or in a mechanical, impersonal, manipulative manner. Conversely, people in power sometimes oppose giving rewards, e.g. to disadvantaged students for studying because "that is what students should be doing anyhow." (No one ever says, "Don't pay leaders or professors... that is what they should be doing anyhow.") In fact, 150 years ago New York City schools established a reward system (like today's "token economies") paying students for doing well. A few years later the experiment, which had been successful, was terminated because it "encouraged a mercenary spirit." All this opposition to rewards makes it hard to establish effective systems. By recognizing and balancing both extrinsic and intrinsic reinforcement perhaps we can get our motivational systems to work better.

For instance, suppose John had decided to stop procrastinating for one semester. If his grades improved a lot, that would have reinforced studying. But grades are extrinsic (like the old man's 25 cents), and as long as his grades are good enough, he is okay. But, John has done nothing to increase his intrinsic satisfaction, such as "this is interesting stuff" or "I'm proud of myself" or "I like learning useful information." If his grades don't go up and stay up, he may give up and resort to playing again. Thus, like the kids playing ball, John needs to be aware of and work on getting more extrinsic *and* intrinsic reinforcement for studying. It is a lesson for most of us. Many of us see our work as boring and meaningless, even though we are producing a wonderful product or service for someone. We have lost the intrinsic satisfaction (pride) the craftsman had in his work.

(3) Some rewards are used as bribes. This means they are usually offered after the other person has been resisting or procrastinating. Thus, the reward may reinforce resisting again in the future rather than doing the task without being reminded. Example: Suppose your 13-year-old has put off her chore of mowing the lawn for 3 or 4 days but you want it done before company comes this evening. So, you say, "Jane, besides getting the usual \$20, you can spend the night at Nancy's, if you mow the lawn before seven." Does that reinforce mowing the lawn or procrastination? Clearly, procrastination! ... or maybe both (but what else can you do, if you want the lawn mowed!).

When children are "offered" a reward for reading, they tend to choose the easiest and shortest books, not the most interesting, informative, or provocative. First discuss how to wisely choose a book.

To the extent we do anything--work or play--for an external payoff, even for praise and admiration, we may start to feel controlled by the payoffs. For instance, focusing on "**ego involvement**," such as "am I doing better than others?" or "are they watching and thinking I'm doing a great job?", seems to reduce our "**task involvement**" and intrinsic

satisfaction in actually performing the task. Thus, we start of believe that *the task isn't worth doing* unless others are impressed or unless someone is paying us to do the task.

(4) Rosen (1982) found that asking phobic subjects to reward themselves disrupted their progress in using another method (desensitization) to reduce fears. He suggested that compliance with instructions is greater with simple instructions. He felt that adding self-administered rewards complicated things too much. (Note, however, that Rosen's subjects were told to self-reward; they did not plan their own project and decide to do this on their own.)

(5) Extrinsic rewards, like money or an award, may harm the performance on interesting, creative tasks. Kohn (1993) documents the harm done by rewards in many instances. It is a serious concern. For example, it has been shown that young children lose interest in their favorite art work if they are rewarded for "doing good work for 2 weeks" rather than just being left alone. Of course, rewards are necessary with *uninteresting* tasks, like most factory work. However, paying persons for doing interesting, satisfying tasks, such as tutoring young children, led to a poorer performance, less satisfaction, and more irritability. Offering \$20.00 to give blood discourages some people from giving. John Condry called rewards "the enemy of exploration."

Perhaps most behavior linked with extrinsic rewards becomes less likely to occur after the rewards ("bribes") are withdrawn. Why do extrinsic rewards undermine intrinsic interests? The best theory is that being paid off for doing something makes it seem more like work than fun. If a person were studying without extrinsic reinforcement (not being paid nor graded nor looking for a job), he/she might say, "I must really find science and history intriguing; I read it so much." A task seems less enjoyable and less interesting when it is something you "have to do" in order to get a reward; you forget the good and satisfaction in doing the task. Interestingly, rewards in the form of praise for doing good work (and being able) do not always reduce interest.

Please note that almost all these "problems" with rewards occur only *when the reinforcement is controlled by someone else*. Self-reinforcement (and self-punishment) may be less harmful. When a person feels in control and doing something intrinsically satisfying, they feel positive, self-directed, and competent. The implications are that living according to your values is important (see chapter 3) and that one should find interest and satisfaction in his/her work and studies. It is a tragedy that learning in school is potentially fascinating but becomes dull and stressful, a place where we are controlled, threatened with bad grades, and forced to do meaningless assignments. Work, making something valuable for another human being, becomes boring and selfish, i.e. done only for the money. How sad. We could change our view of the world and our explanations of our own behavior (see method #15 in chapter 11). Extrinsic rewards may produce an achieving society, but not necessarily a caring or happy society.

Do not assume, however, that all extrinsic rewards are bad or ineffective. They are vitally important, as we will see. But our society has become so focused on the extrinsic and materialistic payoffs that, like the kids playing ball, we, as a society, are in danger of overlooking the intrinsic satisfactions in life. Intrinsic motivation can be powerful too. Curry, Wagner & Grothaus (1990) found that smokers were more likely to quit if they had intrinsic motives (better health, pride in self-control) than if they had extrinsic motives (save money, disapproval of others). Perhaps intrinsic motivations become less influential in our lives as we become less concerned with values, morals, and contributing to others.

This is a neglected but critical issue in building a life or a society. Researchers are finding that intrinsic satisfaction in performing meaningful important tasks is not only related to how much we *achieve*, but also to having high *self-esteem*, to *self-efficacy* or believing we are competent to handle work and problems, and to thinking of ourselves as being *self-directed* --in control of our lives.

Enjoying work and "getting into the flow" of the work

One of life's biggest decisions is what career to pursue. Learning to enjoy our work is a complex matter: (1) Intrinsic motivation to learn is complexly related to achievement. Examples: Intrinsic motivation, of course, leads to achievement, but achievement leads to more intrinsic motivation too. Why wouldn't a confident, contented, self-satisfied, self-motivated, self-controlled student or worker enjoy his/her studies and work more? But *intrinsically motivated* gifted students may see grades, college admission, and teacher evaluations, even praise, as unpleasant unwanted controls and pressures. These external pressures may be considered unimportant or be resented and resisted. On the other hand, certain *extrinsically oriented* students may need parent, peer, and teacher evaluations, especially praise, but, at the same time, see little connection between their efforts and their grades; thus, average grades may be less threatening to their ego. Other extrinsically motivated students are in a panic about their grades. We are just beginning to explore these important areas. Life's joys are largely intrinsic; lots of material things don't always make us happy. Satisfaction is gained in different ways by different folks, and you can change your way if you want to.

(2) Intrinsic satisfaction in our work is critically important. We spend 40 years at work--almost 100,000 hours. Csikszentmihalyi (1990) describes a welder in Chicago who was the "master mechanic" in his shop. Yet, he refused promotions to management; he didn't want to be "the boss." Joe worked in the same shop for over 30 years; he knew every piece of equipment and was fascinated with how it worked. When there was a problem, Joe could fix it. Most surprisingly, he loved his work; he enjoyed any job assigned to him; each job was an interesting challenge. After work, Joe didn't go to a bar with buddies to "forget about work," he went home and worked in a beautiful garden. With this attitude, it isn't surprising that Joe was liked and admired by everyone. Csikszentmihalyi calls this

"flow"--fascination, concentration, and contentment with the task at hand. What a gift! Over 2000 years ago, the Chinese called it "Yu"--the proper way to live, without concern for external rewards, with joy and total commitment. Wouldn't it be wonderful if we could all "flow" most of the time? The recipe for flow isn't figured out for sure yet--too complex (see chapter 14, however). But a few lucky people figure it out for themselves. I found it right here writing to you. It involves a positive attitude.

Unconscious motives and payoffs

If, as we have seen, we are unaware of motives, payoffs, and blocks in our behavior, naturally we won't understand ourselves, not entirely. Chapter 15 will deal with unconscious processes in great detail, but here let's clarify the notion of the unconscious. There are probably thousands of neural processes constantly going on in our heads. Our brain is not built in such a way that we know about most of these processes; we are only aware of the final product. Examples: We remember our high school but we don't know the process by which the brain remembers it. We get jealous but we don't know the mental-emotional process that generates the feeling. We come up with a good idea but we don't know the process by which the idea was created, it just occurred to us. Thus, this is one kind of unconscious--necessary mental processing you have no natural means of knowing about.

Another kind of unconscious, sometimes called "preconscious," is when you do something automatically, without thinking. We brush all our teeth without thinking about each detail. We walk, dress, eat, smile, and even ride a bike or drive a car without much conscious thought. We could tune into these events and some of the thought processes involved *if* we chose to do so. This is mostly a beneficial unconscious process.

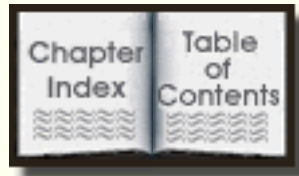
A third semi-conscious process involves the defenses, wishful thinking, and excuses used to allay our own guilt and anxiety. Often we quickly "go for" the immediate reward and overlook the long-range consequences--we eat the fatty meat and forget our health. Or we overlook problems in our marriage until our spouse files for divorce. Or our motives are so numerous (and rationalized) that we deny some of them--we have several reasons for accepting a certain job but neglect our attraction to someone we will be working with. Or we are convinced we must have a new car and don't even consider the economic advantages of an older, smaller car. Gaining self-awareness, which isn't too hard in some of these cases, involves getting a clearer view of these motives and payoffs (chapters 9 & 15). Perhaps some distortions of reality help us cope, e.g. avoiding thinking about our unavoidable death or thinking of heaven may be helpful.

Lastly, some psychologists believe that the unconscious primarily contains repressed urges and thoughts. Repression supposedly occurs because the thought is too awful, too serious (not just an excuse to buy a new car), too psychologically painful, to admit to

ourselves consciously. If an idea were not shame or guilt-producing, you could supposedly think of it consciously with a little effort. Some ideas are very hard to face; in suicide people kill themselves to avoid painful ideas. According to the Freudians, we are selfish and driven by sexual and aggressive urges that we can not stand to think about, things like the desire for forbidden sexual activity, the urge to harm ourselves or others, the wish to dominate others, and so on. It would be possible for unseen parts of our brain to have these urges, other parts could detect these urges and develop some defenses against the urges, defenses that seem irrational and look neurotic or psychotic. Experts disagree about how much these "terrible" repressed motives affect our daily lives. You can decide for yourself, but surely these unacceptable thoughts and feelings are inside us sometimes and they would surely affect our behavior.

Experts also disagree about the importance of understanding your history and internal dynamics in order to figure out how to change. Behaviorists contend that this information isn't necessary; they think all one needs is a change in the environment so that the desired behavior is more reinforced than the unwanted behavior. Most other psychologists would disagree. I agree with the behaviorist in the sense that simple behavioral self-help (or therapy) methods *may* change very complex, poorly understood aspects of our lives, but we can't count on these simple methods always working. However, if I had my choice, I'd rather that we all were omnipotent and understood all our life-history, the laws of behavior (conscious and unconscious), the dynamics and methods of changing--everything!

A little experience with self-help shows the importance of keeping an open mind about causes and methods. Several years ago a bright student in my class was having difficulty studying because she wanted to party, relax, and socialize. She diligently tried rewarding studying by socializing afterwards (which works for many students). It didn't work for her; she partied all the time. In the meantime, she became interested in Transactional Analysis (see chapter 9) as a means of gaining self-understanding. After recognizing her "child's" need to play and socialize, she started to have fun first (satisfying the "child"), then she could study (satisfying the "adult"). For most students it works better to say, "work first, then play." For this unique student, and contrary to learning theory (on the surface), it needed to be turned around--play first, then work. Or another way to say it is that she needed to attend more to her emotions (levels II and V) than to her behavior. Or, Maslow would say she needed to take care of her social needs before self-actualizing as a student. Few of our behaviors are simple.



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PROCRASTINATION

In this chapter, we first looked at how-to-change, i.e. learning new behaviors or increasing our motivation to act differently. Then, we considered why behavior is so hard to understand. Now, we will attempt to apply some of this information to understanding a common problem--procrastination, i.e. putting off doing something important. Solomon and Rothblum (1984) found that 65% of college students want to learn to stop putting off writing term papers, 62% feel the need to study for exams more promptly, and 55% hope to read their assignments earlier. Most of us procrastinate some. What are other signs of procrastination besides waiting until the last minute to do something? Try these on for size: being reluctant to take risks or try something new, staying at home or in the same old job, getting sick when faced with an unpleasant job, avoiding confrontations or decisions, blaming others or the situation ("it's boring") for your unhappiness or to avoid doing something, making big plans but never carrying them out, and/or having such a busy social-recreational calendar that it is hard to get important work done.

This list of symptoms suggests that procrastination, which at first sounds like a simple behavior, is, in fact, quite complex. It involves emotions, skills, thoughts or attitudes, and factors we are unaware of. Furthermore, the causes and dynamics of putting off an important but unpleasant task vary from person to person and from task to task for the same person. For instance, you may delay doing your math assignment but fill out an application for school immediately. Hopefully, understanding how and why we procrastinate will help us change it. We may even learn more about what is commonly called "will power."

Procrastination is a strange phenomenon. Its purpose seems to be to make our life more pleasant but instead it almost always adds stress, disorganization, and frequently failure. Ellis and Knaus (1977) and Burka and Yuen (1983) describe the process: (1) You want to achieve some outcome, usually something you and others value and respect--"I've got to start." (2) You delay, briefly thinking of real and imagined advantages of starting to change later--"I'll do it tomorrow when I don't have much to do." (3) You delay more, becoming self-critical--"I should have started sooner"--and/or self-excusing--"I really couldn't have left the party early last night, my best friends were there." You may hide or pretend to be busy; you may even lie about having other obligations. (4) You delay still more, until finally the task has to be done, usually hastily--"Just get it done any old way"--or you just don't have time--

"I can't do this!" (5) You berate yourself--"There is something wrong with me"--and swear never to procrastinate again and/or you discount the importance of the task--"It doesn't matter." (6) You repeat the process almost immediately on other important tasks, as if it were an addiction or compulsion.

The wisest course of action, most of the time, would be to simply do the unpleasant task as soon as practical, while we have enough time to do the job right and get it over with, not prolonging our agony. But we put it off. Why? There are many possible reasons: (1) we feel good about setting goals and declaring that we are going to change or succeed "sometime," (2) by procrastinating we shorten the time we actually have to work on the task, and (3) much of the time we avoid the unpleasant task altogether. Research has shown that 70% of New Year's resolutions are abandoned by February 1.



Discipline is... 1. Do what has to be done; 2. When it has to be done; 3. As well as it can be done; and 4. Do it that way every time.

-Bobby Knight




In recent years, most psychologists have come to believe that the act of procrastinating can best be understood by identifying the *emotions* associated with or underlying the behavior. Actually, procrastination is an attempt to cope with our emotional reactions. What are these emotions? Fear of failure or success is the most likely emotion (this includes panic when we set impossible goals). Anger is another possible emotion (this includes rebellion against control). Dislike of the work that needs to be done is another. Obviously, depression can slow us down (and failing due to procrastination can depress us). Seeking pleasure is another disruptive motive. So the task for the procrastinator becomes (1) correctly identifying your form(s) of procrastination and (2) finding a solution for your specific emotional reaction. Not an easy job.

Types of procrastinators

It may help to think in terms of *two fundamental kinds* of procrastinators: one tense and the other relaxed. The tense type often feels both an intense pressure to succeed and a fear of failure; **the relaxed type** often feels negatively toward his/her work and blows it off--forgets it--by playing (Solomon and Rothblum, 1984). John, described early in this chapter, is the relaxed type; he neglected his school work but not his socializing. This denial-based type of procrastinator avoids as much stress as possible by dismissing his/her work or disregarding more challenging tasks *and* concentrating on "having fun" or some other distracting activity; if their defense mechanisms work effectively, they actually have what seems like "a happy life" for the moment. More about this type later.

The tense-afraid type of procrastinator is described by Fiore (1989) as feeling overwhelmed by pressures, unrealistic about time, uncertain about goals, dissatisfied with accomplishments, indecisive, blaming of others or circumstances for his/her failures, lacking in confidence and, sometimes, perfectionistic. Thus, the underlying fears are of failing, lacking ability, being imperfect, and falling short of overly demanding goals. This type thinks his/her worth is determined by what he/she does, which reflects his/her level of ability. He/she is afraid of being judged and found wanting. Thus, this kind of procrastinator will get over-stressed and over-worked until he/she escapes the pressure temporarily by trying to relax but any enjoyment gives rise to guilt and more apprehension.



Procrastination is the fear of success... Because success is heavy, it carries a responsibility with it, it is much easier to procrastinate and live on the "someday I'll" philosophy.

-Denis Waitley



The tense-afraid type of procrastinator comes in five forms, as described by Burka and Yuen (1984) and Ellis and Knaus (1977):

The *fear of successful achievement* in school leading to underachievement has already been described in great detail in the last section on motivation. (1) Such a student may avoid trying in school for fear of doing well...and then being expected to continue to achieve, be responsible, leave home or friends, and be mature. That is so scary that they hide their ambition, act like they don't care, and may really want to do poorly. (2) Likewise, other students may avoid being successful for fear they will lose friends or become a threat to others. It is commonly thought that "men don't like women who are too smart...or can beat them in tennis." Some conservative people may also be uncomfortable if a woman were successful in a masculine role--executive, pilot, priest--or if a man were successful in a feminine role--nurse, hair stylist, homemaker. (3) Others refuse to give up procrastinating and refuse to strive for success for fear of becoming a workaholic...or of becoming arrogant, competitive, demanding, or boring and isolated socially. They may feel that work is endless, that it will never be done. (4) A few procrastinators may fear success because they'd feel guilty, as though they didn't deserve it...or "I'd be an entirely different person, I'd have to admit I'm capable, I'd lose my identity."

A second version of the anxiety-based procrastinator is *afraid of failing*. (1) Of course, if we are self-critical and feel inferior, we will avoid doing many things, especially competitive activities. Not trying is a form of failure but not as painful as actually trying and failing. (2) If you have set very high or impossible goals--like a perfectionist, you are likely to feel overwhelmed. Perhaps that is why, strange as it seems, perfectionistic procrastinators often have low confidence in their ability. By procrastinating, such a person avoids, for the moment, the dreaded expected failure (and guarantees doing poorly in the long run). (3) If

you dread finding out just how able you are (and having others find out too!), it might seem wiser to put off putting yourself to the test than to run the risk of trying one's best and only being average. This is especially crucial if you believe a person is more worthwhile and lovable if he/she is real smart or talented. Procrastination, in this special case, may enable us to believe we are superior in ability (while another part of us fears being inferior), regardless of our performance. So, as you can see, procrastination may strengthen a person's feelings of inferiority or superiority.

Better to remain silent and appear a fool, than to open your mouth and remove all doubt.
-Abraham Lincoln

The Rational-Emotive therapists (see method #3 in chapter 14; Ellis & Knaus, 1977) claim that the *self-critical and perfectionistic type* of procrastinator has these kinds of irrational beliefs: "I must always be on time and do well." "Others must like and approve of me." "I'm a no-good! How could a no-good do anything well?" Of course, one can't always be perfect, so such a person will fail, leading to thinking things are awful, feeling pessimistic, and expecting that work will be hard, no fun, boring--something to avoid. Such a person needs to build his/her self-esteem (see chapter 14).

A third form of anxiety-based procrastinator *needs to feel in control and/or to resist control by someone else* ("You can't make me do it."). Ellis and Knaus refer to this type as the *"angry defiant procrastinator."* Such a person holds the irrational beliefs that "everyone must treat me kindly and do what I want them to do, and, if not, I have a right to get mad and hate them (including refusing to do what parents, teachers, and bosses want me to do)." Naturally, everyone is asked to do things they don't want to do; some accept that reality, others don't.

To determine if control and anger are factors in your procrastination, ask yourself: "Is anyone bothered or inconvenienced by my taking my time or my being late?" "Do I often question and/or rebel against rules?" "Do I frequently feel like telling someone to get off my back"? If you answered yes to any of these questions, you may be in a *battle for control!* Passive-aggressiveness is a very powerful expression of resentment (see chapter 8). Being your own person, doing your own thing, etc., may seem to prove you are powerful and independent, but what if you spend a life-time slavishly proving you are "free" (rather than doing what would be best for you)? Such people often say, "Gosh, if I changed, I'd have to start being on time, following rules, getting into a routine...that would mean they won. Besides, it would be boring and too easy." If anger is part of your problem, look over chapter 7.

The fourth and fifth forms of anxiety-based procrastination are *designed to keep*

someone you need close to you or to keep a frightening relationship at a distance.

Overcoming procrastination and becoming more independent, successful, decisive, and confident might remove one from a dependent relationship (see chapter 8) as well as propel one into an intimate relationship. Ask yourself, "Am I lonely and uncomfortable if I'm not with someone?" "Do I seek lots of advice and still hesitate to make a decision on my own?" Or: "Am I hesitating to get more deeply involved with someone by being indecisive or by not doing well?" If interpersonal concerns underlie your procrastinating, see chapters 8, 9 and 10.

Now back to **the relaxed, pleasure seeking procrastinator**. This personality seems, at first, to be less complicated, but careful observation of their thoughts and emotions suggests differently. Solomon and Rothblum (1984) found this type to be *much more common among college students* than the tense-afraid type. Ellis and Knaus (1977) call this the easily-frustrated, self-indulgent procrastinator. As suggested by Maslow, these procrastinators may be addicted to people or preoccupied with meeting their more basic emotional needs, e.g. for attention and approval by peers, love, or self-esteem. For some students these other needs make studying almost impossible.

In addition to emotional needs, the relaxed procrastinator's thoughts may push him/her away from his work or studies. For instance, their basic belief system may center around thinking that "my long-range goals require too much hard unpleasant work." To such a person the gain is not worth the pain, especially since the necessary work is seen by them as so distasteful or boring or stupid that they just can't do it. A quick-starter, on the other hand, knows he/she can handle the drudgery. This relaxed procrastinator gets to the point of saying very irrational things to him/herself, such as: "I have to have something going on--I can't stand being bored" or "I must feel like studying before I can get started" or "I hate taking tests so much, I can't enjoy anything about studying" or "I hate math and I can't stand the teacher" or "If I don't like to do something, I shouldn't have to do it" or "Since teachers make me do things I hate to do, I hate them" or "Since I hate teachers and school, I won't do any more than I have to do--and I'll look for shortcuts, including cheating, whenever I can" or "Studying is so terrible and useless, it makes sense not to do it." So, they procrastinate by finding something fun to do and, then, rationalize their behavior.

So, what causes procrastination? Basically, it is fears, but each procrastinator develops and responds to his/her own specific fears. In varying degrees we are all afraid of facing reality--life's challenges, the hard work and frustrations ahead of us. You can either deny reality or face it, i.e. say there is "no problem" or admit (maybe even exaggerate) the problems. Thus, there are relaxed, fun-loving procrastinators and tense-worried procrastinators. From a behavioral viewpoint, negative reinforcement plays a major role in the development of procrastination, i.e. behaviors (watching TV) and thoughts (rationalizations or excuses) enable students to avoid unpleasant work. Escape from something unpleasant is reinforcing. Procrastination is an escape.

How to stop procrastinating

If we begin with the notion that procrastination is not the basic "problem" but rather an attempted "cure" for fears, self-doubts, and dislike of work, then it is obvious that most procrastinators will have to focus on the real problems--underlying fears, attitudes and irrational ideas--in order to overcome the procrastinating behavior. After accepting this idea, the next step is to figure out what the "real" underlying problem is for you. Start by asking, "Am I a relaxed or a tense procrastinator?" Tense procrastinators suffer from strong, sometimes mean, internal critics (see chapter 14); relaxed procrastinators have bamboozled their self-critic by denying reality. From this point, each procrastinator must deal with his/her own unique emotions, skills, thoughts, and unconscious motives. Below are some self-help procedures that should be of help to relaxed and tense procrastinators.

But it is possible that you have never learned to organize your time or simply have been rewarded for putting things off, e.g. someone else "let you quit assignments" or did your work for you. In this case, if you want to change, simply stopping the rewards should solve the procrastination problem. You might want to try this easy approach first, so I will mention some simple behavioral methods for reducing this problem. If these methods don't work or don't appeal to you, then make use of methods given below for the tense or relaxed procrastinators.

Methods for a quick, simple behavioral approach

For perhaps a third of all student procrastinators, a To-Be-Done List, a daily schedule (chapter 13), and a simple record-keeping and reward procedure (chapter 11) will do wonders. Changes may occur immediately; often they start going to the library or some special place to study with a new friend. I've seen hundreds of students become more serious and responsible about studying. They experience relief just going to class more often and being prepared for exams; some even start to find the material interesting and challenging; they start working for "A's;" a few actually decide to become dedicated students. I love to see a good brain be used. Like dieters, though, many find it hard to maintain their new study habits and backslide within two or three weeks.

Most people have to overcome procrastination gradually. Studying, like drinking, is usually in binges. Almost no one has trouble studying (a little) the night before a big exam. But without the pressure of an exam, many students find it easy to forget studying. I'd suggest breaking big jobs down into manageable tasks and working on "getting started," perhaps by tricking yourself by saying "I'll just do five minutes" and then finding out you don't mind working longer than five minutes. This is called the "five minute plan." The key is to learn the habit of getting started on a task early, i.e. the procrastinator needs to learn to initiate well in advance studying and preparing for papers and exams. Practice starting studying several times every day. As with exercising, getting in control of starting and making it a routine are the secrets.

Some students also find it helpful to keep a journal in which they record in detail their thoughts and feelings associated with studying. This helps them see how their fears, excuses, competing needs, and habits divert attention from studying. Based on this insight they can devise their own self-talk (will power) to take on scary tasks and do them promptly. Others ask friends to nag and push them, maybe even fine them a dollar if they aren't on their way to the library by 7:00 P.M. More techniques are given at the end of this chapter and in chapter 11. Also see McWilliams & McWilliams (1991).

Many procrastinators, however, resist these methods. As one student told me, "I can easily ignore schedules and reminders. Rewards and penalties are the worst of all--I just take the reward without doing the work and I forget to punish myself." A truly dedicated "relaxed" procrastinator will need more internal motivation, maybe a new philosophy of life (chapter 3) or simply more worry and tension, i.e. a much stronger self-critic.

Behaviorally, the role of negative reinforcement in procrastination is easy to see, i.e. some behavior or thought enables a person to escape some unpleasant but necessary work. That escape--procrastination--is reinforced. (Besides, the pleasure from playing, partying, and watching TV could easily overwhelm the pleasure from studying.) Each procrastinator develops his/her own unique combination of escape mechanisms, such as emotions (fears, resentment, social needs), thoughts (irrational ideas, cognitive strategies, self-cons), skills and lack of skills, and unconscious motives, perhaps. Remember, we anticipated this complexity in chapter 2.

Helping the relaxed procrastinator

The work-avoiding, pleasure-seeking, reasonably comfortable type of procrastinator will not feel much pressure to change, unless he/she is confronted with reality by some event (such as, flunking out of school) or by serious thoughts about where his/her life is headed (as with an alcoholic, denial usually keeps this from happening). In short, this type of procrastinator needs a crisis. The question is: Can the relaxed procrastinator provide the pressure he/she needs to straighten out his/her life? (See "closing the crap-gap" in the motivated underachiever section above.)

Both types of procrastinators dislike the chores they are avoiding. How does "work" become so disliked? Ellis and Knaus (1977) and Knaus (1979) suggest that, as procrastinators, we create much of our own misery in the first place by telling ourselves the task is really awful ("I hate all this reading") or by putting ourselves down ("I'll do a terrible job") or by telling ourselves something is very unfair ("The exams are ridiculous, I can't stand that instructor") or by setting impossible goals ("I've got to get all A's"). Then we procrastinate to avoid our own self-created emotional dislike of the job at hand.

One solution, of course, is to reduce our dislike for and anxiety about the work we need

to do, for instance by building self-esteem (method #1, chapter 14) or by using Rational-Emotional imagery (chapter 12). We might simply ask ourselves when did we get a guarantee that life would always be easy and fun? Or, who said hard work is terrible or that you must get an A? Or, do you know for certain that you can't stand to be bored? Or, what is your scientific proof that a 10-page paper with 10 references is outrageous? We can change our thinking--our views of things (method #3, chapter 14) so that we like our work better.

As a relaxed, fun-loving procrastinator, we need to see clearly how pleasure seeking may, in the long run, lead to unhappiness, rather than to our ideal life. Procrastination occurs because we are able to fool ourselves into believing it is okay to have fun now and put off our work. Exactly how do we do this? Very much like the underachiever uses excuses. Procrastination is a well-learned habit; it happens without much awareness. When we procrastinate, we quickly shift our attention away from the work that needs to be done in such an automatic and slick way that we feel good about avoiding the work--until later. That's a self-con! It's denial. Facing reality is the only solution. We have to see what is happening moment by moment, and stop fooling ourselves. Eventually, the procrastinator can face the facts, namely, that in most situations a take-it-easy, live-for-today, let's-have-fun philosophy will usually not get him/her what he/she wants out of life. Don't buy the old I'm-not-in-control saying, "The future will take care of itself." That's crap. You have to take a lot of responsibility for *your* future. Think realistically about your future...all the time. What are the procrastinators' favorite self-illusions (and, thus, self-harms in the long run)?

Knaus (1979) describes three kinds of common diversions, i.e. ways of avoiding the tasks that need to be done:

1. **Action cop-outs.** This is doing something that isn't a priority. Examples: Watching TV, eating, playing, sleeping, or even cleaning. Once we are engrossed in the diversion, we block out the anxiety, self-doubts, anger, or boredom associated with the work we are putting off but should be doing.
2. **Mental excuses.** There are three main types: (a) "I'll do it tomorrow" or "I do my best work late at night, I'll do it then." Since you have promised yourself that you will be good, you can escape work and enjoy guilt-free play. (b) "I'll go shopping now so I can study all evening" or "I'll call them just as soon as I think of something clever to say" or "I'll fix up my apartment, then I'll make friends." Some unimportant activity takes priority over the main but unpleasant or scary event. (c) "I want an 'A' in statistics but Dr. Mean would never give me one" or "I want to go out with Brian/Barb (who is handsome/beautiful) but he/she would never look twice at me." This is a Catch 22 situation. It's impossible, so why should I try? In fact, a person with this defeatist attitude might never take any action.
3. **Emotional diversions.** Taking drugs, listening to music, reading novels, and even getting involved in friendships, love, flirtations, or religion could, at times, serve as

an escape from unpleasant but important tasks. Sometimes *worrying* about a speech or some other activity is an excuse ("I worried so much about it!") and a poor substitute for working on the important task.

Ask yourself if you do any of these things. If so, don't let yourself get away with it.

In summary, what can the pleasure-seeking procrastinator do? (1) Stop turning little inconvenient mole hills (like having to do something unpleasant) into giant "ain't-it-awful" mountains, (2) be on the look out for any self-con or cop out by which we deny the need to work right now, (3) start to think more rationally--you don't have to go to every party, you can get interested in a textbook, (4) make detailed, realistic plans for achieving your long-range goals, and (5) don't avoid work, **DO IT NOW!** Use the behavioral techniques mentioned above. See McWilliams & McWilliams, 1991.

I'm afraid this kind of advice to a procrastinator will do little good if he/she continues to effectively use the self-cons mentioned above and remains relaxed and self-satisfied. It is like a doctor telling an obese person to lose weight or a smoker to stop. Ordinarily, such advice doesn't help, unless the person has just had a terrifying heart attack! Likewise, with the procrastinator, perhaps in a sober moment, he/she will think, "Oh, my God! I've tricked myself into this stupid self-defeating behavior--just like a drunkard or a fat person or a smoker. That scares the hell out of me and makes me mad! I'm going to get in better control of my life, starting at this moment!" I suspect these kinds of remarkable changes in our life style will only occur when there are powerful and sustained emotional forces inside our gut (like a life threatening heart attack) to provide the motivation to persevere in becoming a different person. This fear of the future must surely be created by the procrastinator him/herself--others have probably tried many times and failed ("Clean up your room, you'll grow up to be a total slob" or "You have to study, you'll never get into college.") Good luck in changing, but even if you continue to procrastinate, I hope you have the happy life you are trying for.

We act as though comfort and luxury were the chief requirements of life, when all that we need to make us happy is something to be enthusiastic about.

-Charles Kingsley

Helping the anxiety-based procrastinator

According to Fiore (1989), if the work pressure is already too great, exhorting the tense procrastinator to "try harder," "get yourself organized," "this is a tough job, so don't put it off," or "no friends and no fun until this work is done" is counterproductive. Such typical advice only increases the pressure and unpleasant feelings about the task to be done. This

kind of procrastinator has to reduce the unpleasantness of the task and then he/she will get it done.

Specifically, Fiore recommends that

1. The procrastinator should *reduce his/her fear of failing* by (a) seeing that his/her worth is not totally determined by an assignment at work or by a term paper grade, (b) having alternate plans B and C for succeeding, in case plan A doesn't work, and (c) using self-talk, such as "If I fail, it won't be awful; I can handle it." See Roberts (1989).
2. The procrastinator should *keep a record of his/her avoidance* of important tasks: What excuses were used? What thoughts and feelings did he/she have? What was done instead of the work? What was the outcome (including thoughts and feelings)? See the five types of anxious procrastinators described above to understand yourself.
3. The procrastinator can *change procrastinating ways of thinking* to productive ways:

Procrastinating	Productive
I must...(or) have to...(OR something awful will happen)	I'd like to...(or) choose to...
I've gotta finish...	When can I get started on...
Oh, God, this assignment is enormous.	Where is the best place to start?
I <i>must</i> do well (fantastic, perfect).	I'll do okay; I'll give it time.
I have no time to play.	It is important to play one hour.
I see life and work as a grind.	Life and work can be fun.
I can't succeed.	I have a better chance of succeeding if I...

By changing these thoughts and habits, you are reducing the dread of work and taking responsibility for directing your life. You are saying "I can enjoy hard, responsible work. It is part of a good life."

4. For the over-achiever, the workaholic, the ambitious perfectionist, *avoid the tendency to live entirely in the future* --"it will be wonderful when I am a doctor... a millionaire... on the honor roll... in the big leagues..." They aren't living in the now;

they are working *or* feeling guilty because they aren't working. Such people can learn to love each day if they have a mission in life (see chapter 3). What a lucky person who can say "I love my work." Part of this process for most people involves setting aside time each day to play, to socialize, to exercise, and to have free time for relaxation. Charles Garfield (1989) in *Peak Performance* says productive people need to take vacations and play (without guilt)! Insist on your fun.

5. *Turn worries and self-doubts into assets* by asking (a) What is the worst possible outcome? (b) What would I do if the worst happened? How would I carry on? (c) What strengths and skills do I have that would help me cope? How will I forgive myself for messing up? (d) What alternative plans could I develop for having a good life? (e) Can I do things now to help avoid this awful outcome I fear? (f) Having prepared for the worst, how can I use my worries to prepare to become stronger and more capable? This kind of planning helps us face the inevitable risks that lurk ahead for all of us.
6. Fiore suggests *a unique scheduling system*. Schedule your fixed hours (classes, meetings, meals, etc.) *and* your play time. That's all, no work! Make the playing mandatory, not the work. Focus only on starting to work, not on putting in hour after hour each day. If you start a project and concentrate on it for 30 minutes, record this on your schedule... and give yourself a reward. Start as many 30 minute work periods as you can. The idea is to build the habit of frequently getting to work and to build the desire to work. Work becomes more enjoyable when it isn't seen as hard, boring, endless chores that have to be done.
7. Other methods are prescribed: a calendar based on when projects are due, a set of realistic goals, an approach to work in a relaxed state of concentration, and a quick, optimistic response to setbacks. In the final analysis being motivated and productive is a result of liking yourself. Thus, building confidence and self-respect is at the heart of this program.

A different approach to escaping the unpleasant internal critic is taken by White (1988), who says that a behavioral approach, such as teaching time management or study skills to this kind of procrastinator, often increases his/her resistance to work rather than helps. White helps her students understand the unconscious mental struggles that often underlie *perfectionistic procrastination*. She asks them to *imagine certain internal parts* (common in children from perfectionistic families), such as "the NAG," "the CRITIC," and "the CHILD." The nag constantly reminds you of what must be done. The critic tells you that you'll mess it up or look foolish or be rejected. The child tries to get you to avoid the threatening, unpleasant work ("I don't want to. You can't make me!") by seeking fun ("Let's party! Turn on the music and where's the beer?"). As the child runs away, the nag shouts orders, and the critic attacks even more. A miserable existence! Sometimes, the perfectionistic procrastinator is pretty successful even though miserable. Occasionally, he/she is

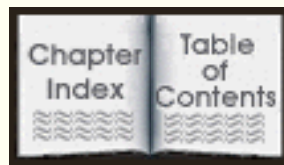
traumatized ("If I can't be perfect, I won't do anything but be upset").

Getting in touch with the interactions among these inner characters is designed to shed light on the purposes and intentions of each character. Each is trying to help us: to get us motivated (Nag), to get things done right (Critic), to get some peace (Child). After getting to know these parts well (listen carefully to the internal voices for a week or so), the idea is to learn (several more weeks) to use each part so we can be rational in our planning, highly motivated to achieve our values, and still able to enjoy our life. Examples: Orders ("You must...") are turned into "I want to accomplish (some goal) in this way..." Attacks ("You are so stupid") are converted into helpful suggestions and an urge to be original or creative. Your frightened child is cuddled and protected and reassured by your "adult" who can see the world more realistically (see chapter 15). Make friends with each part, name them, visualize them, value them, help them help you, and interact with them. White is a therapist but the students do the fantasies on their own. You could too, if this approach appeals to you.

Sometimes, you need to go deeper than time management, self talk, and rewards. White's use of fantasy is a good illustration of a different kind of self-help method. It is designed to give us insight into our internal dynamics, emotions, cognitions, and unconscious factors. Even with insight, you will probably need a To-Be-Done List, a daily schedule, and a system of rewards until the intrinsic satisfaction in the work is a sufficient motivator. Recent publications are Roberts (1995) and Woodring (1994).

[← Back a page](#)

[Forward a page →](#)



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PLANNING BEHAVIORAL CHANGES

Develop a treatment plan for changing behavior

In chapter 2 the stages involved in making a change in your personal life are described: (1) not thinking about changing, (2) starting to think about possibly changing, (3) preparing to change, (4) taking some action, and (5) maintaining the changes made. Some suggestions are given in that chapter for overcoming resistance to change at several stages, but most of chapter 2 deals with stage (3) or preparing to change, i.e. how to develop a self-help plan. It is important to remember that a part of every self-help plan involves selecting techniques that will keep you motivated to change as well as selecting self-change methods that will enable you to make the changes you want. This chapter primarily summarizes a number of behavior-change methods (also see chapters 2 and 11) but also a few motivation techniques (also see chapters 2 and 14).

Thus far, in this chapter we have reviewed basic theories of learning and motivation as applied in real life situations. We have looked at what blocks our desired behavior and why our behavior is sometimes hard to understand. Then we focused on overcoming self-defeating behaviors, especially addictions and procrastination. Now we are ready to review all the self-help methods for changing behavior. From these methods the self-helper will probably **choose only 2 or 3 methods** that seem the best for his/her purposes; otherwise, your self-help plan will be too complex.

Earlier in this chapter it was pointed out that behavior occurs in a sequence or in a context. Here are some examples:

- A. **Antecedents**--stimuli in the environment before the "target" behavior occurs, such as:
- circumstances and events that catch your attention,
 - thoughts and plans that you have,
 - emotional responses that are occurring, etc.

These stimuli, combined with your physical needs and physiology (including genes) and your past experience in the form of conscious and unconscious motives and learned response tendencies (habits), produce your behavior. Antecedents may be unconditioned or conditioned stimuli in classical conditioning; antecedents may also be environmental stimuli, including social models, that guide voluntary responses by providing cues that certain behavior will probably lead to wanted or unwanted consequences.

B. Behavior--actions you take, habits you have, thoughts you have, feelings you have, and your physiological reactions, like stress responses, headaches, high blood pressure, etc. Some self-help methods can be applied while the "target" behavior is occurring.

C. Consequences--changes in the environment resulting from the "target" behavior, such as

- reinforcers (rewards) provided by yourself, others, or naturally,
- punishment from self, others, or as a natural outcome,
- escape from unpleasant stimuli or situations (negative reinforcement),
- reactions of others (positive, negative, or neutral),
- self-evaluation of the behavior (pride or shame),
- no reaction at all (extinction).

Overview of self-help methods for changing your own behavior

Part I: (see below for applications with eating, drinking, and smoking problems; see chapter 11 for step by step instructions about how to use each method) If behavior occurs in this A-B-C sequence, the methods for changing behavior must fit into the same sequence:

A. Methods used prior to the "target" behavior:

1. Change or avoid the environment leading to the unwanted "target" behavior; provide cues to prompt new desired behavior (goals, schedules and plans) or provide warning signs. Break behavior chains early. This is called "antecedent stimulus control."
2. Consider alternatives and learn new behavior from models or by reading; practice, role-play, covert rehearsal; develop self-instructions to reach goals; develop helpful competing responses (walk instead of eat) or eliminate unwanted competing responses (like watching TV instead of studying).

3. Use a "controlled" response, e.g. buy only low-fat foods, no sweets. Use a "conditioned" response or build a stimulus-response connection, e.g. eat or study in only one place.
4. Practice relapse prevention and temptation resistance training (overt and mental process), including "cue exposure" without permitting a habitual unwanted response.
5. Motivation training; increase confidence in self-control and realize importance of task. Focus on long-range consequences, both positive and negative ones.
6. Take care of your basic needs, learn to relax, and develop a positive addiction.
7. Monitor your own decision-making and recognize diversions (taking the easy way out), self-defeating actions, and rationalizations (self-serving, inconsiderate choices). Make new plans, different intentions (see chapter 3 and reframing in chapter 15).

B. Methods used concurrent with or during the target behavior:

8. Observe and record frequency or intensity of target behavior. Self-observation, goal-setting (one small step at a time), and self-evaluation.
9. Observe and record antecedents and consequences of target behavior for a "behavioral analysis."
10. Disrupt unwanted habit. Distractions, delays, thought stopping.
11. Substitute a new response (see #2 above). Azrin's habit-stopping method.
12. Sate old unwanted response; paradoxical intention. Negative practice. Flooding, venting.
13. Challenge attitudes of helplessness, low self-concept, self-criticalness, and resistance to change. Stop trying too hard, let yourself go full speed, without constant criticism (Gallwey, 1974).
14. Develop positive expectations of change. "Self-efficacy" and "self-fulfilling prophecy."

15. Increase intrinsic satisfaction; focus on positive aspects of task. Focus on your own improvement, not on how you are doing compared to others.

C. Methods of changing behavior that follow the target behavior.

16. Positive reinforcement: Write a contract for rewarding the desired behavior, at first use immediate and continuous reinforcement, then reduce to intermittent, then to naturally occurring payoffs. Gradually shape your behavior.

17. Negative reinforcement, acting in a way that removes an unpleasant stimulus.

18. Self-punishment, providing something unpleasant or removing something pleasant (time out). Correction or overcorrection involves an agreement to make up for breaking the rules in your self-improvement plan. Aversive conditioning.

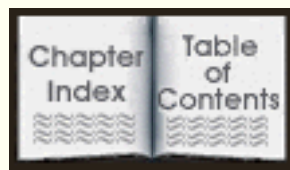
19. Mental processes: covert sensitization=temptation--- } unpleasant fantasy; self-criticism and self-coaching to do better next time; covert rewards=self-praise, intrinsic interest, pleasure, pride.

20. Extinction--no reaction, no payoffs following the behavior.

Note: More detailed descriptions of each method and explicit instructions about how to carry out each of the above methods are given in chapter 11.

[← Back a page](#)

[Forward a page →](#)



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REVIEW OF METHODS FOR CONTROLLING BEHAVIORS

Developing a treatment plan for changing behavior

Whether you want to increase some desired behavior or decrease some unwanted behavior, the 20 methods above must be considered. Many of these self-help methods have already been discussed in this chapter. However, we will review the methods with a focus on consummatory responses--eating, smoking, and drinking. The self-control methods for all three problems are very similar. If none of these three areas is a problem for you, the description of the methods could still help you devise a plan for changing any behavior (or you can move on to a more relevant chapter).

First, let's consider the big picture of what goes in our mouth. Concerning food, about 25%-30% of adults in the US are overweight, another 12% are severely overweight (Brownell & Rodin, 1994). These Americans are obese in spite of health risks and a national preoccupation with dieting. Almost 40% of adult males and 50% of adult females *feel* they are overweight; 25% of males and 40% of females are dieting right now. Even in my college classes, close to 75% of 18 to 22-year-olds want to lose some weight or to tone up. Fat tends to be a long-term problem; 70% of over-weight teens become over-weight adults. One in 5 children are over-weight; 50% of 4th grade girls have already dieted. Fat costs insurance companies \$130 billion in medical expenses every year. Look at all the magazine articles and books about dieting; yet, it is simply eating more than we burn up.

Considering cigarettes, over 45 million Americans still smoke cigarettes although about as many have stopped smoking (mostly on their own). 80% of smokers would like to quit, 35% try each year but only 2-3% succeed. Nicotine is highly addictive, so there are many relapses. It usually takes several tries before the habit can be kicked (Curry, 1993). We smoke in spite of proven health hazards to ourselves and others, including cancer, heart disease, and 6-8 fewer years to live.

Now, adding in alcohol and drugs, about 1/2 of all Americans have had experience with an alcohol problem in the family; 17 million of us are severely dependent on alcohol and millions more young people are "preparing for the role." There are 3 to 7 times as many

"problem drinkers" as "serious alcoholics." Even moderate alcohol intake may hurt our health, our job performance, our driving record, and our relationships. Alcohol is involved in 30%-45% of all suicides, in 50% of all emergency room admissions, and in 50% of all physical assaults on others. More than half of all Americans have used illegal drugs or prescription drugs sometime in their lives for pleasure, 15% during the last year and 2% are addicted to drugs. Still more millions are "hooked" on coffee, soft drinks, sugar, salt, sweets, fat-laden red meat, junk food, and on and on. In summary, we, the "haves," put an incredible amount of unnecessary--even harmful and costly--things in our mouths, while 1,000,000,000 people on earth are hungry. Think about the 42,000 malnourished children who die *every day!*

These eating, smoking, and drinking habits have usually developed over a period of years, often when we were young and unaware. But, we now want to change the habits instantly and quickly lose the accumulations of the old habits, such as fat. Sorry, it can't be done. It is easy to gain seven pounds a year by doing 20 minutes *less* light work or play per day. It takes 3500 calories to make one small pound; that's starving for two days if you are on a 1700-calorie a day diet! Don't think you can easily work it off either: you have to jog for 6 hours at 5 1/2 miles per hour to lose 1 pound! This is no piece of cake, you must persist. The behavioral methods help you persevere and make it as easy as possible.

It used to be thought that over-weight people didn't eat any more than a thin person (that's what fat people tell us) but it isn't true. They "forget" or underestimate how much they eat. Also, they tend to be binge eaters and don't exercise (Brownell & Wadden, 1992). It is true that weight distribution and number of fat cells may be inherited, but the fat has to go into the body before it accumulates under our skin. Dieting may be risky, e.g. some claim repeated dieting--yo-yo dieting--causes problems and increases the chances of relapse. This hasn't been proven (Brownell & Rodin, 1994). However, being seriously overweight is clearly unhealthy.

If consumption is a personal concern for you as it is for me (I'm on a 100-year diet), the task is to *permanently* modify your eating *and* exercise habits. **Caution:** Some researchers (Foreyt, 1994) believe it is unethical to suggest any diet plan because "diets just don't work." It's true that crash diets, diet pills, fasting, short-term exercise programs help you lose weight but the effects are often only temporary. No diet has been developed that is dependably effective over a long period of time. When the controlled diet is over, gradually our cravings for sweets, fatty food, large helpings, etc. overpower our will power (unless we watch it very vigilantly). Most participants, at least 95%, are back to their original weights one to three years after terminating a commercial weight loss program. But, *often it isn't the diet plan that fails, it is the maintenance plan.* So, after working hard to reduce your weight or drinking or smoking, you must be just as diligent to maintain your gains (see chapter 2 and "relapse prevention" above).

Actually, there may be more hope than previously thought. Recently, low-calorie-diet

programs providing intensive education (emphasizing some of the self-control methods described below) are getting good *long-term* results (Brownell & Rodin, 1994; Masters, Burish, Hollon & Rimm, 1987). Most encouraging, however, has been a finding by *Consumer Reports* that 25% of 90,000 readers reported losing weight on their own and keeping it off! The successful dieters probably made many attempts to lose weight. Nevertheless, these results are almost 5 times better than the weight loss outcomes reported by weight loss programs. Don't give up.

Here is a review of the behavioral methods for changing behavior. The illustrations used here focus on altering your "oral" habits, but *all these methods can be applied to all behaviors*:

1. **Change your environment**: Buy only limited amounts of wholesome food, no sweets, soft drinks, alcohol, or high-fat food. This is easier if you never shop when you are very hungry and limit yourself to exactly what is on your shopping list, no matter how cheap the ice cream is. Avoid situations where you will be pressured to eat, drink, swallow, or smoke something you don't really want, such as bars, parties, dinners, certain friends or relatives, etc., at least until you are under good control. (Some people are in better control when they are with people, so arrange that.)

Warning signs can be very effective. Place a picture of a fat person on the refrigerator or a picture of lung cancer on each cigarette pack. Write a reminder on each cigarette in the pack, e.g. "bad breath," "heart attack," "cough," "cancer," "early death," "8 years," and the names of people who will miss you when you die 8 years before you would have without cigarettes!

Prepare your plate with the accurate amounts; don't put out bowls of food. Keep fattening food out of the house or, at least, in a inconvenient form or in a hidden place or perhaps frozen so it can't be eaten impulsively.

Ask your friends to help you change--at least not encourage you to keep on harming yourself. Friends supporting and praising your self-control are powerful. Someone nagging you, however, will probably harm, not help.

Note: don't forget to look up the detailed instructions for each of these methods in chapter 11.

2. **Develop new behavior**: Set up an exercise program (for weight loss or smoking--and maybe drinking). You are 54% less likely to have a heart attack if you walk 21 miles a week. Develop a set of self-instructions that will control your eating: Before eating--"I will record

the calories." While eating--"I'll notice how good and filling each bite is." Forget about "clean up your plate," in fact tell yourself--"Leave some every time." When one stops eating as planned--"I'll immediately put the money I saved in a jar for my foster child in Mexico." When tempted to snack--"I feel so good and look so much better when I don't overeat. I won't eat, I'll (*walk?*) instead."

Develop competing, incompatible responses to hunger, e.g. talk to a friend on the phone, exercise, write in your diary, drink water or a large glass of high fiber, low calorie drink for regularity (see # 11).

Overindulging can be prevented (and a new response learned) by calling on friends when tempted, such as done by members of AA or Overeaters Anonymous. You could have someone with you constantly to guard against cigarettes or eating or drinking (see compulsions in chapter 5).

3. **Controlled or conditioned responses:** A "controlled" response is one early in the chain and easier to control (such as deciding not to buy a cake in the store) than a response later in the eating-sweets chain (when you have already accepted a piece of cake at a party and asked for a big scoop of ice cream on it, it is too late). If you limited eating to one chair and only sat there while eating moderately (No TV! No talking! No reading!), good eating habits would become conditioned to that one place. Urges to eat other places would gradually extinguish. It is an especially good idea to work or study in one place and only study there.

4. **Relapse prevention:** We tend to think of relapses occurring sometime after a self-improvement project is done. That certainly happens--frequently with weight loss and drinking--but the most common time to relapse is early in the project. Over half of New Year resolutions are broken by February. Bad habits are strongest right after you stop them: one puff or one drink and you are at risk of being a smoker or drunk again. It is important to know your high-risk situations and avoid them or practice handling them (see earlier discussion in this chapter). You need to create a new life style. Dieters must permanently change how they eat, their food environment, and how they exercise.

Cue exposure or temptation resistance training is when, for example, a person who loves ice cream makes their favorite hot fudge sundae with nuts and then looks at it, sniffs it, takes a tiny taste but *leaves it alone* until it looks yucky, and then triumphantly throws it away. During this experience, the person says, "I'm certainly strong enough to control myself, it would be stupid to be dominated by these childish, disgusting, fattening urges to eat unhealthy food. I'm in control." They could also practice distracting themselves from the tempting food.

A similar procedure has been done with budding alcoholics; after being given one drink, they were urged to practice refusing more drinks. This seemed to reduce the craving for

more alcohol in that setting. They also were gradually exposed to high-risk settings, so they could learn better self-control. It is simply practice at self-control. It is critical to stop a little lapse as soon as possible before it becomes a serious relapse (see Method #4 in chapter 11).

5. **Motivation Training:** Spend 5 minutes each day thinking about how you will look and feel after you lose weight. At the end of each meal give thanks for having the strength to control your eating and remind yourself how important it is. See motivational methods in chapter 14.

Horan (1971) used Homme's "ultimate consequences" technique. This consists of repeating and imagining a positive and a negative consequence of eating behavior, e.g. "look better" and "shortened life," every time some frequent behavior occurs, such as sitting in a favorite chair or drinking something. This keeps the long-range consequences in mind. Likewise, Prochaska, Norcross & DiClemente (1994) recommend motivating yourself by thinking about the dire consequences of your habit, such as a smoker who has lung cancer or an alcoholic with cirrhosis of the liver, as well as remembering all the other health and social reasons for changing. Throw yourself into becoming more healthy and wholesome.

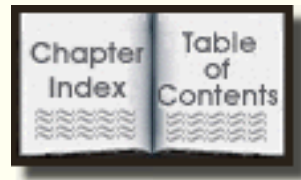
6. **Basic needs:** If a person overeats as a way of reducing anxiety about a love relationship, the relationship can be worked on, perhaps by talking, getting counseling, or joining a marriage enrichment group. If stress, loneliness, or anger is a problem, work on the emotion underlying hunger. Attend to your physical and safety needs, your self-esteem and need for friends, and your need for love. Without these needs being met, you will find it hard to pursue higher missions in life.

Positive addiction was discussed earlier; did you know that people who exercise (a little sweat please) at least 4 or 5 times a week lose weight three times faster than people who only exercise 3 times a week?

7. **Guard against self-deception:** Some people do not realize how overweight (or underweight) they are; believe your scales and the weight charts. Don't excuse your fat by saying "Oh, I'm big boned." Many smokers don't think they are addicted, but if you smoke within 30 minutes of awakening or if you smoke 20 cigarettes a day, you are addicted to nicotine. Fishbein (1980) found that smokers acknowledged that smoking was harmful to other people's health but didn't believe their smoking would hurt their health. This is a self-con; it's living a lie. Smoking contributes to 18 or 20 serious, often deadly, diseases. Confront yourself with the facts--the health hazards of smoking, drinking, overweight or drugs, the unsightly roll of fat around your waist or on your thighs, the importance of vigorous exercise every day, etc. Get angry at the cigarette, alcohol, and food industries that harm your health. You were probably enticed into your habit as a young person; of course, you have to take some responsibility but so do the merchants of death.

[← Back a page](#)

[Forward a page →](#)



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REVIEW OF METHODS FOR CONTROLLING BEHAVIORS

8. Observe and record Behavior: Every problem can be measured. Count the frequency or duration of a behavior; rate the intensity of an emotion. Record the number of calories, beers, cigarettes, minutes of exercise, or whatever concerns you. Also, rate 1-to-10 the intensity of your sadness or anger. Do this every day and make a big chart of your progress. Self-monitoring leads to self-evaluation which is necessary before self-praise or self-reinforcement.

As mentioned in chapter 2, after making the changes you want (say lose 15 pounds) it is very important to monitor your weight every week. As soon as you gain just a pound or two, immediately go back to the weight loss program that worked for you. Losing one pound is fairly easy; losing 10 is hard.

9. Record circumstances: Note and record the antecedents, especially how you feel before overeating, drinking, or having a cigarette. Also, note the time, prompting cues, and general situation you are in. This will help you identify your high-risk situations and the basic needs or emotions that need to be taken care of by some means other than eating, smoking, or drinking. This is very important (see # 11); remember, the environmental cues control much of our behavior.

For instance, the circumstances that prompt smokers to puff on a lethal, nasty cigarette are: stress and to handle a social situation, other emotions (anger, depression, boredom), nicotine craving, a strong habit, and a desire to make a certain impression on others. You need to ask "why?" you smoke each cigarette.

Also, observe the competing responses and their short-term payoffs (a relaxing beer or cigarette) that override the desired long-range objectives (health). Note other payoffs of the unwanted behavior, e.g. lots of comfortable talk about food, getting attention while consuming, being able to express yourself, etc..

Recording the consequences of the lapses is also helpful, e.g. what did you eat and drink? What were the payoffs of the overeating, e.g. did you get to socialize? Did you get

people to laugh and joke about bingeing and partying? Did you go into depression and withdraw? Did you have an upset stomach? Did anyone express concern, support, sympathy or offer help? All this information will increase your self-awareness and understanding.

10. **Disrupt old habits:** Chew your food twice as many times as usual. Take out small helpings on a small plate or leave half of the food on your plate. Eat one food item at a time. Stop eating for 2-3 minutes during each meal, just to learn you can stop anytime. Carry your cigarettes in another pocket; smoke them with the other hand, etc.

11. **Substitute a new behavior:** Exercise during the lunch hour instead of eating. Drink diet cola and have sugarless gum for dessert. Have sugarless candy instead of a smoke. Eat salads or a low-calorie soup instead of fattening food. If you eat because of loneliness, anxiety, or boredom, call up a friend or get involved in some activity instead of eating. Most urges are temporary surges, i.e. there is a strong compulsion to do some habit, but if you resist, the urgent need fades away. So, you sometimes you can wait it out... or replace the habit with a healthy, desirable reaction.

Many families use food as a way of showing affection: "Mom made cookies for you, wasn't that nice?" or "Oh, take some more of my pasta, I made a lot for you." We are taught that you must have food or "you'll get sick." "You've got to have your protein...milk...vegetables..." There are powerful connections between food and emotions. We must break the unhealthy connections, replacing food with healthy, reasonable ways of handling the emotions: "You know I love your pies, Mother, but my health is more important right now. I know you love me and I love you, even without pie."

12. **Satiate behavior; paradoxical intention:** Smoking has been treated by having the smoker smoke continuously inside a box (maybe a small closet) until he/she got sick; that's satiation (see # 18). Using paradoxical intention would involve changing the rules about how you respond to an urge to eat dessert. Instead of saying, "I'll just have a moderate sized piece of cake," one might say, "OK, you nagging appetite, so you want goodies! How about half this cake? You have to eat it all, right now!" (Obviously, not a good idea if you are prone to bingeing.)

13. **Challenge defeatist attitudes:** If you say, "I've always been fat, I can't lose weight." Put that idea to a test: try eating less than usual for one meal, try exercising a little more than ordinary. If successful, challenge the idea that you are helpless and test your self-control again the next meal.

Question your beliefs about eating, drinking or smoking being the only way to relax or be sociable. The old idea among "recovering" alcoholics that they are always just "one drink away from being a drunk" could help you avoid the first drink or smoke or dessert.

But the same saying could become a self-fulfilling prophecy after the first drink and, thus, cause a binge instead of a slight slip.

Many of us rationalize our bad behaviors: "Oh, I'd gain weight and be a blimp, if I stopped smoking." Research has shown that men gain only 6 pounds and women 8 pounds after stopping smoking. Furthermore, smokers weigh less to start with, so they end up about the same as non-smokers after a year of not smoking. There is only a 10% chance of a person quitting smoking gaining 30 pounds, but obviously this 10% need both a stop smoking and a weight maintenance program.

14. **Expectations of success:** If you think you can't quit smoking "cold turkey," set a reasonable, even an easy goal of 2 or 3 fewer cigarettes each day. Some initial success leads to more hopeful attitudes and to more success. Individuals who create positive mental pictures of the outcome of their self-help efforts actually change faster and the improvements last longer (Lazarus, 1984), if they have these fantasies of success several times a day. For example, a smoker might imagine being free of the fear of harming his/her health, free of feeling hooked by a drug, free of social criticism, free of smelly ash trays and bad breath, free of dead taste buds and stained teeth, and so on. When these things happen, self-praise can be a powerful reinforcer (# 16).

15. **Build intrinsic satisfaction:** In self-help projects involving oral habits, one may become engrossed with self-control and the satisfaction of sticking to a diet, holding down on the beers or cigarettes, and so on. Focus your attention on these accomplishments, take pride in them, they should not go unnoticed. And the result--a healthy, attractive body--is a source of great and lasting satisfaction too. In some situations you can find activities to substitute for consuming something which can become very gratifying, e.g. if you work, exercise, socialize, do volunteer services, etc. more and consume less, the pleasure from these other activities can gradually replace for the pleasure you get from eating, drinking or smoking.

16. **Reward desirable behavior:** *It is vital that new habits be immediately reinforced almost every time.* So, reward your self-control (if any) after every meal and "snack time." Alcoholics Anonymous has a reward system that also serves as a warning sign against buying booze. At your first AA meeting, you may pick up a red chip and carry it with your "booze" money, so it will be felt and seen before any alcohol is bought. In fact, in some AA groups, they have a rule that you must break and throw away the chip before taking your first drink. After one month of abstinence, the red chip is traded for a white one, three months later you get a blue one, and, finally, a silver dollar at your anniversary celebration. Every year is celebrated by drilling a hole in your silver dollar. What a great reward system! Design something like this for yourself.

See the section on reinforcement earlier in this chapter and see Method #16 in chapter

11, which provides detailed information about how to use reinforcers to change behavior. This is a complex area, but science has explored this area thoroughly and knowledge is available for you to use every hour of every day.

Many oral habits will need to be changed gradually; it may be too hard to go from 3000 calories to 1200 per day or from 2 packs of cigarettes to 6-8 per day or from 12 drinks to two per night. This changing in small steps is called "shaping." For instance, a smoker might move from 40 per day to 36 and hardly notice the difference. After staying at 36 for a week then reduce it to 32 or so for another week. When the smoker gets to 12-15 per day, the reduction each week may need to be less, perhaps changing from 12 per day for one week to 10 per day the next week. However, when one is down to 4 to 6 cigarettes per day, many people report it is easy to quit, presumably because most cigarettes are being smoked while stressed, i.e. paired only with unpleasantness. Smoking can be gradually reduced in two other ways: increase the time between smokes or smoke less of each cigarette (by marking with a felt pen where to stop). Each meal or each day you achieve your easy-to-reach goal you should be rewarded, but reward the behavior (eating < 400 calories for dinner) rather than the effects (losing 1/2 lb. today). You control your eating; the weight will take care of itself (especially if you exercise).

Warning: Sometimes this gradual reduction is just an excuse to continue a bad habit (or worse--a way to cheat and keep the habit). Most experts in the areas of smoking and drinking say that going "cold turkey" is best. It is hard but the tension and cravings are over in a couple of weeks. If you use the gradual method, the tension of reducing your intake can go on for months.

17. **Negative reinforcement:** If one were highly conscious of the unwanted consequences of overeating, smoking, or drinking, such as a fat body, early death, cancer, unattractiveness, self-centered greed, and so on, and thought of these stressful things every time one lost control, then avoiding these unpleasant thoughts (by not consuming unneeded stuff) would provide negative reinforcement. The warning signs in #1, if they turn you away from temptation, yield negative reinforcement, i.e. they stimulate behavior that reduces your worry about overeating, smoking, etc. Recognizing the bad consequences not only punishes the bad habit but reduction of these thoughts reinforces good self-control (however, excessive dwelling on food and how terribly delicious, sumptuous, and tantalizing food can be for you, may very well build the urge to eat).

Remember most people deny how disgusting and dangerous smoking or drinking or over-eating is. If you are lying and telling yourself, "Oh, I carry my weight well," there is no payoff for eating less.

18. **Self-punishment:** A dieter could decide to run an extra mile every time he/she ate more than the allotted calories; that's called correction. And he/she could agree to show a

group of friends or a class an unattractive photo of him/herself in a skimpy outfit if he/she doesn't lose five pounds a month; that's punishment! Nailbiters can force themselves to show their nails to a class every week. Smokers could flip their wrists with a strong rubber band when they have a urge to smoke and twice during every cigarette.

Or you can decondition yourself: sit before a mirror and indulge yourself (stuff in food, eat your favorite candy, bite your nails...), until you are very uncomfortable and disgusted, then do it 5 more minutes (Freidman, 1975). Likewise, a fairly successful aversive conditioning method is "rapid smoking"--the smoker is required to take a drag every 5 or 6 seconds while doing something unpleasant, like cleaning dirty toilet bowls, or while thinking about an unpleasant experience, like being hurt or failing or looking foolish. The rapid smoking has to be done until you feel you can't take it anymore, maybe 8 to 10 minutes. After doing this, almost 40-45% stopped smoking for at least six months (Masters, et al, 1987).

The effects of punishment are being researched (Matson & DiLorenzo, 1993). One person punishing another frequently causes hostility; self-punishment may work better, but little research has been done on this topic. My experience is that people quickly "forget" to administer the self-punishment (like flipping your wrist). Yet, support groups can effectively pressure the self-helper to report his/her progress and confront him/her about relapses.

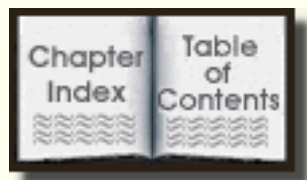
19. **Mental processes:** Unwanted behaviors and temptations, like a cold beer, can be made less attractive by imagining them paired with something unpleasant, like imagining vomiting into the beer. This is a mental process using classical conditioning or aversive conditioning, and usually called "covert sensitization." Homme (1970) suggested an operant approach using a series of thoughts: think of the unwanted behavior or the temptation-- }think of the awful consequences-- }think of resisting and being "good"-- }think of good long-range consequences and something pleasant-- }think of something to do right now, like play tennis, read, or go shopping.

20. **Extinction:** This process involves the removal of all reinforcement for an unwanted behavior. But since the pleasures and unconscious payoffs of consuming things are naturally pleasurable or conditioned and automatically present, there is no way to instantly turn off these reinforcers. That is, food, drink, and cigarettes will still taste good to the user. The oral habits of eating and drinking have been paired with need-satisfying situations thousands of times. Even unconscious purposes may be served, such as getting fat to make you less sexy, drinking to help you feel more sociable or powerful, becoming out of control so someone will help you, not eating to run the risk of death, etc. These unconscious consequences can't all be eliminated but some can be counterbalanced with realistic self-awareness and self-criticism. Many other undesirable outcomes can be avoided. Examples: the drinker can ask friends, in advance, to refuse to clean up your clothes or vomit; if asked maybe they will avoid laughing at how much you drink or eat (if

not, avoid them); you can ask your friends to tell you if they prefer that you not smoke (to counter your pleasure); you can avoid fishing for compliments and comments about not looking overweight, etc. You can take away some of the reinforcements from consuming but not all. The reinforcement of other unwanted behaviors may be easier to eliminate.

[← Back a page](#)

[Forward a page →](#)



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COMPLETING YOUR SELF-HELP PLAN

What other self-help methods can be used within other non-behavioral parts of the problem?

The 20 methods above are all directed towards changing our behavior, not our emotions or skills or attitudes or unconscious motives. In every problem situation, something is probably happening in all five parts of the problem (see chapter 2). Ask yourself: What is going on at other levels? What can be done?

Part II: The conscious emotions

As you probably realized long ago, and as I have repeatedly emphasized, oral habits--eating, drinking, smoking--are often intimately tied with emotions. The emotions may not be obvious to you; it may just seem like a habit to overeat or overdrink or smoke. There is no way of knowing for sure all the causes for your unwanted habits. However, if some bad habit seems especially hard to change, certainly consider the possibility that the behavior satisfies a basic need, avoids something unpleasant, or is in some way associated with an emotion.

The questions you should ask yourself are: What needs and emotions are connected with this habit? How can I take care of those needs (without continuing the unwanted behavior)? Should these needs and feelings be reduced or handled some other way? If yes, how?

Overeating frequently allays anxiety and loneliness or sadness; drinking may reduce stress or depression and give courage and "good times;" cigarettes help us relax and, according to new evidence, may reduce our depression. Between 30% and 60% of smokers are depressed. Those emotions are discussed in chapters 5, 6, and 9, which give many suggestions for handling those needs and feelings. Over-eating, like most other problems related to feelings, can probably benefit from self-help groups which give encouragement and focus on reducing the stresses of life. Once you have dealt with the unwanted

emotions, your unwanted oral habits may be easier to change.

A caution: experienced weight loss experts tell me that perhaps 50% of over-weight people simply lack knowledge about nutrition and metabolic functions. When told what they need to eat and do (exercise), many will do it and lose weight. In such cases, there is no need for therapy for emotions; indeed, the excess weight may cause emotions, rather than emotions causing weight.

Part III: Skills

Besides knowing how to change yourself, a dieter needs knowledge about (1) good nutrition and eating habits, (2) how to count calories and fat calories, and (3) how to organize a good exercise program. A lot of books provide this information. In addition, you need to recognize overindulging and its serious consequences. Many books are useful for overeating (Mahoney & Mahoney, 1976), drinking (*Alcohol and Health*, 1971), smoking (*The Health Consequences of Smoking*, 1973), and drugs (Kornetsky, 1976). See recent books about low-fat diets.

You can learn new ways to meet your needs: new social skills could reduce loneliness better than eating. New assertiveness could handle stress and anger better than alcohol. Deep muscle relaxation or meditation might calm you much more than cigarettes. New values, goals, study, and decision-making skills might make the future look brighter than drugs or alcohol or cigarettes ever could (see chapter 13).

Part IV: Self-concept, expectations, attitudes, motivation, values

Factors at this level are likely to be major contributors to overindulging. Examples of self-defeating expectations: "I've always been fat...and I always will be." "I really like my cigarettes, I can't give them up." "I can handle my alcohol." "I need a couple (really 4 or 5 and increasing) of drinks after work; there's nothing wrong with that." If you see yourself as overweight by nature, as addicted to coffee or cigarettes and too weak to overcome the habit, as born to be a nervous person who needs to drink, and so on, it's going to be hard to change your behavior without changing the self-concept of helplessness first (see chapter 14). As mentioned before, if you deny that the behavior is a problem, obviously it makes no sense to struggle with something that's "no problem," right? (See methods #7, #13, & #14 above.)

Many of these unwanted habits are costly as well as harmful. I recently talked with a budding alcoholic who estimated drinking 8 to 10 beers a day and smoking 2 packs of cigarettes. That totals to more than \$10 per day or \$3650 per year or over \$200,000 in a life-time (assuming it doesn't get worse and there is no inflation). You can easily estimate the cost of your unwanted habits. Could it be better spent? Also, what about the value of

your time spent this way rather than doing something more helpful to you, your loved ones, or needy others? A moral person will surely consider these factors (see chapter 3).

Part V: Unconscious motives

Can fat meet unconscious needs? Could fat be a barrier to intimacy? Could it be less stressful if you were sexually unattractive and not approached by the opposite sex? Could lots of fat be a way of rebelling against nagging parents or spouses (even dead and divorced ones)? Could fat be a way to express resentment towards a "loved one" (actually a resented one)? Could bigness give a feeling of strength and power to a person who feels inadequate? Could overeating be a form of self-punishment in some people (Orbach, 1987)? Could drinking be a way to forget our troubles? Could alcohol be an excuse for becoming belligerent or sexually aggressive? Could drinking be a way to get attention, become dependent and inept, to fail and feel bad, and to get sympathy and be taken care of (Steiner, 1971)?

Insight into "what makes us tick" can be both helpful and fascinating. Don't run away from considering all the possibilities (see chapter 15).

Pulling it all together into a treatment plan

You may be thinking that I have made the simple act of overeating delicious food much too complicated. You may be right. However, it is to your advantage to know many of the possible causes of your unwanted habit and many of the possible self-help methods, even though you may need only 2 or 3 methods with this problem. (Actually, most people have to try several methods before succeeding. So, you are likely to need several methods.) Our oral habits are good illustrations of the five different levels to each problem.

This chapter helps you understand behavior, but to change your behavior, you need to follow the guidelines in chapter 2, consider your values (chapter 3), and know how to apply the above self-control methods (this is described in chapter 11). This sounds a little complicated--but don't let it scare you.

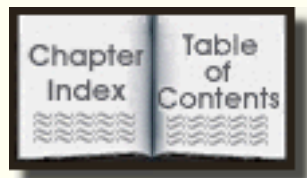
You have just been exposed to many self-help methods. All might work for you, but the best plan is probably a simple one. (It is your *plan* that needs to be simple, not your *mind* or your knowledge of self-help!) So, develop an easy-to-use approach by looking over the list of 20 behavioral change methods above and see which ones seem most likely to work with the problem you are working on. Keep in mind, *the generally most dependable, most usable methods for most people are:* (1) **change the environment** to increase your chances of carrying out the desired behavior, (2) **observe the antecedents and consequences of the "target" behavior, keeping accurate records of your progress**, and (3) do everything possible to **reinforce the desired behavior when it**

occurs. Rather quickly put together a "treatment plan;" the idea is to try something and see if it works. As explained in chapter 2, however, once you have decided to try a particular method, then be very careful to apply the method correctly. Refer to chapter 11 for detailed directions for each method. Try it out and see what happens.

If your first plan doesn't work, figure out what you might be overlooking, perhaps some emotion or an attitude or a skill, and modify your plan. There are hundreds of possible ways to change--and, in most cases, you can find a workable approach better than anyone else.

[← Back a page](#)

[Forward a page →](#)



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REFERENCES AND METHODS FOR DIFFERENT UNWANTED BEHAVIORS AND THOUGHTS

A few books discuss "habit control" in general: Wexler (1991), Miller (1978), Martin & Poland (1980), Birkedahl (1991), and Prochaska, DiClemente, & Norcross (1994) are among the best.

Abuse--physical, sexual, psychological--must be dealt with immediately and requires professional help. Suspected physical and sexual abuse of children (under 18) *must be reported to Children and Family Services authorities* who will investigate and arrange for treatment. See chapter 7 for physical abuse. See chapters 7 and 9 for sexual abuse (chapter 10 for date rape). If you fear you might hurt someone, get help immediately by calling your Mental Health Center.

Addictions, in general, were once thought to be the result of especially powerful drugs or innately defective personalities (e.g. inherited or moral weakness). Now it is more common to believe that an addictive habit often serves the purpose of distracting the victim from some painful emotion, such as feeling inadequate, being depressed, being consumed with anger or guilt, etc. In short, addictions cover up emotions that trigger the addiction. So, get your emotions under control. Birkedahl (1991), Washton & Boundy (1989) and Hirschmann & Munter (1995) take this approach.

Alcoholic Anonymous (AA) has been the standard recommended treatment for decades. AA and the 12-step programs have helped millions, but there are a lot of people they don't help (Kasl, 1992). Recently, many specialists in the area of addiction have come to believe that many ordinary experiences can become addictive, such as work, sex, exercise, eating, making money, socializing, etc., and anyone can, under the right circumstances, become addicted. This leads many experts to question the old notion that alcoholism is primarily an inherited disease and that the victim is powerless against it without God's help and a 12-step program. Actually, giving up the disease concept helps many alcohol treatment centers accept new treatment approaches, such as various new drugs as well as aversion treatment, behavioral shaping, family therapy, motivation

interviewing, and many other forms of psychological treatment (Rodgers, 1994). And giving up the disease concept helps some people seek help (to control a bad habit). There is still a lot we don't know in this area, including such things as how many Vietnam veterans could just leave their heroin addictions behind them when they returned to the states. Also, why do 95% of the people who quit smoking do it on their own but only 20% of drinkers stop without outside help (while it is thought that 90% of smokers are "addicted" but a much lower percentage of drinkers considered themselves addicted)? The wholesome questioning and doubts about the causes and treatment of addictions should lead to a lot of change, experimentation, and controversy in the area of addiction treatment during the next decade.

Addiction therapists with different orientations have recently made great contributions to our society, not just in the form of treatment methods, such as relapse prevention, but also by focusing on the effects of an alcoholic family member on other members (codependents, abused children), clarifying the role of shame, and highlighting the need to take care of the hurt inner child (see codependency and children of alcoholics below).

Illegal drugs are used (1) because they help us feel good, (2) reduce unpleasant feelings, (3) aid our socializing, and/or (4) because we are addicted. For a good general reference about drugs see Weil & Rosen (1993).

Alcoholism is wide spread. It is a very serious personal and social problem (Milgram, 1993). Excessive alcohol can damage many organs of the body. About 15% of working men are alcohol dependent, 6% of working women are. 40% of all industrial fatalities are alcohol related. Alcohol is also a factor in 45% of all fatal auto crashes (almost 17,700 deaths in 1992). Non-alcoholic men, aged 45-59, earn \$24,000 per year, alcoholic men earn \$16,000 and 33% have work attendance problems. About one-third of people with drug or alcohol problems are also depressed. About 30% of suicides (46% of teen suicides) involve alcohol. Indeed, drug and alcohol addictions are thought to be dangerous ways of attempting to cope with emotional problems, such as shame, guilt, resentment, fear, etc.

Drug and alcohol use declined among U.S. college students between 1980 and 1992, but the amount of alcohol consumed in each separate drinking session increased. That is, college students are moving towards more binge drinking and, consequently, experiencing more blackouts, arrests, loss of friends, assaults, sexual harassment, and so on.

Alcoholism remains resistive to treatment. As mentioned, there has been a heated controversy between (a) "alcoholism is a disease" (AA groups) which supposedly can only be controlled by total abstinence and (b) "alcoholism is a learned behavior" which can, in less severe cases, be unlearned, controlled, and done in moderation (Miller & Berg, 1995; Miller & Munoz, 1976; Miller, 1978; Marlatt & Parks, 1982; Vogler & Bartz, 1985; Peele & Brodsky, 1991). Current evidence suggests both views may be partly right. For instance,

there are very few ex-smokers who can occasionally light up and not get addicted to cigarettes again. This supports AA's position that total abstinence from an addiction is required (although the cigarette habit is different from the drinking habit). Certainly, persons with *serious, long-term* drinking problems are not good candidates for controlled drinking experiments; they need to abstain and probably get intensive treatment for the underlying emotional-personality problems. On the other hand, there are many millions of people who have been moderate to heavy drinkers but are able to get the habit under control and stay a well-controlled drinker. All potential addictions merit serious concern.

Cooper (1994) explains alcohol use in terms of reinforcement: internal positive reinforcement (feeling more relaxed, more assured, more powerful...), internal negative reinforcement (avoiding unpleasant feelings, such as loneliness, depression, anxiety...), external positive reinforcement (being accepted, being praised, making friends...), external negative reinforcement (avoiding unpleasant experiences, such as rejection or failure--because you never tried). This theory suggests drinking can be changed by changing the reinforcement one gets from drinking or not drinking. Surely to some extent, drinking follows the same laws of learning as all other behaviors.

College students often believe that (1) learning to refuse unwanted drinks, (2) setting time limits on drinking, and (3) avoiding heavy drinking buddies can help you control your drinking, if you are not yet addicted. Sounds reasonable but there is some reason to question just how well college students actually control alcohol consumption, e.g. college students consume an *average* of 34 gallons of alcohol (mostly beer) per person per year. That's drinking more alcohol than soft drinks. Alcohol use in college has steadily gone up since 1975. On the other hand, millions of the potential addicts in college become sober parents who vigilantly guard their teenagers against the fruit of the vine.

Alcoholic women are more likely to be depressed and anxious; alcoholic men are more likely to have anger and an antisocial personality disorder. Social pressure to drink is more common among men; women drink alone more often than men. Among adolescents, problem drinking is associated with delinquency, violence, and lower grades. Alcohol is a serious threat to a developing fetus; please, *never drink when pregnant*.

In temperance cultures (where alcohol is viewed as a dangerous addiction from which you must totally abstain), drinkers tend to *binge to get drunk*, rather than drink beer or wine with meals every day. In cultures where drinking is accepted as a daily part of life, people seldom get drunk, and when they do have health problems from drinking, the family simply helps them get back on a healthy diet. "Demon alcohol" is not blamed and a religious solution, like AA, is not prescribed.

Men are five times more likely than women to be addicted to alcohol. The slippery slope of alcoholism is pretty predictable for men: by mid to late 20's, there are binges,

morning drinking, and job problems; by early to mid 30's, blackouts, shakes, car accidents, DUI arrests, poor eating habits, terminations at work, and divorces; by late 30's to early 40's, there are serious medical problems, such as vomiting blood, hepatitis, hallucinations, convulsions, hospitalizations, and life is a wreck. *The earlier you get off the slope, the better.* It is a slow suicide, with your only "friend" in the end being a bottle. DO SOMETHING, NOW!

Controlling the intake of alcohol requires (1) high continuous motivation, (2) development of a new life-style, with new friends and family support, and (3) carefully planned relapse prevention. You will need to change your environment (Method #1 in chapter 11), i.e. avoid bars, drinking buddies, parties, etc. Join a self-help group, like AA or Rational Recovery, for support and turn to your family for support. Keep your motivation high (Methods #5 and #14 in chapter 11). Constantly remind yourself of the reasons for drinking less--health, money, greater effectiveness, better relationships, etc. Specifically rehearse how to handle invitations to "have a beer" or "come with us" (Method #2 in chapter 11). Most importantly, prepare for possible lapses (this chapter and Method #4 in chapter 11). Reward your progress and be proud, it's a tough undertaking (Methods #16 and #19 in chapter 11). This is a short paragraph but there is a lot here.

For hundreds of books about alcoholism and the 12-step (AA) program write Hazelton, Box 11, Center City, MN 55012. Yoder (1990) lists many recovery resources. Even the almost 60-year-old AA "bible," which has helped millions, has been updated (J, 1996). Many of these books focus on chronic drinkers, but actually more people are "problem drinkers," i.e. have some problems due to drinking (arguments with spouse or friends, late to work, etc.) but are not totally dependent on alcohol, yet. Sobell & Sobell (1993), Fanning & O'Neill (1996), and Miller & Berg (1995) have developed *self-management programs* (sometimes administered in cooperation with therapists) for problem drinkers who haven't become addicted, yet. If anger seems to precede your relapse, see Clancy (in press). Everyone seems to agree that support from an understanding group is helpful. Kishline (1995) has started *a self-help group for problem-but-not-chronic drinkers*; the emphasis is on moderation, not on life-long disease and total abstinence (see her book for help in finding a non-AA group).

Professional psychologists (Santrock, Minnett, & Campbell, 1994) consider *Twelve Steps and Twelve Traditions* (1990) by Alcoholics Anonymous World Services to be one of the best self-help books available, although the AA approach is considered highly religious and almost "cultish" by many (it still helps more than any other single method). Psychologists also approve of approaches very critical of AA, such as *The Truth about Addiction and Recovery* (1991) by Stanton Peele & Archie Brodsky, *When AA Doesn't Work for You: Rational Steps to Quitting Alcohol* (1992) by Albert Ellis & Emmett Velton, and *Alcohol: How to Give It Up and Be Glad You Did* (1994) by Philip Tate.

For personal help and treatment, call your local Drug and Alcohol Abuse Treatment

Center or seek individual therapy. For referrals, call AA (212-686-1100) or Nat. Inst. on Drug Abuse (800-662-HELP) or Nat. Inst. on Alcoholism (212-206-6770 and 301-468-2600). Social support clearly helps prevent relapse.

Spouses and children of alcoholics should know about Al-Anon and Alateen which help relatives of alcoholics (see Yellow Pages for numbers). There are many reactions to living in an addictive family; thus, in addition to behavioral approaches, there are personal growth and insight approaches (see Black, 1987; Bradshaw, 1988, 1989; Gravitz & Bowen, 1986; Woititz, 1983). Professional psychologists consider Claudia Black's (1981) *It Will Never Happen to Me* to be the best self-help book for children and spouses of alcoholics (Santrock, Minnett, & Campbell, 1994).

Lack of Assertiveness is discussed in detail in chapters 8 and 13 (Alberti & Emmons, 1986).

Attention Deficit Disorder (ADD) is most common among young boys, although some doctors think girls with ADD tend to daydream (and not pay attention) rather than becoming over-active, restless, impatient, impulsive, and rebellious, like boys do. About 50% of people suffering from ADD get over it at puberty, the other 50% have some symptoms of ADD all their lives. Medication and cognitive-behavioral therapy are usually helpful. About 70% of 5-year-olds to teenagers benefitted from Ritalin. It is also beneficial to develop a more structured life and self-instructions for controlling the impulsive distractibility. This means that an ADD patient will need to see an MD *and* a Ph. D. A good general reference for adults is Hallowell & Ratey (1994). High school and college students should look up Quinn (1994, 1995). As parents of an ADD child, see Taylor (1994) or Barkley (1995). Recent theories about self-regulation in ADD are in Milich & Nietzil (1994). For less technical information and references, write CHADD (Children & Adults with ADD), 499 NW 70th St., Plantation, FL 33317.

Bedwetting can usually be controlled with an apparatus that signals the first drop of urine. Eventually, the person learns to detect bladder tension and wakes up (Yates, 1970; see Sears catalog for bedwetting alarm). There are medications to help and even a self-help picture book for children with this problem (Mack, 1989).

Codependency is the action of a person who becomes addicted to an addict and in the process devotes her/his life, without success, to supporting, tolerating abuse, caring for, and attempting to "save" the addict. Anyone caught in this trap should get help (see Beattie, 1987, 1989; Norwood, 1986).

Coffee drinking is primarily an attraction to caffeine, according to Morris and Charney (1983)--so why do I only drink decaffeinated? This attraction to caffeine is probably true if you drink a lot of brewed coffee. Gradually switch to instant coffee (it has

1/3 the caffeine), then to decaffeinated, then reduce the number of cups, then drink orange juice.

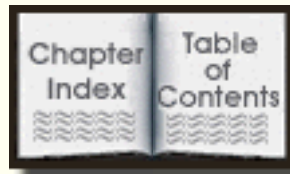
Compulsiveness is a result of insecurity. All of us are faced with our limitations; we fear making mistakes. If we are secure within ourselves, we can handle our weaknesses and errors (but we may be quite orderly and careful). The insecure person is likely to excessively compensate for his/her real or imagined limitations by becoming overly compulsive. Thus, many mild compulsions are beneficial; some serious ones are terrible handicaps (most addicts are compulsive); others are merely bad "habits" which can be dropped with a little conscious effort. Obsessive-Compulsive disorders are dealt with in chapter 5.

Compulsive spending or impulse buying is another way to handle emotions (call 212-484-0998) and see the budgeting section of chapter 13. A book by Mellan (1994) deals with this.

Disorganization is a handicap but you have your own unique style, so you need solutions tailored to your personality (see Schlenger & Roesch, 1990). Gleeson (1995) helps you become efficient at work.

[← Back a page](#)

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MORE SPECIFIC PROBLEMS

Eating disorders or just overeating --see discussion and examples of 20 behavioral methods given above (mostly for overeating). Overeating is very common; bingeing, bulimia, and anorexia are not extremely uncommon, especially among young women. Between 1% and 3% of young women are bulimic (they usually remain normal in weight). It is estimated that 71% of us Americans are overweight, about 25%-30% of us are just plain obese (20% over-weight), while another 12% are called severely overweight. Fat, especially in our upper body, endangers our health. In women, the risk of heart disease increases with the addition of only 10 or 12 pounds above your ideal weight or your weight at 18; the risk doubles or triples when you add 30 or 40 pounds.

Health concerns plus our society's obsession with looks and thinness result in a flood of weight loss books (there are 100's of diet books! But try--Kirschenbaum, 1994; Virtue, 1989; Mahoney & Mahoney, 1976; Fanning, 1990; Jeffery & Katz, 1977; Stuart, 1978) and diet programs (Marston & Marston, 1982). Local diet and exercise centers are also available everywhere. Remember, most diets produce weight loss but 95% fail eventually, usually within one to five years. However, the better your general coping skills, the more likely you will keep the weight off. Also, people who maintain their weight loss also exercise (this is crucial!), have social support, are conscious of their behavior, and confront personal-emotional problems directly.

The professionals who work with anorexics and bulimics caution against diets because severe dieting is so much a part of their clients' background. On the other hand, professionals dealing with overweight clients consider diets to be a main solution to serious health problems. Another group of professionals say all diets are bad because they don't work in the long term. The facts are: obesity is certainly a health risk; weight loss is usually beneficial but can increase certain risks; yo-yoing year after year and chronic diseases are related; diets do work (maintenance often fails); learning how to maintain weight loss is badly needed (Brownell & Rodin, 1994).

Many diet centers and hospitals offer classes for extremely over-weight people which provide detailed knowledge about how the body uses food, the role of fiber and fat, how to

prepare better meals, and how much exercise is needed. Many (indeed, most) people don't know these things about nutrition, but once they know exactly how their diet and exercise program needs to be changed, they will often do it. I urge you to get that knowledge. Two of the better current books about fat and nutrition are by Bailey (1991) and Ornish (1993). Bailey also has four PBS videos (1-800-645-4PBS). It is commonly thought that very strict diets will be so unpleasant that people will not stick with them, but research has shown that stricter diets are more effective. Strict diets tend to be simpler and easier to follow.

Losing weight may require attention to your feelings and interpersonal relationships. Obviously, if overeating is a misguided attempt to handle some emotional pain, the emotions need to be handled. Virtue (1989) and LeBlanc (1992) address this specific situation. Empty lives can cause cravings for food; unhappy spouses gain two to three times the weight that happy spouses do! For the uses of fat in a marriage, see Stuart & Jacobson (1987). Therapists report that over-eaters need unusual attention, nurturance, and warmth. Roth (1989) and Greeson (1994) have written that food is used to replace the love that is missing. It has been reported that depression may increase while dieting but people are happier after the fat is gone (Brownell & Rodin, 1994). Interestingly, interpersonal therapy focusing on relationships and attitudes toward weight has been just as effective as cognitive-behavioral therapy focusing on eating habits. Self-help groups can be helpful too.

Other people, who are compulsive eaters, binge and purge themselves or take laxatives to avoid adding weight. Fairburn (1995) has developed a science based self-help program for overcoming the binge eating, which is different from overeating. Bulimics and anorexics usually have additional psychological and interpersonal problems. They often have poor social skills and are frequently in conflict with family members. Young bulimic women tend to be dependent and have trouble separating from their mothers. Judi Hollis (1994) says she has never meet a starving or bingeing woman who wasn't raging inside, usually at her mother. People with eating disorders need to learn better communication and problem-solving skills and, then, change their eating-exercise habits, such as having regular meals that include previously avoided foods, learning new ways of handling the bingeing-purging situations, and modifying their attitudes towards their shape and weight (see the previous section in this chapter). This usually means therapy. Thus far, the cognitive-behavioral methods are fairly effective with bulimia by persuading the patient to stop dieting since bingeing is a natural reaction to starving the body (Wilson, 1993). Also, after the binge-purge cycles stop, the person needs to cognitively accept his/her "natural weight," based on healthy food and exercise.

See Bennion, Bierman & Ferguson (1991) for a factual discussion of weight control. Parents worry about their children's weight too; there is help (Archer, 1989). Perri, Nezu, & Viengener (1992), Epstein, et al (1994), and Brownell & Wadden (1992) provide therapists with guidelines for managing serious obesity. See your Yellow Pages for Overeaters Anonymous (or write P. O. Box 92870, Los Angeles, CA 90009 or call 213-

542-8363), but keep in mind that 12-step programs need to be supplemented with nutritional information and cognitive-behavioral methods. For information and referrals about anorexia and/or bulimia call 708-831-3438 or 614-436-1112 or 201-836-1800. Also, see Abramson (1993) for ordinary "emotional eating" and Sandbeck (1993) for bulimia or anorexia. For more information about Cognitive-Behavioral treatment call 212-647-1890. All obese people and persons with an eating disorder should have a psychological or psychiatric evaluation, including an assessment of the family. Most importantly, you must realize that extreme anorexia, called "the fear of being fat," can be fatal (5% die, half from complications and half from suicide); don't put off getting professional treatment for these problems, three-quarters can be helped by behavioral therapy. See eating disorders at the end of the next chapter.

Lack of Exercise can become a serious health problem, especially if you are over weight. If you are a couch potato, a regular exercise routine is hard to start. Many never start. About 50% drop out of a new exercise program within the first three months. Think about the negative consequences of not exercising and the positive ones of exercising. Arrange things so you will start; make it fun, then a habit. But once established as a consistent habit, a "need" for exercise develops which makes it easy to continue exercising. Professionals consider Cooper's books (1970; 1988), one for men and another for women, to be the best guides to exercising. Dishman (1993) focuses on learning to stick with an exercise program.

Gamblers call 800-522-4700, 213-386-8789, 212-765-3833, 800-GAMBLER, or 800-LAST BET.

Homosexual tendencies have been reduced by punishment (Feldman & MacCulloch, 1971), by increasing heterosexual interests and skills, and by religion. But it is rare to change sexual orientation. It would usually be easier to accept the sexual behavior and focus on coping with the problems of being gay or lesbian, especially if there are physiological predilections. Each person must choose. Homosexuality is discussed in chapter 10.

Lack of motivation and underachievement have been covered in the motivation section in this chapter. Miller & Goldblatt (1991) and Mandel & Marcus (1995) also discuss psychological reasons for advantaged young people underachieving. Covey's (1989) *The 7 Habits of Highly Effective People* is recommended by professionals (Santrock, Minnett, & Campbell, 1994). His new book, *First Things First*, emphasizes developing a "mission statement" for your life and, thus, having worthwhile goals to work toward (Covey, 1994). Also see chapter 3 and Method #7 in chapter 14.

Lonely and want to find love? Look over chapters 9 and 10 (see Raphael & Abadie, 1984).

Nail biting and thumb sucking have been punished with a bitter substance from the drug store applied to the fingers. The bad taste is also a warning signal to stop.

Obsessive-compulsive disorders often involve obsessions that lead to ritualistic behaviors, like hand washing. The rituals relieve the worry for a short while, and the obsessions begin again. The disorder may be genetically or chemically caused to some extent (relatives of these patients are five times more likely--10%--than normal--1 or 2%--to have similar symptoms); the symptoms tend to develop before 18. Drug treatment, such as Anafranil or Prozac, helps about 60% of the time (see a MD). Known as the "doubting disease," these patients can't be sure they have washed all the germs off their hands or that they have locked all the doors and windows. The obsessions are frequently "primitive," i.e. about being clean or safe, and, thus, may be a throwback to early ancestors.

Another factor in this disorder is the impact the compulsions have on family members, e.g. they help the patient with the excessive cleaning or arranging, they avoid using a part of the house to make the patient more comfortable, they become a part of the patient's rituals, they give in to the patient's unreasonable demands (Calvocoressi, 1995). It is unknown, at this time, how much this accommodation by the family reinforces the compulsive behavior. Behavior therapy usually involves deliberately getting your hands dirty and not washing all day or intentionally leaving doors and windows unlocked for a few nights (Baer, 1991). This could be done as self-help.

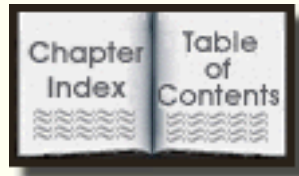
Since it usually causes great anxiety if the compulsion is not performed, we will deal with this disorder in chapter 5.

Passivity is covered in chapters 8 and 13 (Method #3).

Procrastination is dealt with extensively earlier in this chapter.

Psychotic behavior is not something the person, friends, or relatives can ordinarily deal with; professional help at a Mental Health Center is needed right away. Medication and psychotherapy can help.

Satisfying but unwanted responses, e.g. critical or bragging comments, being loud, flirtatious, or bossy, can be replaced with more desirable behaviors. Coaching and practice are needed.



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MORE SPECIFIC PROBLEMS

Sexual responses that are inappropriate, such as attractions to children, stalking, exhibitionism, voyeurism, addiction, etc. need professional treatment. Inappropriate sexual attractions have been extinguished by pairing pictures of children with electric shock and by using covert sensitization (Rachman & Teasdale, 1970; Barlow, 1974).

Sexual problems are covered in chapter 10.

Sleep disorders or *insomnia* include many different kinds of problems, such as being unable to go to sleep, waking up frequently, and waking up too early. Most insomnia goes away in a few nights or weeks. Chronically waking up early is a classic symptom of depression and a common result of intense anxiety. Recent research indicates, contrary to the popular belief that losing sleep doesn't matter, that limited sleep (less than 5 or 6 hours in 24) and interrupted sleep seriously affect our thinking, our mood, our work, and our health (Coren, 1996). Adequate sound regular sleep is important.

Some medication may help on a short-term basis but cognitive-behavioral treatments (Morin & Kwentus, 1988) are more helpful, especially relaxation and breathing exercises (chapter 12), reduction of worries before bed time (meditation or thought stopping or a worry period), and conditioning sleep to your bed (go to bed only when sleepy, only sleep in bed and only there, "try to sleep" for 15 minutes then get up if still awake, get up at same time every morning regardless of limited sleep). The latter method is simple and recommended (Lacks & Morin, 1992).

Another approach is called sleep restriction in which you avoid lying sleeplessly in bed by limiting your sleep time, i.e. spend only as much time in bed as you estimate you get of sleep. Example: if you think you only get about 5 hours of sleep per night, that is all the time you allow yourself to sleep each night. If you sleep well (over 90% of the scheduled time) for one week, you add another 15 minutes to your sleep time the next week. If you don't sleep well, you take 15 minutes per night away (4 3/4 hours). You learn to go to sleep quickly and to sleep soundly. Neither of the above methods focus on reducing the underlying stress, but they reduce the anxiety about not sleeping and they

produce high improvement rates. Perl (1993) suggests several other methods.

Smoking is one of the hardest habits to stop without relapsing. As a society we are reducing smoking, but teens are smoking more since 1990. After World War II, a high percentage of males smoked (75% in Britain). Perhaps 40% or 50% of all adult Americans have been "dependent" on cigarettes sometime in their lives. Today 27% of Americans smoke, 80% of them want to stop. One third of all smokers tried to quit last year, but only 1 in 20 who tried to stop was successful. Smoking is becoming a lower class habit; about 40% of high school drop outs smoke but only 10%-15% of college graduates smoke. Smoking is also associated with unskilled work, unemployment, mental illness, divorce, drug and alcohol use, and doing poorly in school. Smoking starts for social reasons but it becomes an addiction because nicotine is physiologically addictive.

The more intensive, expensive, professional stop smoking programs are successful with only 20-40% of their clients. But 53 million smokers can't find or afford the expensive treatment. On the other hand, *The American Lung Association has adapted an intensive (3 to 8 sessions) stop smoking program*, called Freedom from Smoking Clinics. It is run by volunteers and uses lots of educational material; therefore, it costs about \$50. The program has been quite successful (25% to 30% are still not smoking one year later). I highly recommend it. Participants say the group support and being with others withdrawing from nicotine were some of the more helpful aspects of the Smoking Clinics. To locate a Clinic near you call 1-800-LUNG USA. ALA also offers a stop smoking video and literature free to those who want to do-it-yourself. Additional information and support groups are available from 212-736-3030, 212-315-8700, or 214-750-5300. Smokers can be reached at 37 N. 3rd St., Easton, PA 18042. The Internet has info about stopping smoking at <http://www.ahcpr.gov/guide/>.

The use of self-help materials or "doing it on your own" methods are more cost-effective than the programs, professional or otherwise, which you see advertised. Maximin & Stevic-Rust (1996), Krumholz & Phillips (1993), or McKean (1987) will help you develop a plan for stopping smoking. In general, self-help literature and advice alone have a success rate of 10-20%, which can be increased to perhaps 25% if several follow-up calls are made (Lichtenstein & Glasgow, 1992). Support by friends might substitute for the follow-up calls. It is not impossible to kick the habit alone. Smoking is no longer a symbol of worldliness, rather it is seen as an offensive, unhealthy, contemptible, out-of-control habit.

Smoking can be stopped "cold turkey," which the American Cancer Society says is best if you have a strong craving for cigarettes (*and* a stronger will), or by a gradual process (*How To Quit*, 1978; *Quitter's Guide*, 1978; Danaher & Lichtenstein, 1978, 1982). Going "cold turkey" fails about 90% of the time (and 10% succeed!). Actually, quitting and failing may not be entirely bad because research suggests that people who have quit several times for a few days or smoked less than 15 cigarettes a day are more likely to stop

smoking the next time they try to quit. Most people fail 5 or 6 times before breaking the habit. It takes us a while to learn enough self-control to master this strong habit.

Successful quitters sometimes eat more or substitute a cigar or pipe; this is okay for a short while but the new bad habit must be attacked before it becomes established. It would be better to start an exercise program; sugarless gum would be better than food. "Relaxation" smokers need to find some other relaxing activity, like reading, knitting, walking, etc. Smoking for concentration under stress could be replaced by tapping, chewing gum, stroking a smooth stone. For "boredom" smoking, you could substitute a fun mental or physical activity. For "emotional-stress" smoking, substitute relaxation (Methods #1, #2, & #5 in chapter 12). Any new activity that also improves your general health or is just plain fun, e.g. reading, napping, joking, playing with the kids, cuddling, can be substituted for a smoke. All these things make stopping the bad habit easier.

Nicotine can be prescribed (gum or patches) in such a way to gradually reduce the drug addiction; research shows this helps some people (22-26%) break a strong smoking habit, usually within 8 weeks. Note, however, that 11% stopped smoking even when given phony patches. Nicotine patches have some disadvantages, e.g. the cost of the nicotine and the prescription, and they are often not dispensed as they are supposed to be. For instance, FDA regulations require that counseling accompany the patch (this was done with the test trials which yielded 26% successes but is rarely done in practice); physicians should also make follow-up calls (but this is also rarely done). Many people don't like the nicotine gum, but this is the only way to self-regulate the amount of nicotine your body receives. In spite of the disadvantages of both the patches and the gum, very heavy smokers often feel they just can't suddenly cut off their nicotine, so the gum or patches are necessary in some cases.

As described in the classical conditioning section early in the chapter, cigarettes are usually paired often enough with relaxation that the smoking process becomes a tranquilizer. Thus, if we are anxious, angry, or depressed, smoking becomes self-medication for these unpleasant emotions. If cigarettes have soothed our stress or hidden our depression, it becomes harder to quit because we are withdrawing from nicotine *and* re-confronting our dreaded old emotions. In such cases, one needs to develop other ways to handle these emotions (chapters 5, 6 & 7). In extreme cases, the bad feelings (anxiety, sadness, hostility, boredom) are so intense that you need to get therapy or prescribed drugs. For ex-smokers, feeling down is the most common cause of a relapse. Be especially cautious during "down" times. It takes several weeks for the urges to smoke to fade away. So, expect to suffer for a while.

Here are several other suggestions: Try to quit when you are not under stress. Pick a specific day to stop; tell your friends and family. Throw away (not just put away) all cigarettes, ashtrays, lighters, etc. When the urge hits you, do something else, e.g. take a deep breath, relax, and wait it out, chew some gum, pop in a lifesaver or a carrot, drink

water or tea, take a walk, get to work, etc. Avoid environments associated with smoking as much as possible, don't sit where you habitually smoke, eat in a different place and don't linger after eating if that is your usual time for a smoke, don't have coffee in the morning or beer in the evening if smoking is strongly associated with these activities, change your work environment if you have smoked there, avoid your smoking friends for a few weeks or ask them not to smoke. Avoid coffee, alcohol, and other drugs. Lapses often occur after 3 or 4 weeks of success, so be super careful during that time. One third of smokers try to quit each year but only 3% of smokers (1 in 10 of those *trying* to quit) succeed, so relapses are very common. Once you have stopped (gradually or "cold turkey"), do not persuade yourself that just one cigarette would be okay since you are so stressed out some evening. One lapse often leads quickly to total relapse. But a slip doesn't have to result in a total loss of control (see relapse prevention, in this chapter and Method #4 in chapter 11). Constantly, remind yourself why you are quitting: to live 6-10 years longer, to avoid cancer, to make your kids proud of you, to look better, to avoid being a victim of a dirty, dangerous, smelly, little habit, etc. Be determined to gain control over your own life-- prove you can do it, even if you have failed several times before.

Speech problems, like stuttering, and *learning problems* are sufficiently complex you should get professional help. Most schools have a speech and language pathologist and a teacher or psychologist specializing in learning problems.

Study behavior can be helped by many of the excellent study skills books available (see chapter 13 and O'Keefe & Berger, 1994). Don't overlook the all important motivation discussed in this chapter.

Unwanted thoughts and worries, including unwanted fantasies or suspicions, can be treated just like a behavior. That is, they can be controlled by the environment and self-instruction, and they are influenced by immediate rewards and punishment. Three methods are frequently used to change thoughts: (1) thought stopping (chapter 11), (2) paradoxical intention (chapter 14), and (3) scheduling a specific time to worry, say 5 minutes every hour and the entire time must be spent on the worry (which isn't permitted any other time). For jealousy and suspicions, see chapter 7. For more serious obsessive disorders, see chapter 5 and a therapist.

Time management is a skill; see chapter 13.

Tics have been eliminated by massed negative practice, i.e. forcing the tic to occur rapidly over and over while experiencing something unpleasant, such as smelling salts (Hersen & Eisler, 1973).

Toilet training, while not self-help, has been taught rapidly using attention, shaping, and lots of rewards (Azrin & Foxx, 1976).

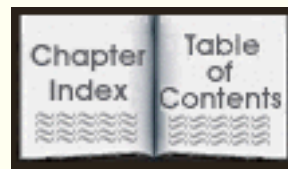
Workaholism is an addiction to work; loving your work is better than hating it, but few jobs are worthy of all your time. You need an understanding of why you are driven. Do you really enjoy your work that much or is it a way "out of the house" or "an escape from the spouse?" Are you driven by some need--power, control, status, success, a guilty conscience? If your motivation isn't clear, see a therapist. Try to find the right job, relax, exercise, and don't neglect your family (Fassel, 1993; Robinson, 1992; Morris & Charney, 1983; Oates, 1979).

When to seek professional help

A wise self-helper will, of course, realize his/her limitations. Professional help is needed if the problems are too severe for self-help, this includes behaviors beyond one's control: serious alcoholism, drug abuse, suicidal depression, intense hostility (where there is any risk at all that someone will be hurt), confusion, criminal tendencies, or any problem serious enough to interfere with school or work. Professional help is also appropriate if you have made a couple of genuine attempts to help yourself without success. Don't be ashamed of your self-help efforts and don't hesitate to seek expert help. It's just smart.

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STRESS, ANXIETY, FEARS AND PSYCHOSOMATIC DISORDERS

All our lives long, every day and every hour we are engaged in the process of accommodating our changed and unchanged selves to changed and unchanged surroundings; living, in fact, is nothing less than this process of accommodation; when we fail in it a little we are stupid, when we fail flagrantly we are mad, when we suspend it temporarily we sleep, when we give up the attempt altogether we die.

-Samuel Butler, *The Way of All Flesh*

Empty your mind of all thoughts.
Let your heart be at peace...
Each separate being in the universe
returns to the common source.
Returning to the source is serenity...
When you realize where you come from,
you naturally become tolerant, disinterested,
amused, kindhearted as a grandmother,
dignified as a king...
you can deal with whatever life brings you,
and when death comes, you are ready.

-Lao-tzu, *The Book of The Way*, 500 B.C., translated by Stephen Mitchell

We have studied in chapters 3 and 4 about values to guide our lives and about how to control our behavior. In chapters 5 to 8, we turn our attention to four generally unwanted, unpleasant emotions--stress, depression, anger, and dependency. First, we will study stress, anxiety, and fears, because these are the most common emotional problems.



Stress, Anxiety, Fears, and Psychosomatic Disorders

- [Overview](#)

- A case of being afraid of public speaking



Signs of stress



Sources and types of stress

- External sources--changes, hassles
- Frustration, threats, and conflicts; prolonged and intense stress



Theories explaining stress and anxiety

- Genes and physical causes
- Learning and conditioning
- Operant and cognitive theories about anxiety
 - Faulty perceptions and beliefs; self-efficacy
 - Self-confidence; thoughts, feelings, and actions
- Psychoanalytic explanations and defense mechanisms
- Defense mechanisms & unconscious causes of fear
- Summaries of the causes and the effects of stress



Ways of handling stress and anxiety

- Confront the scary situation, find causes, escape stress
- Support and self-help groups
- Relaxation, desensitization, and flooding
- Stress inoculation, develop toughness, skills, cognitive methods
- Cognitive: correct false conclusions, plan improvements, healthy attitudes, increase self-efficacy
- Have a purpose, find unconscious causes, open-mindedness
- Summary of how to handle anxiety, fears, and stress



Treatment of specific anxiety-based problems

- Worry and shyness
- Insomnia, burnout, anxiety, fears, and phobias
- Panic attacks and agoraphobia

- [Obsessions and compulsions](#)
 - [Personality, emotions, and health](#)
 - [Psychosomatic and physical disorders](#)
 - [Heart disease](#)
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OVERVIEW

Anxiety or tension is our body's way of telling us that something is going wrong and we need to correct it. It is an absolutely essential signal, necessary for our survival and well being. If primitive humans did not have food, the anxious anticipation of hunger motivated them to find food. If a worker hasn't been productive yet today, the fear of criticism from a supervisor or co-worker helps him/her get busy. If I am driving a little too fast on a rainy night on tires with 50,000 miles on them, my concern about safety slows me down. These are valid reasons for feeling that action is needed to avoid trouble.

Isn't it wonderful that we have a built-in automatic warning system? Yes, except when the system goes awry. Sometimes the expectation of trouble or danger is wrong; we exaggerate the problems or become tense for no good reason. At other times, the warning is accurate but nothing can be done, and we fret needlessly about our inability to change the situation. Sometimes, we have this stress alarm going off, but we don't know what is wrong. In each of these cases, we are psychologically and bodily all tensed up to run or fight an enemy, but the real enemy (the creator of the scary situation) is us.

Obviously, a major problem is telling the difference between realistic, helpful tensions, fears, or worries and unrealistic, unhealthy nervousness. This is because we all *could* start fretting about some possibly stressful event at almost any time. Risks are all around us. Thus, unrealistic worries are over-reactions to a tolerable situation or a prolonged over-reaction to a threatening situation that can not be avoided. But how can you be sure a situation won't cause trouble? You can't. How can you be sure you won't handle the problem any better if you worried about it a lot more? You can't be. However, we can learn to recognize *extreme* over-reactions, e.g. being terrified while flying or obsessing for hours about an insoluble problem. But a little worry about crashing while flying is realistic and some thought is necessary to know that you can't do much about a problem. So, how much time should you devote to a particular problem? There isn't an exact answer; that's why some of us let anxiety overwhelm us.

Instead of an over-reaction, some people under-react to a risk. They dismiss or deny it. They never get serious at work or prepare for a "bad spell;" they die on rain-soaked

highways. Maybe they are unaware of the danger; maybe they just prefer to not think about it; maybe the situation is so threatening that they are scared witless, and shove awareness of the problem out of their mind. Both over-reactors and under-reactors to a threat are poorly prepared to deal with it. Both need to learn to react differently. This chapter deals more with over-reactors than with under-reactors.

Everyone has some anxiety

The complexity, confusion, and commonness of anxiety is reflected in the many words in the English language for anticipated troubles: tension, feeling on edge, up-tight, hassled, nervous, jittery, jumpy, wound up, scared, terrified, insecure, pressured, alarmed, anxious, worried, dreading what might happen, uncertain, vulnerable, apprehensive, edgy, troubled, and many more. Anxiety is the most common symptom seen in a psychologist's or psychiatrist's office.

The broadest definitions of stress include the entire complex sequence of events: (1) the event that requires some change (external or mental; real or imaginary), (2) internal processes (perception, interpretation of the event, learning, adaptation, or coping mechanisms), (3) emotional reactions (our feelings) and (4) other behavioral-bodily reactions (nervousness, sweating, stumbling over words, high blood pressure, and all the medical conditions mentioned below). In a more limited usage, *stress* is the upsetting situation and *strain* is the mental and physical reactions. However, most of us use the term stress loosely for both the threatening situation and the anxious reaction.

Stress may refer to meeting any "demand" made of us, even good, reasonable, enjoyable ones. Thus, the experienced jogger meets the demands of running five miles and thoroughly enjoys it. A person given a promotion is delighted even though it means more responsibility and work. Doing well in school involves the stress of learning what you need to know to get high grades on tests. No one could work and raise a family without stress. How could anyone strive for a high, competitive goal or make sacrifices in order to live according to his/her values without experiencing stress? And, surely, stress is part of self-discovery, growth, and using all of one's potential, because these efforts open us up to failure when we find our limitations. Even the most wonderful events of life--loves, friendships, family, sex, travels, holidays--add stress because these situations require us to cope and adapt. So, some writers speak of "good" stress and "bad" stress. We all have both.

In everyday speech, however, we usually find other words, rather than anxiety or fear, for the hard work, uncertainty, and tension associated with doing a good job at work, in school, or in our relationships. We may say, "it's a hard job but he/she is handling it," rather than "his/her job is making him/her highly anxious." When we use the phrase "he is anxious" or "insecure" or "she is nervous" or "jumpy," we usually mean things aren't going well, the person is close to losing control or threatened with failure. Therefore, words

which imply the amount of anxiety and stress being experienced become a commonly accepted index--a barometer--of how well we are coping. Indeed, very high anxiety is an aspect of most psychological breakdowns or disorders. So, the stress-related words mentioned above usually communicate to others that we are having serious difficulty handling some situation.

What other emotions and/or terms are closely related to stress? *Fears* are when you feel **scared in specific situations**. Some are fears of real dangers; a fear of speeding or fighting or driving while drunk is healthy. Other fears, also called *phobias*, are not realistic; phobias of heights, flying, bugs, enclosed places, open spaces, or of speaking to groups are all over-reactions to the actual risks involved. *Panic reactions* are sudden, overwhelming fear reactions, often without an obvious external cause, usually involving rapid breathing, heart palpitations, fear of dying, and a frantic attempt to get to safety. *Anxiety* is an unpleasant **tension state, like fear, in certain circumstances but not associated with a specific stimulus**, perhaps not with an external event at all. One might be generally anxious at work, meeting people, taking a class, or in many other situations; yet, no specific aspect of those situations is the identifiable source of the fear.

Because stress, fears, and anxiety are so unpleasant, you might be tempted to seek total relaxation in undemanding situations. Actually, the leisurely, effortless life style is not possible or even desirable for most of us. As I have already made clear, if you seek to do your best, to do new things, to stretch your capabilities, you will be challenged and stressed. Many of us are good students, good workers, or good religious folks partly because we are scared not to be. Many outstanding athletes, students, managers, scholars, professionals, and others obtain part of their drive by overcompensating for feelings of inadequacy.

As we have mentioned, the forewarnings of trouble help us cope and achieve. Thus, tension must, in many ways, be valued and welcomed. Psychologists don't yet know which achievements could have been accomplished without stress (demands from the environment and upon oneself), perhaps almost none. Thus, it seems likely that the better adjusted among us are constantly both reducing some of their unneeded anxieties and increasing other beneficial anxieties. It is a skillful, cogent person who can orchestrate his/her life into a pleasant *and* productive symphony of high and low stresses. Thus far, psychology has focused on lowering high anxiety.

When stress and anxiety reach a very high level, they are associated with many burdensome psychological and physiological conditions. For instance, psychological distress accompanies and/or produces *neurotic* disorders, including *somatoform or somatization or conversion* (a physical problem with a psychological cause), *psychogenic pain*, *hypochondriasis* (fear and excessive complaints of bodily disease), *dissociative reactions* (amnesia, sleepwalking, multiple personality), *factitious conditions* (faking an illness), *obsessive-compulsive* disorders, *phobias*, and *generalized anxiety*. See an

abnormal psychology text for a detailed description of these disorders. Some of these problems are dealt with in the last section of this chapter.

An overview of this chapter: we will first consider the signs of stress and the sources of stresses. Then, we will review several theories that attempt to explain why and how stress occurs, why there are such different individual reactions to the same situation, and what the consequences (beneficial and harmful) of prolonged stress are. Lastly, we will discuss controlling our anxiety.

The major purpose of this chapter is to give you more understanding of stress so you can handle it better. At the end of the chapter there are descriptions of several methods for managing stress, fears, anxiety, and specific psychological disorders. You need to refer to chapters 12 and 14, and other chapters to find the details of how to carry out specific self-help methods for reducing anxiety.

A Case Study:Jane--difficulty speaking in front of groups

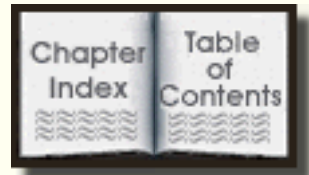
From grade school through high school Jane avoided speaking up in class or any public speaking. She wasn't shy, in fact she was outgoing and popular. She was comfortable with friends. Even in front of crowds, as a cheer leader, she was usually at ease, feeling confident of her talent, as long as she didn't have to speak. But answering questions in class was hard. Talking to teachers and older people was not easy for her. And when she had to speak in front of class, she felt very nervous, both before the speech and especially during it. She got tense, her voice quavered, she forgot what she wanted to say, her knees got weak, she thought she would really mess up. (Fear of speaking before a group is the most common fear; 41% of U.S. adults have it [Wallace, Wallechinsky & Wallace, 1977].)

Jane really wanted to be an actress and majored in Theater and Speech-Communication in college. She knew she had to conquer the speech phobia. She tried and tried to confront the fears by talking in certain classes. Her determination to overcome stage fright also motivated her to prepare carefully for small parts in plays. She even tried out for the debate team but didn't make it. Later she had a chance to appear on the campus radio as a news announcer. She was scared but she did it.

Eventually, as a senior, Jane became one of the anchorpersons on the campus TV news. She was very attractive; other students seemed envious; she gained confidence. A few months after she graduated, she found work as a TV reporter for a small station. It was scary but two years later she was co-anchor of the local evening news. As she became more experienced, she noticed an interesting thing happening--she became less and less uptight while performing but she remained very anxious and disorganized before going on the air. There was almost a panic reaction, difficulty concentrating, dry mouth, and an upset stomach as she prepared to read the news. When it was air time, she settled down. It surprised her to discover that many seasoned professionals experience intense stress prior to performing. (The great violinist, Isaac Stern, reportedly goes to the stage sometimes muttering to himself, "I can't play. I'm no good." Perhaps that is one reason why so many performers use drugs.)

[← Back a page](#)

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SIGNS OF STRESS

The first task is to recognize what stress (or fear or anxiety) is--to become aware if and when you have it. Ask yourself these questions: Are you often tense and unable to relax? Are you nervous--do you shake? Do you have trouble sleeping? Do you feel under a lot of pressure? Are you often restless and unable to sit for long? You feel like your troubles are piling up too much for you to handle? Answering "yes" to any one of these questions may mean you are over-stressed. Answering "yes" to 4 or 5 of these 6 questions doubles your risk of developing high blood pressure.

A brief list of signs would include:

1. Psychophysiological responses--muscles tight or aching, nervous tics like in the eyelid, hands unsteady, restlessness, touching yourself repeatedly, clearing your throat, frequent colds, pain, upset stomach, sweating, skin problem or itch, stiff posture, holding things tightly, strong startle response, headaches, high blood pressure, ulcers, heart disease, colitis, hemorrhoids, rashes, diarrhea, or frequent urination. These are somatoform disorders.
2. Behavioral-emotional signs--hyperactivity, walking or talking faster, in a hurry, irritation with delays, panicky, blushing, getting tongue-tangled, avoiding people, nervous habits (strumming fingers, eating, smoking, drinking), changing habits (becoming less or more organized), poor memory, confusion, stumbling over words, inattentiveness, excessive worrying, preoccupation with a certain situation, holding a grudge, irritability, crying, obsessive thoughts, compulsive actions, outbursts of emotions, bad dreams, apathy, etc. These are anxiety reactions.
3. Tiredness and lack of energy--general lack of interest, bored, watching TV and falling asleep, humorless, sleeping a lot, insomnia, can't get going, sighing, and moving slowly. (Or, sometimes, too much energy, as mentioned above.)
4. Anxiety intrudes on our consciousness or cognition in many ways: excessive preoccupation with the threatening person or situation, a desperate striving to understand why someone behaved the way they did, repeatedly obsessing about the upsetting event, unstoppable pangs of emotion (loss, anger, jealousy, guilt, longing, etc.), excessive vigilance and startle reactions, insomnia and bad dreams, aches and

pains and other unwanted sensations. Plus all the words mentioned above in the introduction that reflect the subjective feelings we have, including nervous, up tight, scared, apprehensive, etc.

Naturally, no one has all these signs. Having only a few may mean nothing; yet, having only one to an extreme may be a sign of serious stress. You probably have a pretty good idea about how anxious you are; if not, discuss it with someone. There are over 100 personality tests of stress, anxiety, fears, self-doubt, risk-taking, etc., which could help you assess your emotional *dis-ease* (Aero & Weiner, 1981). Chapter 15 provides a journal approach to discovering your unique sources of stress. One of the best known tests of stress is the Type A Personality Test from Friedman and Rosenman (1974) which asks how often you experience racing against the clock, hating to be late, hating to wait, losing your temper when pressured, irritated by other's mistakes, speaking in a loud critical voice, being competitive, rushing to do something quickly, feeling guilty if not working, etc. How often do you do these things? If a lot, you are likely to be a tense, competitive, ambitious, irritable Type A.

Because stress and anxiety are complex reactions (including feelings, actions, thoughts, and physiology), these emotional states can and have been measured many ways: self-ratings, observation by others, psychological tests, behavioral signs, and physiological or medical tests. The trouble is (1) each person has their own unique way of responding to stress, i.e. heart rate may increase but no stomach distress may occur in one person and the opposite pattern in another person equally stressed. (2) There is very little agreement among these measures, e.g. a person may rate him/herself as anxious but not appear anxious to others nor respond with stress on the physiological measures, like GSR (perspiration), blood pressure, or muscle tension. This is a major problem in studying stress scientifically. (3) The concepts of stress and anxiety are so broad and vague that general measures of anxiety do not predict very well how people behave or feel nor do such measures explain psychological problems or help a therapist develop a treatment plan. Being "anxious" roughly means "I'm having some problems" but more specifics must be known to diagnose and correct a particular disturbance. You may need to go deeper and find out exactly what is causing your stress. There are many possible causes which you need to know about before deciding what causes your anxiety.

Stressors--the External Situations that Lead to Stress

Changes cause stress

Almost any change in our lives is a stressor because there is a demand on us to deal with a new situation. This is Hans Selye's view, who has spent a life-time studying stress (1982). There are thousands of external causes of stress. Moreover, we can be *overstressed* when there are too many demands at school or work or interpersonally, and we can be

understressed when there is "nothing to do" and we feel like we aren't getting anywhere. As mentioned before, there are bad stresses and good stresses. Here are some bad stresses (the percentages estimate the difficulty in managing that particular stress relative to death of a spouse, which is 100%): a spouse dies (100%), we get divorced (73%), have a serious illness (53%), we lose our job (47%), change occupations (36%), have more arguments with our spouse (35%), and so on. These are good stresses: when we fall in love and get married (50%), reconcile after a separation (45%), retire (45%), have a baby (39%), buy a house (31%), get promoted (29%), have an unusual success (28%), graduate (26%), find new friends (18%), and take a vacation (13%). The more of these major life changes--good and bad--that have occurred in your life during the last year or two, the greater the chances of your becoming physically or emotionally ill (Holmes & Rahe, 1967). Other researchers have found that **having just one close, confiding relationship protects us** from many of these stresses.

Alvin Toffler (1970) wrote a best seller, *Future Shock*, putting forth the idea that technology was producing such rapid change that people felt unable to keep up with and handle the accelerating flow of information and choices. We are in a mobile society with few permanent relationships. Today almost everything is disposable, even our jobs and friends. We give them up and move on. Certainly, computers, robots, and cheap foreign labor may threaten our jobs. On the other hand, I would suggest that an equal amount of stress or frustration is caused by changes being made too slowly rather than too fast, i.e. racial prejudice and greed don't go away fast enough, we'd like to make some changes at work but can't, or the slow driver in front of us drives us crazy--see frustration and conflict below.

Siegelman (1983) and others speculate that change is upsetting because we are leaving a part of our selves behind. Any change involves a loss of the known--a giving up of a reality that has given meaning to our lives. We are also afraid we won't get the things we want after the change is made. No wonder changes are resisted. Siegelman and others also believe that there is an opposite force to the resistance to change. Of course, many of us seek change; there is an urge to master new challenges, to explore the unknown, to test ourselves. And she says, "mastering the anxiety of venturing promotes new levels of growth." How do you see yourself? As wanting things to stay comfortable and the same or more as wanting things to change? This is probably an important personal characteristic to be aware of and to consider if you need to change this attitude.

Daily hassles cause stress

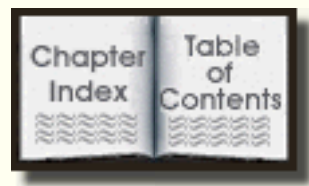
Lazarus and Folkman (1984) believe the little daily hassles rather than the major life events bother us the most, causing mental and physical problems. The research at the University of California at Berkeley investigated the hassles of college students, middle-aged whites, and health professionals. Each group had some similar hassles: losing things, concern about physical appearance, and too many things to do. But each group had

different concerns too: middle-aged persons worried about chronic money matters, professionals fretted about continuing pressures at work, and students were stressed by wasting time, not doing as well as they would like, and loneliness. Note, these are not major life changes, but chronic conditions.

Stress may come from constant, steady tension in a relationship, continuing lack of friends, no interest or excitement day after day, or inability to find meaning in life, as well as from the big, awful eruptions in life discussed above. Also, the little unexpected occurrences and disruptions, like a flat tire, an uninvited visitor, a headache, a long form to be filled out, etc. cause stress too. Lazarus's little hassles were found to be more related to physical health than Holmes and Rahe's major life events. So, both big and little events create stress; you need to be aware of both. And, in fact, as Lazarus points out, health can better be viewed as a result of effective or ineffective coping rather than as simply a result of stress in the environment. You may not be able to avoid stress, but you can learn to cope.

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SOURCES AND TYPES OF STRESS

Frustrations, threats, and conflicts cause stress

Stressors may be real or imaginary, past or future obstacles or stumbling blocks, i.e. frustrations. If something (or someone) has interfered with our "smooth sailing" in the past, it is called a **frustration** or a regret. It may upset us and depress us. If the obstacle is expected in the future, it is called a **threat**. This may be an accurate or an unrealistic expectation, in either case it causes anxiety and worry. A common human dilemma is when our own inner wishes, needs, or urges push us in different directions. This is a **conflict**.

Psychologists have described *five major types of conflict* that may help you understand your stress:

(1) **Approach-avoidance conflict** --we both want and don't want something. Examples: any temptation, like sweets, we like it but want to avoid it. You find someone physically attractive but their personality turns you off. You'd love to teach useful psychology to high school students but the pay is low. In this kind of situation, any decision you make has some disadvantage. It's "damned if I do and damned if I don't."

Furthermore, there is frequently an additional feature that makes this conflict more difficult to deal with, namely, the attraction is stronger than the avoidance at a distance (otherwise we'd just leave it alone and forget it) and avoidance is stronger than attraction when we get close to the attractive object. So, we are caught in a trap. It is like being strongly attracted to a glorious person whom we fear may not be interested in us. Thus, we tend to approach him/her and then just as we are about to ask him/her to do something with us, we get "cold feet" and run away, then come back again and so on. So often this happens in love relationships; there is a quarrel and a break up, but at a distance they miss each other and remember the good times and end up getting back together, only to find the other person is still a jerk; they fight again and leave, and over and over. Caught in this kind of bind, the stressful oscillating between approaching and avoiding may go on for a long time.

Note: frustration is like an approach-avoidance conflict except there is a barrier in the

way instead of the goal itself having negative qualities that keep us away. For example, it is a conflict when low pay makes us hesitate to take a high school psychology teaching job. It is a frustration when the barrier to high school teaching is the fact that there are no jobs available. Age, gender, and lack of things, like money, ability, and motivation, are common barriers causing frustration. Adolescence has been called a time of storm and stress. In the early teen years, we are considered too young to drive, drink, go steady, work, stay out late, have sex, etc. As a young woman, it is not considered appropriate by many others if you want to work as a carpenter or truck driver, to be a senator or governor or president, play on the boy's football team, or be as loud and dirty-talking and heavy-drinking as males your age. The time when we would most like to have a new, expensive sports car is when we are 16 and have no money. Many of us would love to be a great singer but can't carry a tune. There are endless frustrations to be handled.

(2) **Approach-approach conflict** --we have two or more good choices but can't have them both. Examples: you have two good job offers, two or three kinds of cars you'd like to buy, two interesting majors to choose between, two possible dates and so on. This kind of conflict is usually easily resolved; we just make a choice. A few people become afraid they have made a mistake as soon as they decide. Many may briefly think later: "Of all sad words of tongue or pen, the saddest are these, 'it might have been'."

Making the choice among two or several good, exciting alternatives may be done carefully and cautiously by an unusually conscientious person; yet, the decision usually poses no big threat, unless one is hoping for a guaranteed perfect outcome. Others might make the same decisions casually or even impulsively. Of course, carrying out our preferred choices among good alternatives may involve considerable stress. When we go off to our favorite college, stress goes with us. When we decide to marry the person we love most in the world, we are anxious. When we try to excel in our favorite sport, there is tension. Each of us may have our own optimal level of tension as we achieve the goals we set for ourselves in life.

(3) **Avoidance-avoidance conflict** --we have two or more alternatives but none of them seems desirable. It's a "no win" situation, like approach-avoidance conflicts, except no choice looks appealing. Examples: we have a choice of studying a hard, boring chapter or doing poorly on an exam tomorrow. Suppose a woman becomes pregnant but doesn't want to have the baby and doesn't believe in abortion. We may be in an unhappy relationship but be afraid to leave. Suppose a parent or a spouse constantly disapproves of everything we do, but we can't or don't want to leave. These are very uncomfortable situations to be in. Often we try to escape: students drop courses, children run away from home, the young woman puts off deciding what to do about the pregnancy until she has to have the baby. Procrastinating or running away from the problem may only make things worse. At other times, escape is a reasonable choice, e.g. Erica Jong (1977) writes in *How to Save Your Own Life* about a woman in an unhappy marriage who became so afraid of failure that she couldn't get out of bed. Divorce saved her.

(4) **Double or multiple approach-avoidance conflict** --we are faced with many choices, each with complex positive and negative aspects. This is like conflicts (1) and (3) combined. The real world is like this sometimes: There is a good movie on (but you might flunk a quiz tomorrow); there is a lot of studying to do (but it's all so boring); there is a chance you could meet someone interesting at the pizza parlor (but it's too many calories); there is a job opening in your hometown (but it might be a serious mistake to quit college). All have their appeal; all have disadvantages; and you have only a few minutes in which to make many decisions like this every day.

(5) **Avoidance-approach conflict** --some ordinarily avoidable goals are so enticing (opposite of 1) that once you get close you can't stop: you can't stop with one cashew; a sexually attractive and willing partner may be impossible to resist once you get into bed. Emotions are like this--anger can be contained until we get to the boiling point, then we let go full force. Or, we may avoid someone or some activity or food thinking we don't like them, but once we get closer to them we find out we like them.

Being aware of the different types of conflicts could help you recognize troublesome situations in your own life. Such conflicts might be the source of stress and anxiety. Having a philosophy of life (chapter 3) and good decision-making skills (chapter 13) will help resolve the conflicts.

Other external and internal sources of stress

Shaffer (1982) lists 9 external and 10 internal sources of stress. The external ones are noise, polluted air, poor lighting, overcrowding, unpleasant relationships, uninteresting work or poor conditions, life changes (see above), too much or too little responsibility, and too many "rules." The internal sources are poor diet, little exercise, physical strain on the body, rushing or being unable to adjust to the pace of others, experiencing conflict or taking things too seriously, sexual frustration, finding little meaning in life, nervous symptoms, and taking no time for yourself.

A "source" of one emotion (anxiety, sadness, anger, dependency) can be another emotion. There is strong evidence that certain emotions go together, e.g. anxiety and depression, so it is wise to look for both feelings even though you are aware of only one. Sometimes one emotion, say anger, is so disturbing that it is denied (see defense mechanisms), but the simmering hostility can produce great anxiety which may keep us awake at night and stressed out during the day. In that case, focusing on reducing the restlessness may not effectively relieve the anger. You may have to dig out all the feelings.

If you are looking for the sources of your stress, you should consider all the above mentioned external and internal sources, but there are still many more ways to get stressed. Especially neglected in our discussion, thus far, are the cognitive sources (unreasonable expectations, faulty thinking, scary fantasies, and negative self-concept) and unconscious

processes (internal wars between parts of our personality and glimpses of taboo urges). We'll cover these in the next two major sections.

Other research findings

Early research on psychological stress focused on extreme conditions: combat, concentration camps, nuclear accidents, loss of loved ones, and serious injury. Or, focus was on extreme responses to stress: psychosis, incapacitating anxiety, bleeding ulcers, high blood pressure, heart conditions, etc., which become stressful conditions themselves. Fortunately, most of us don't have to deal with such serious conditions, but we all have some stress.

Later research has studied the impact of stress on work and skills or on morale. To some extent, mild to moderate anxiety increases our performance, especially on simple, easy tasks that we know well. Of course, intense stress usually screws everything up; however, some people "keep their cool" responding to failure or a serious challenge with more determination and effort, and doing better. Most of us get "nervous" and clutch up or give up, especially if the task is very complex.

It is common to assume that men are more "bothered" by problems at work, while women are more troubled by problems with the children or by marital conflicts. But, if women work full-time outside the home, they are as stressed by problems at their work as men are. Likewise, men are as disturbed by difficulties with the children as women are. The emotional reactions to marital problems are complex: men and women are in general equally concerned about their marriages. However, when wives are securely employed and financially independent, *men are more concerned* with marital problems than women are. If women are economically dependent, they are more troubled by marital conflicts. Actually, your level of concern about your marriage depends on your commitment to and your dependence on the marriage. Other studies suggest that males and females tend to react differently to certain stresses, e.g. men and women respond about equally to a storm, like a hurricane, but *women respond more intensely* than men to a nasty family fight (Adler, 1993). We are learning new things about our reaction to stress all the time; there is a lot more to discover.

General Adaptation Syndrome--GAS

Almost 50 years ago a young physician, Hans Selye (1974), noticed that sick people often had a series of symptoms, no matter what was wrong. He called it "the syndrome of just being sick." It seems to be the body's way of defending itself against attack by disease or stress of any kind. *Three stages* are involved in what is now called the general adaptation syndrome or GAS. First, is the *alarm* stage: the body responds with panic--a "fight or flight" reaction. The hormones flow, the heart beats faster, we breathe harder, we sweat, our senses are more alert, we are ready for protective action--running or attacking. One can see how this reaction surely helped our species survive for millions of years in the wild. But as we

experience this defense today in the form of fear, anxiety, panic, anger, sadness, etc., we lose some of our mental alertness and organization. So a frightened speaker, being more prepared to run than talk, loses his/her train of thought or stumbles over his words. The nervous worker being watched by his/her supervisor fumbles with his tools.

If the stress continues, our body enters the second stage, called *resistance*. Our body must stop being in a state of alarm; our body can't take it. So, the body attempts to adjust to the stress. We calm down a little, but the body is still working overtime; we may become more accustomed to being stressed but our concentration and decisions continue to be poor.

If the stress is very long-lasting (days, weeks, and months), our resistance is further worn down and our bodies become *exhausted* in the third stage. We don't have the energy to continue the adaptation to the stress. The body gives up--parts may have been damaged, particularly the heart, kidneys, and stomach. We may die. Voodoo deaths may occur this way. Commonly, psychosomatic disorders (psychologically caused physical disorders) occur: fatigue, hysteria, aches and pains, high blood pressure, skin rashes, etc. Often we have trouble getting along with others. Mentally we may experience hopelessness, exhaustion, confusion or perhaps a serious mental disorder.



Prolonged stress is a very serious matter.



The mystery of the long-term effects of intense stress

A cluster of research findings demonstrate the incredible consequences of childhood traumas (sometimes, not always). It has long been known that people who lost a parent during childhood were more prone to depression as adults. The 5 and 10-year harmful effects of divorce on the children has been well substantiated, and the "sleeper effects" of divorce (such as a fear of intimacy) may occur 10 or 15 years later (see discussion in chapter 10). Children, whose parents divorced, even die 4 to 6 years before children who haven't gone through a divorce. That's incredible. Soldiers who were prisoners of war were 8 times more likely to have had a stroke 50 years later than buddies who were not prisoners. Women who were sexually abused as children have a smaller hippocampus than unviolated women; thus, stress seems to change our brains, our cardiovascular systems, our immune systems, and our hormonal systems. So, when "stressed out" as an adult, the original source may have been years ago or even in your childhood (brilliant! except Freud said that 100 years ago).

About 40% of 10 to 16-year-olds report some sort of trauma in childhood--physical or sexual assault, kidnapping, etc. These traumatized children have more stress symptoms,

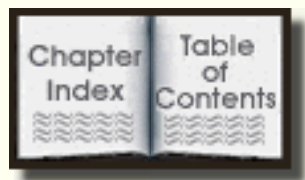
sadness, and difficulty in school than non-traumatized children (Boney-McCoy & Finkelhor, 1995). That's why therapists explore your history.

Unfortunately, we scientists don't know how these continuing over-reactions to stress are maintained over the years. Of course, theorists speculate, e.g. some think intense stress is primarily a chemical-physiological reaction which permanently alters our body, especially the hypothalamus, pituitary gland, adrenal glands and their various hormones, causing the hypersensitive reactions to ordinary stress. Drugs might be developed to fix these problems. Others think psychological (learned) processes are responsible and need to be changed.

Jeffery Young (1990) has suggested that *early maladaptive schemas* or ways of thinking develop early in life. Such schemas, especially after experiencing high stress, might include ideas that I will be abandoned, that others may deceive or hurt me, that I won't get enough love, that I can't handle life, that I can't be happy without a particular person's love, that I am basically defective and others won't like me, that my wants and feelings are unimportant, that I am entitled to anything I want, that I don't need to or can't control my emotions or behavior, and so on. Our particular schemas form the core of our self-concept, so they resist change. And, the maladaptive schemas from childhood could cause depression, over-reactions to stress (like divorce), physiological changes, high blood pressure and strokes, etc. years later. We are a long way from knowing how to prevent these long-range consequences. Quite possibly the physiological development and psychological processes (conditioning and cognitive) constantly interact and share the blame. Give science another 25 years and we will understand these new mysteries well enough to "treat" the causes. For now, we can do our best with what is known by turning to psychological theories about anxiety.

[← Back a page](#)

[Forward a page →](#)



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THEORIES EXPLAINING STRESS AND ANXIETY

Each person's stress-level is not just the result of the problems that have accidentally occurred in their lives recently. It is more complicated than that. For one thing we are surely, to some extent, in control of how many and what kind of problems come along. More importantly, as individuals we respond to a problem or stressor very differently. Examples: being dumped crushes some of us while others are happily dating someone else in a week or so. Being fired makes some of us feel very incompetent while others are certain they can get a better job. Having a handicap makes some of us think we were meant to be inferior while others become obsessed with becoming superior and do. Our theories must explain these enormously different reactions to stresses. There are several relevant theories and each one has something to teach us about self-help. We will briefly review four explanations of fear and anxiety: constitutional, learning-behavioral, cognitive-humanistic, and psychoanalytic.

Constitutional factors--genes and physiology

It is easy to overlook our biological inheritance but our genes influence our health and our behavior from birth to death. Recent studies of identical twins have yielded impressive results. For example, blood pressure is estimated to be 60-65% inherited; only 35-40% is determined by diet, exercise, learned stress responses, smoking, and other environmental factors. There is pretty good evidence that children of parents with serious psychiatric disorders (schizophrenia and manic-depression) have a somewhat (not greatly) higher risk of having the same problems. If one identical twin becomes schizophrenic, there is a 50% chance the other twin will too. As mentioned before, more schizophrenic children are born in late winter and early spring. We don't know why.

Most personality traits do not seem to be inherited, but there is one exception--shyness (discussed at the end of the chapter). It has also been reported that male abusers in a family in England have an abnormal gene on the X chromosome. However, it is a very rare abnormality; thus, not accounting for all the anger in the world. And, some men in the family had the defective gene but were not abusive.

In terms of other inherited traits, the activity level of 3 and 4-day-old infants is slightly related to the anxiety level experienced by the mother during the pregnancy. Hyperactive parents are several times more likely to have a hyperactive child. Disorders, such as migraine headaches and asthma, also seem to be inherited. Perhaps physiological and chemical processes, like hypoglycemia and proneness to alcoholism or epilepsy, are partly genetic. Identical twins are frequently similar in terms of enuresis, menstrual complaints, and nervous habits, like nail biting, or mannerisms, like rubbing their chin; they even describe their anxiety in very similar words, even if they have been reared completely apart. The power of the genes seems to be amazing, but we have to guard against exaggerating the role of genes.

Frustrations make us upset and making difficult decisions creates anxiety (see conflicts described above). Pavlov's (see chapter 4, classical conditioning) dogs had a "nervous breakdown" when forced to distinguish between a circle paired with food and an ellipse that got closer and closer to being a circle but was not paired with food. Like Pavlov's dogs, many judgments we have to make are hard, e.g. is my spouse joking or serious, is my friend irritated or not? It seems to be "dog nature" and "human nature" to be stressed when we are confused and don't know what to do.

Having an unusual or surprising experience also causes stress. Donald Hebb found that chimpanzees had no fears until 4 months of age. After that, familiar objects and unfamiliar objects (except for a few, like snakes) caused no stress. But familiar objects shown in unfamiliar ways caused fears, e.g. seeing a life-like model of a person's head without the body is a scary experience for monkeys. Most humans are also stressed by viewing a dead or mutilated body.

Pavlov's dogs and Hebb's chimps acquired these stress or fear responses without any prior painful learning experiences being involved. It appears that these reactions are innate in animals. Likewise, protective reactions are instinctive, e.g. baby rats freeze (with terror?) when a cat appears. Over 50% of parents of water phobic children (aged 3 to 8) claim that their child had always been afraid of water without any traumatic initial experience. Certain animals learn certain fears very quickly and others very slowly, e.g. a monkey immediately learns to fear a snake by seeing another monkey terrified by a snake but does not learn to fear a flower in the same way. This may be true for humans too. Perhaps other fears, like speaking in front of groups or encountering a snake, are also partly built into many humans at birth.

Just because you may have inherited a problem, such as being shy or hypertensive, does not mean that you are helpless. It does mean that, compared to others, you may require more effort--relaxation or practice or desensitization or correcting one's thinking--to overcome your constitutional tendency of fear, hyperactivity, speech anxiety, or whatever.

Since drugs (legal and illegal) influence our mood and stress responses, it suggests that internal chemical factors, such as our hormones, might influence our emotions too. The high percentage of women who feel differently before their period further suggests this is true. Indeed, it is important that every woman plot her feelings and moods to determine if there is a cycle involved.

Recent physiological research suggests that fears do not necessarily involve the cerebral cortex; sensory nerves in animals, involving hearing, go directly to the amygdala which triggers adrenaline (fear reaction). This may help explain how we humans (if we are wired the same way) can be scared without knowing why.

Learning-behavioral theories

Feeling stress and anxiety may involve all three kinds of learning--classical, operant, and observational (see chapter 4). Remember Little Albert and classical conditioning? The loud "bang" was paired with the rat a few times and Albert became afraid (a little) of the rat. Obviously, this occurs; many people have been hurt in certain situations, like auto accidents or climbing on something, and developed a fear (many, of course, do *not* learn a serious fear in the same situation). But psychologists are learning that classical conditioning in humans is far more complex than just pairing a neutral stimulus (S) with a situation (UCS) that automatically arouses a reaction, like pain, fear, saliva, attraction, etc. Let's learn a little more about that.

Researching the development of fears is difficult because psychologists can't experiment with people and try to produce a phobia. It wouldn't be ethical. Instead, clients come to therapists with full blown fears; often they are unable to tell us how their fears developed. On the other hand, if you asked a psychologist how a fear could be created, he/she probably would suggest pairing something painful (shock) or scary (loud noise) with a harmless object (say a basketball). This is a classical conditioning procedure, but it is not likely to work. Remember: if Little Albert had been a little older, Watson's method (classical conditioning) would not have worked. If Watson had tried to condition fear to a white block of wood instead of a white rat, it wouldn't have worked (see last chapter). The CS-UCS connection (ball with shock) proposed by the psychologist is not reasonable; it isn't believable that a basketball will shock you, so reason can override conditioning. But, if you are told (and believed) that the basketball is filled with a dangerous gas which might explode if electrical shocks disturb the air within 10 feet of the ball, you would probably respond with fear if you were shocked holding the basketball and, later, you might fear the basketball alone. Many of our fears seem reasonable to us, but not to others.

A particularly fascinating study about creating fears was done 30 years ago by Campbell, Sanderson & Laverty (1964). Working in a medical setting with medical students as subjects, they paired a simple stimulus--a light or a tone--with a common drug

(scoline, used in surgery) that stopped muscle action for about one minute. A person's reaction to temporary paralysis is panic, mostly sheer terror at not being able to breathe (even though they know what will happen). Two results were noteworthy: (1) the conditioning took only one trial, i.e. the panic reaction occurred every time the light or tone alone came on after that, even though there is no "rational" connection between a light and being paralyzed. It was one trial learning, just like in a serious accident. (2) The terror response never diminished. Naturally the experimenters tried to remove the fear. But they couldn't. They followed, according to learning theory at the time, the extinction procedure of presenting the conditioned stimulus--light or tone--without the unconditioned stimulus--the drug. They provided 100 extinction trials. The fear response did not diminish! The conclusion at the time was that fears may not go away, maybe they are just overridden with stronger relaxed responses.

The old conception of classical conditioning was that an association was learned when a CS and an UCS were paired together several times. That is still the essence of classical conditioning. But, thirty years ago we assumed the mind had nothing to do with this conditioning process. Today, experts say the CS arouses expectancies about the UCS (actually we develop a mental representation of the UCS) and then, as we have experience with the UCS, we evaluate and develop different reactions to the UCS which, of course, influences the final conditioned response (CR). Clearly, a lot of mental events influence the CS-UCS connection.

According to Davey (1992), the new theories suggest a conditioning-cognitive sequence is like this:

1 è	2 è	3 è	4 è	5
Conditioned Stimulus (CS)	Outcome Expectations	Cognitive conception of of Unconditioned Stimulus (UCS)	Evaluation of the UCS Response (CR)	Conditioned Response (CR)

Steps 2 and 4 are places where cognitive factors can affect the conditioned response (CR). How is this be done? Consider this example, if your lights dim slightly before a very loud noise, what you think all this means makes a great difference in how you respond. If you think the dimming lights and noise means an earthquake is occurring or that your house is falling on you or the electrical system may set the house on fire, you will probably have a strong panic reaction. If, with a little experience, you learn that your huge new sound system dims the lights right before your favorite music blasts forth, you will soon be having a pleasant reaction to the dimming lights. If someone had told you to expect the lights to dim, your startle or fear response would be slight even the first time. If you believe the dimming of the lights is perfectly normal and poses no danger, you have a different reaction than if you believe you have overloaded the circuit and caused a fire

hazard. Beyond all this cognitive influence on a classically conditioned response, recent research has found that experience with the UCS (in this case an unexpected loud sound blast) without the dimming lights (during the daytime) can affect your conditioned reaction too. Being told by an expert that loud sounds damage your hearing permanently will also influence your conditioned reaction. Likewise, observing your reactions to the CS or the UCS as well as using various coping strategies can alter your conditioned response (CR) to the conditioned stimulus (CS). So it is far from a simple mechanical reaction. That huge brain wasn't added to your spinal cord for nothing.

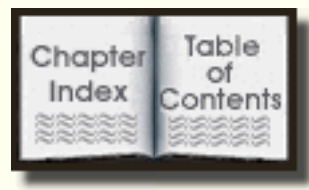
Since many experiences and thoughts will influence how we cognitively evaluate the UCS, and, in turn, change our CR, it is possible that Campbell, Sanderson & Lavery could have reduced the medical students' fear response to the light by administering the paralyzing drug (UCS) 100 times (instead of the CS--the light) so that the subjects would become less frightened by the drug's paralyzing effects. Perhaps, if the subjects had been told and shown that it was impossible for the drug to be administered again, the fear response to the light would have declined rapidly. Perhaps, if the subjects had been told that they could overcome the fear reaction to the light and given training for doing so (with the light being left on while they "talked themselves down"), their response to the light would have become less intense. Also, if the light had been presented many times before the drug was administered, the reaction to the light may have been easier to extinguish. Science is just beginning to learn more about how cognitions interact with conditioning. Cognitive methods are a new tool for expanding self-control in many areas. Some fears are unreasonable and harmful, some are reasonable and helpful, e.g. the anorexic's totally unreasonable fear of food making her fat and the heart attack victim's reasonable and helpful fear of high fat food. In time, the anorexic can change her mind about her body and the person with a heart condition can forget to watch his diet.

There are many other mysteries about fears. New conditioning theories help explain these things. Question: How do some people get phobic without ever having a painful or traumatic experience? Many people are afraid of snakes or mice but have never been bitten. Almost no one who is afraid of flying has been hurt in a plane crash. Lazarus (1974) reported that only 3 percent of his phobic patients could recall an actual event that might have caused their fear. Rimm, et al. (1977) found 50%. Actually, persons who are physiologically unable to feel pain still become anxious and fearful just like the rest of us (Derlega & Janda, 1981); why is this? Answer: Davey provides this example of a fear of public transportation developing without obvious trauma: you see an unknown person die of a heart attack on a city bus, so the connection is made but it has no effect on you until much later when your father dies of a heart attack, after which you become very afraid of riding the bus. Research also confirms that simply thinking about all the horrible things that could happen in a scary situation, say giving a speech, can increase your fear response. Similarly, as we will see in a later section, you can learn fears from models or family traits and never have any painful experience yourself; these vicarious experiences presumably change your "outcome expectancies."

Question: Why do many people have a truly traumatic experience, like a very painful dental treatment, but never get phobic about going to the dentist? Answer: If you went to the dentist several times *before* experiencing serious pain, that might prevent a CR of fear. Also, a fear may not develop if you are able to deny that the UCS (the root canal) was awful, in the same way the dying person denies he/she will die. Various mental strategies help us neutralize a threat or UCS, e.g. we minimize a stress ("Lots of people suffer more") and/or push it out of our awareness ("Just forget about it, it isn't worth getting upset about, think positively"). Giving people information about scary medical procedures *can* reduce their fear *or* panic them. It is not possible to cleanly separate conditioning from cognition.

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THEORIES EXPLAINING STRESS AND ANXIETY

Operant conditioning and stress

Obviously, some fears have payoffs, i.e. immediate positive reinforcement. Fears of the dark get attention from parents at bedtime or some one to hold our hand walking in the dark. A fear of dealing with a banker or other authority may get someone else to intervene for you. Fears may get sympathy. (Of course, many fears are fun, e.g. hide-and-seek, the roller-coaster, the spook-house, the horror movie, etc.)

More often negative reinforcement is involved in fear development (see chapter 4). Fears are self-developing if you run away from and/or avoid the frightening situation. Let's take a fear of elevators as an example. Suppose you have an important appointment on the 69th floor. But you fear heights, especially in elevators. So, you get more and more anxious as you approach the building. Walking towards the elevator, you think of the height, the long fall and the terrible accident if the elevator fell, and you imagine what it would be like if there were a fire at the same time... Your mind goes crazy. You are so sweaty and scared you can hardly push the "up" button. Then, before the elevator opens, you say to yourself, "I'm not going through this kind of hell; forget this." You may not even notice it, but as you walk away from the elevator, you feel a great relief, enormous stress has been taken away. This relief is negative reinforcement. Of what? Of what you were just doing! Being terrified of elevators and running away. So, you will be even more afraid of elevators in the future.

The possibility that running away from a fear strengthens it has important implications to all of us (beyond the old rule about climbing back on a horse as soon as possible after being thrown). Every time in a lecture you are unclear about something but decide not to ask about it in class, are you learning to be afraid of asking questions? Every time you want to talk to someone or go to a party but decide it would be more comfortable not to do it, are you increasing your shyness or your anxiety at the next party? This theory doesn't explain the origin of an irrational fear, only the growth. Later in this chapter we will see that it is usually important to expose yourself to a fear, not avoid it. Still, there is much more to understand about the care and keeping of fears.

Cognitive theories: Social learning, modeling, irrational ideas, false conclusions, fantasies, perception-attribution, coping skills, and humanistic views

Humans have always had to cope with fears and self-doubts. William James, 90 years ago, emphasized the importance of the sense of self--the "me" as I see me in terms of "Who am I?", "What do I do?" and "What do I feel?" Likewise, more recently Carl Rogers, Abraham Maslow and other **humanists** have attributed a central role to the self-concept, which is another aspect of the cognitive dimension. We want to feel good about ourselves which usually involves being accepted by others. We strive to express our true selves--to actualize our best selves. According to self theory, stress in part comes from conflicts (1) between our actual self and our ideal self, (2) between conscious and unconscious perceptions or needs, and (3) between our view of reality and incoming evidence about reality. Epstein (1982) adds two more stress-producing conflicts: (4) between differing beliefs or values we hold and (5) between our belief of what is and what should be. So, values and doing or being right affect our stress level.

We all strive to make sense of our existence. Since we can influence our future, we feel some responsibility for our lives. According to the **Existentialist** anxiety comes from the threat of nonbeing--death and from the dread of having to change (thus, a part of you dies) to become something different. Fears are attacks from the outside, whereas anxiety reflects an internal threat to our very essence as a person. Anything that questions our values, anything that alienates us from others or from nature, anything that challenges our ideas about the meaning of life causes anxiety. According to this theory, anxiety is not learned, we are born with it, it is the nature of humans. Serious anxiety reduces our ability to guide our lives and we end up feeling life is meaningless; that is called **existential anxiety**.

For decades, the **Adlerians** have contended that over-demanding parents produce anxious, insecure children, perhaps because the children never succeed in becoming what they "should be" in the eyes of the parent. Many years ago, a study showed that the closer a boy's self-concept was to his mother's ideal, the less anxious he was (Stewart, 1958). Very recently, **addiction counselors** have contended that addictions of all kinds are a way of diverting our attention away from a deeper concern, usually self-doubts and low self-esteem. If a person sees him/herself as defective, insecure, "nervous" or fragile, it seems likely that they are going to experience more stress and respond less effectively than a secure person. See chapter 14 for ways to change your self-concept and expectations of yourself.

Eighty years ago, Morton Prince suggested that a phobic person was afraid of having a panic reaction, rather than being fearful of the situation, such as heights, trains, or open spaces. In short, our expectations produced our fears.



Fear brings more pain than the pain it fears.

Several more recent theorists (Bandura, 1977; Ellis and Harper, 1975) believe we can think or imagine ourselves into almost any emotional state. They say our thinking--our cognition--produces our feelings, not classical conditioning. The focus in this section will be on our inner experience--our thoughts--interacting with the external world to generate anxiety or calm.

Past experience determines our view and evaluation of events, others, and our selves, including our beliefs about our ability to handle certain situations. Our beliefs and interpretations of the frightening situation determine our actions and feelings to it. But the process is complex. For instance, cognitive or social learning theorists believe there are several steps involved: first we must *perceive* the situation including our gut responses (our perception may be realistic or distorted), second we *evaluate* the situation (as important or minor; awful or good), third we *assess our ability to handle the situation*, and finally we *decide what to do and respond* with feelings and actions. Let's study this process in more detail to see how it results in fear.

The cognitive theory is clearly a very different notion from stress based on an inborn impulse, an innate need, an automatic reaction, or conditioning (like Little Albert). This theory is also different from Freud's unconscious processes, although some of the cognitive processes may be semiconscious. Cognitive theory returns the mind to a central role in psychology; it contends that our conscious cognitions (thinking) largely determine what we do and feel. Our minds work in wondrous ways and may be rational (accurate) or irrational (wrong), as we will now see from many examples.

How thinking can produce stress and fears in several ways

Within current psychology theory, cognitive explanations of stress are fairly new, at most 20 to 25 years old. So, the theories are not well integrated and organized, as yet. I will start with a brief, crude overview of how we think our way into being upset (when there is little rational reason for the fear). Then I will give you some more detailed explanations and examples of specific kinds of thinking that produces or reduces stress. Finally, near the end of the chapter we will summarize the methods used to correct the thinking that causes irrational distress.

This is an overview. More-intense-than-necessary fears, worries, self-doubts, anxiety, etc. may be caused

- by merely *observing someone* else--a model--who has excessive fear or nervousness, and learning to respond the same way (see discuss of modeling in chapter 4),
- by learning to distort incoming perceptions so that the situation is made to look worse than it is by these *faulty perceptions*, e.g. blushing may be interpreted as making a fool out of yourself or speaking too softly to be heard may cause the listener to frown which is then interpreted as disapproval,
- by applying certain unreasonable personal beliefs or expectations to the perceived situation so that disappointments, anger, and/or a sense of inadequacy are immediately created by these *irrational thoughts*, e.g. thinking that others will think you are unattractive or believing that brief pauses in your speech will bore the listener,
- by acting on a variety of *faulty conclusions* an excessively stressful situation may have long-range consequences, e.g. by falsely believing we are boring or can't answer the other person's questions, we abruptly terminate the interaction *or* by having fantasies of some horrible outcome which literally scares us "out of our wits," we do poorly and the situation gets out of our control *or* by self-critically using this stressful incident and failure experience to further lower our self-concept, a serious self-esteem problem develops, etc., etc. There are an infinite number of false beliefs; every human has some, many have many.

These are some of the basic ideas of cognitive theory. There are many different kinds of thoughts that cause stress and fears. Cognitive processes have become the main focus of psychological treatment in the last 15 years or so.

Observational learning and cognition

In chapter 4, we saw that one could learn to be aggressive from watching a model. In a similar way, we can learn fears too (Bandura & Rosenthal, 1966) from watching a fearful person. If a parent has an obvious fear, say fear of flying or of storms or of dealing with authorities, his/her children are likely to assume there are great risks involved and be afraid of these things also. I once saw a client whose entire family had a fear of heights, especially docks over water. They passed it on, via modeling, from generation to generation.

Cognitive theory says both reasonable and unreasonable fears (phobias) are based on thoughts. Of course, it is logical thought that enables us to distinguish between rational fears and irrational fears, but for the frightened person this differentiation is difficult. Yet, our survival depends on cognition--recognizing real dangers, like driving while drinking or smoking while lying in bed or going into business with a dishonest partner. But, why do so many of us learn to greatly fear less dangerous situations, such as asking an attractive person for a date. Could it be a crushing blow to our ego even if the person who turns us down

hardly knows us? (No, if we are secure; yes, if we are overly self-critical.) Somehow the ordinarily rational cognitive processes run amuck and exaggerate the dangers, as when beginning spelunkers think the cave will crash down on them or speakers fear the audience will think they are dumb or people avoid revealing their personal opinions and intimate feelings. Let's see how this might happen.

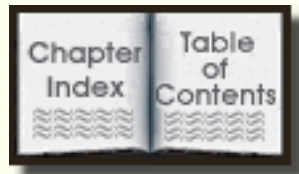
Most phobias are groundless and excessive, such as a fears of harmless bugs, dirt, worms, meeting people, speaking to a large group, and heights. Hauck (1975) suggested that these harmless situations are associated with fantasies of horrible consequences (like the fear of elevators). Thus, our own scary ideas become the "pain" paired with the situation to produce a fear reaction. For example, the shy person thinks about meeting someone and then imagines not knowing what to say and becoming terribly embarrassed. And, thus, he/she becomes even more shy. Likewise, most of us have at least a mild fear of the dark. Relatively few people have been attacked in the dark, no one by ghosts or monsters. Yet, at age 3 or 4 (as soon as our imagination develops enough) we begin fantasizing scary creatures lurking in the dark. Our own fantasies create our fear of the dark.



We can easily forgive the child who is afraid of the dark. The real tragedy is when adults are afraid of the light.



Of course just saying "fears come from irrational thinking" is not a very complete explanation of behavior. The question is: "why and how do we learn to think irrationally?" Bandura (1977) says false beliefs come (a) from faulty perception (like believing your black neighbors are more violent than your white ones because TV News picture more blacks as criminal suspects) and (b) from faulty conclusions based on insufficient evidence (like believing that *this* airplane you are boarding is likely to crash because you have seen some terrible crashes on TV lately). But why the faulty perceptions and conclusions? There are lots of ways for our thinking to become irrational, so we will discuss this in some detail. Also, in chapter 6 we will learn more about how depression and low self-esteem seems to be produced by negative self-evaluative thoughts; in chapter 7 we will see how anger may be produced by negative thoughts about others, etc. (But which comes first, the idea or the emotion? Cognitive theory says the idea, but it is hard to believe that emotions have no role to play in producing some of the irrational thinking in the first place, right?)



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OPERANT AND COGNITIVE THEORIES ABOUT ANXIETY

Faulty perceptions and irrational immediate reactions to the perceptions

Anxiety and fears may result from how we perceive and react to situations. It may help to separate the *faulty perceptions*, i.e. learned biases or distortions that take place in the process of perceiving the situation, from the *irrational ideas*, i.e. almost instant irrational reactions we have to that situation, such as "they shouldn't be doing that" or "I should be doing better than this" or "I can't do anything about this mess."

The **faulty perceptions** occur when our erroneous expectations, fears, or wishes alter how we see other people and ourselves. We have a certain mental "set" before the event happens which causes us to see the situation in a certain way--we give it our own slant. Examples: a person desperately wants to have a good relationship with his/her lover, and fails to see the lover's loss of positive feelings and interest. A person wants to please others so much that he/she isn't even aware of his/her own needs. A person expects to be inadequate and so sees only his/her weaknesses and doesn't see his/her strengths or opportunities. A person has a pessimistic outlook, so every event is seen as the beginning of a catastrophe. A person has a severe self-critic, so every action he/she takes is seen as something to be ashamed of. Many of these faulty perceptions, called "maladaptive schemas" by Young (1989), arise from emotions or needs and obviously cause stress.

The **irrational ideas** are often an instantaneous judgment that what is happening shouldn't be happening. Thus, Albert Ellis refers to "musturbation," i.e. believing that things must go the way I want them to, and if they don't, I have a right to get terribly upset. This demand for things--everyone love me, I be successful, don't blame or hurt me--is certainly going to produce stress, especially when the demands aren't met. These demands surely arise from a long history and a complex variety of emotions, thoughts, needs, fears, and hopes. These cognitive-emotional demands that life unfold differently produce, in turn, many new and disturbing emotions. This theory, which is the basis of Rational-Emotive therapy, will be described extensively in the next chapter and in method #3 in chapter 14.

After perception, we appraise the situation and decide how well we can handle it

As mentioned before, the same stressor, such as having to give a speech, is perceived and responded to very differently by different people. Jane would want to get out of doing it, be unable to think of anything worthwhile to say, and be certain that she would mess up and say stupid things. Another person with no more speaking experience might be thrilled, be eager to begin gathering material, be sure she has important things to say, and fantasizes doing well (in spite of some anxiety). The event has very different meaning to these two women; their expectations of themselves and others are entirely different.



Life is 10% what you make of it and 90% how you take it.



Bandura (1986) as well as Richard S. Lazarus (1984) and his colleagues believe that stress and anxiety primarily arise when we believe we can't handle the approaching problem. Obviously, this involves an appraisal of the nature and seriousness of the threat *in comparison to* the kind and strength of coping mechanisms we think we are capable of using. We can be scared because the stressor (problem) is seen as overwhelming or because we believe we have no way to escape or solve the problem. The questions we ask ourselves are:

1. Is something important to me at stake? If yes, am I in trouble? These are complex judgments. But the answers can center on three areas: (a) seeing the harm as already done, "This is awful, I can't give a speech," or (b) foreseeing possible losses, "Yes, a threat of _____ severity is coming" or (c) seeing the situation as a challenge, "Giving the speech will be hard work and scary but it's a real opportunity, which I can handle."

All other factors being equal, a threatened person, like Jane, would probably do more poorly and be more stressed than a less threatened person. However, as we mentioned earlier and will see in the next paragraph, that isn't necessarily the case. It is possible that the more anxious person would work harder on the speech than a more confident person, and as a result of the thorough preparation do exceedingly well and feel fairly confident during the speech. In short, the perceived threats are reduced by seeing solutions (see next step).

2. "What can be done about this threat?" **Coping** refers to our attempts to manage external and internal demands or stress; it includes our thoughts, attitudes, skills and actions. This book is filled with coping skills. Our estimate of our own ability to cope is based on many factors, including previous experience in similar situations, exposure to self-help information and effective teachers, self-confidence and risk-taking in general, awareness of how well your personal coping skills compare to others', and faith in support from others (Holroyd & Lazarus, 1982). **Self-efficacy** is discussed later and extensively in method #9 in chapter 14.

Some of us are risk-takers and some are not. Siegelman (1983) writes about risk-taking in important areas of our lives, such as careers and relationships. Risk-taking is a psychological process involving decision-making, attitudes about change, self-concept, and fear of failure. She describes three kinds of risk-takers: (a) *Anxious ones* who make big decisions only with difficulty, after lots of time, effort, indecision and worry. (b) *Balanced ones* who make big decisions carefully, focusing on getting a good outcome and not preoccupied with failing or being perfect. They are flexible, giving more time to important decisions and handling situations differently. (c) *Careless ones* who make big decisions quickly and with unjustified optimism. They deny their anxiety and don't think much about the situation before or afterwards. If you take risks, which type fits you best? Obviously, too much fear inhibits us too much and too little fear doesn't inhibit us enough.

Decision-making is known to deteriorate under intense or prolonged stress; we become confused and irrational emotions may take over (Janis & Mann, 1977). See chapter 13 for ways to improve decision-making as a part of coping with stress.

How and what you think determines your stress level?

Humans are constantly anticipating what is going to happen, sometimes accurately and often times incorrectly. We especially dwell on the good and bad possible consequences of our actions and choices. We can imagine how others will feel and act in the future. We can understand and misunderstand why others do and feel the things they do. All these cognitive abilities can serve us well or poorly; careful planning for the future can help us cope and reduce our stress; pessimistic predictions can make us miserable. For some reason, in our current culture, we seem very unaware of the many ways we *could be* viewing and interpreting a situation but aren't. Here is a classical example of cognitive processing:

Suppose you are waiting for your boy/girlfriend who is half an hour late, which is unusual for him/her. You will think, "Why isn't he/she here?" And, you may answer the question from several viewpoints (called schemata by cognitive psychologists) or ways of understanding the situation, e.g. you can apply a *rejection* interpretation: "he/she isn't very concerned about or interested in me," or a *threat* interpretation: "I wonder if he/she has met some attractive person on the way here," or a *catastrophe* interpretation: "Oh, God, I hope he/she hasn't had an accident--I heard a siren a minute ago," or a *shame* interpretation: "I hope no one sees me waiting here, it's embarrassing to be stood up," etc. All these interpretations would be wrong if he/she simply got caught in traffic. Yet, each different interpretation leads to a different emotion. But, you don't have to force the data into any category (interpretation), you could refuse to draw a conclusion and just find something else to do until the boy/girlfriend shows up." But, most of us have our "favorite" expectations or schemas or ways of looking at things--it is part of our personality. By becoming aware of our tendencies to take certain viewpoints that may be wrong, we can start to change by testing the validity of our interpretations and opening our minds to more accurate ways of understanding our situations (see the later sections describing self-help methods).

Let's consider the kind of cognitive schematas or structures of agoraphobics that lead to feeling afraid of having a panic attack (Hoffart, 1993). Such patients have certain beliefs: (1) once anxiety about becoming terrified starts, it doesn't stop and just gets more intense, (2) specific symptoms will lead to a disaster, e.g. rapidly beating heart means a heart attack is imminent, dizziness will result in your passing out, mental blocking indicates you are going crazy, and (3) the only way to avoid death or other serious disaster is to get out and keep out of those situations--to avoid getting scared and escape immediately. So, what are the consequences of this kind of thinking? They avoid situations that may bring on panic; they are very cautious in public situations (avoid excitement and stay close to exits); they try to control the symptoms (lean against wall when dizzy); they have an escape plan, carry tranquilizers, go with a friend only on nice days and when they are feeling good. In short, by so carefully avoiding the scary situations, the agoraphobic never questions or tests his/her beliefs about fears, so the phobias only grow, never shrink. So, to reduce fears, the fundamental bases or beliefs (1, 2 & 3 above) on which fears are built must be confronted, tested, and proven wrong. Expose yourself to the feared situation and find out you don't die, indeed the fear or panic decreases.

In case you have difficulty believing that thoughts can have powerful impact on fears, consider this interesting but unusual example of how thoughts can radically influence our strong emotions. Scary sports, like parachuting, give psychologists a rare opportunity to repeatedly observe the relationship between thinking and fear. An interesting thing happens as we become more experienced parachutists. As one would expect, the beginning parachutist experiences increasing stress immediately before the time to jump. He/she is fairly relaxed the previous day and during the night. Early in the morning on the day of the jump, there may be some mild excitement. Even the ride to the airport is pretty calm. As he/she gathers the equipment and prepares to board the plane, the anxiety rises. As the plane takes off, his/her stress increases, until there is very high anxiety while waiting for the "ready" signal from the jumpmaster, approaching the door, looking out, and jumping. Few people do this the first time without feeling terror ...for a few minutes.

Now, what happens with an experienced parachutist? Well, he/she is calmer than the beginner during the last few minutes before the jump. That's no surprise. But why is he/she more calm? Apparently because he/she is busy thinking about and planning or checking every detail of the jump: Is my equipment in order? Do I remember what to do? Where's the landing site? Where are the power lines? What's the wind direction and speed? Cognitive functions are dominant--taking care of business--and override the fear response. What happens with the beginner? He/she is thinking about: Will the jumpmaster see that I'm scared? What if the plane's tail hits me? I hope I don't freeze. I'm really scared. Oh, God, I don't want Ann/Joe to see me splattered on the ground. Again, our thoughts seem to determine our feelings.

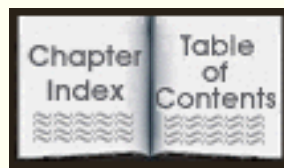
There is another interesting finding: the *experienced* parachutist is *more* anxious than the beginning parachutist on the previous day, during the night, early in the morning getting

ready to go to the airport, and after the jump is completed. Why? We don't know why. Perhaps the total tension is about the same for experienced and beginning parachutists but seasoned jumpers concentrate on accomplishing the task (like professional performers on stage) and have to release the stress before and after the jump. Epstein (1982) points out the similarity to being alert and calm during a near accident but becoming shaky and scared afterwards.

If certain thoughts can reduce stress, other thoughts should be able to increase stress. Some interesting research by Andrew Baum deals with persons who had been in Vietnam or near the nuclear accident at Three Mile Island (Adler, 1989). Persons who continued to suffer intense prolonged stress had many more intrusive disturbing thoughts about their experiences than persons with the same background who experienced less stress. The question is: does more intense physiological reactions of stress lead to more worried thoughts (seems likely) or do distressing, unpleasant thoughts raise our stress level (seems just as likely)? Another question is: do low stress people just avoid unpleasant memories and thoughts or have they handled the stress in some other way? One theory, suggested by Wegner (1989) and Pennebaker (1991), and supported by some fascinating studies, is that *trying not to think* about something stressful (i.e. denying, suppressing, or not disclosing) actually results in *more* uncontrollable negative thoughts about the situation. The deniers and non-talkers believe they are solving the problem when actually they may be making it worse. What is a better solution? Wegner and Pennebaker and almost all insight therapists would say these people need to think and talk about their stressful experiences and express fully their emotions. Cognitive researchers disagree, believing some people simply think about traumatic experiences differently than others and, thus, experience different levels of stress. Thus, cognitive therapists focus on changing the thoughts, not expressing the feelings. Research of this reduction-of-feelings vs. cathartic disclosure issue is badly needed.

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OPERANT AND COGNITIVE THEORIES ABOUT ANXIETY

Self-confidence in coping skills (self-efficacy) can reduce stress and anxiety

Naturally, if our perceptions and thoughts determine our feelings, then it is a small step to seeking mind control methods, which the Greeks did 2000 years ago. If methods for altering your own thoughts are important, then your faith or self-confidence in using your mind logically and effectively becomes important. Bandura (1977, 1980, 1986) and his Social Learning Theory deserves much of the credit for highlighting the notion of self-efficacy. When cognitive psychology filled the void of behaviorism in the 1970's, the view of man returned to "man is a rational organism" (or, if not rational, at least controlled primarily by the mind). The conscious mind preoccupied psychologists, instead of Skinner's behavior and environment, Freud's unconscious instincts, or psychotherapy's emotions. A cognitive orientation suggested that solutions to our problems involve acquiring the skills, knowledge, and confidence necessary to handle the current situation. That sounded reasonable and hopeful. Thus, the big push arose in the 1970's for cognitive self-control and self-help. And that mental set determined that I sit here day after day summarizing how you can better use your mind to do what you want to do. Psychologists (Moos & Billings, 1982) have identified many coping skills; see the later section on "How to Handle Stress." We will look deeper into the role played by our self-confidence as a self-helper, called **self-efficacy**, later in this chapter and in chapter 14.

Do thoughts and ideas--cognitions--explain all fears and anxiety?

Cognitive theory says that intense, specific fears are not caused by something very painful or frightening being paired with the scary object or event (illustrated by Little Albert in chapter 4) nor is some vague or unconscious anxiety the source of a phobia. As we have seen, the cognitive explanations of unrealistic fears and anxiety are (a) that the perceived threat somehow becomes greatly exaggerated or (b) our capacity to deal with the threat is seen as very inadequate or (c) both. That is, we are saying, "This situation is horrible" and/or "I can't handle it."

It certainly is true that one doesn't have to have a traumatic experience to acquire a specific phobia or intense chronic anxiety. Yet, as already mentioned, basic learning principles could produce a phobia or serious anxiety without a painful trauma being involved. More examples: just imagining thousands of times making a fool of yourself by making comments in class can create a fear of speaking up in class. Avoiding approaching interesting people for years can make it too scary to do. Moreover, cognitive psychology still has no clear explanation of why the mind of a claustrophobic person exaggerates the ideas of suffocating, being trapped and closed in, and losing control, while another person suffering from panic attacks fears open spaces and is convinced that heart palpitations means he/she is having a fatal heart attack. What makes the mind of a person with a fear of flying jump to the conclusion that a crash is imminent? (Maybe because his/her emotional system, based in part on non-cognitive conditioning, is responding like crazy, in spite of what the logical part of the mind is telling him/her.)

In any case, while the Social Learning theorists make a lot out of self-efficacy, it is no surprise that a person terrified by a large snake will say "I can't get close to that snake," and that this behavioral prediction is accurate. So what, if ratings of self-efficacy correlate remarkably well with actual behavior? Does that prove thoughts produce the fears? No, it's probably the other way around. Most people simply have a good idea of how well they can handle a situation. I'm pretty sure self-efficacy does not explain all behavior, but building our feelings of self-efficacy is surely one of our better methods for gaining some control over our lives.

This three way connection between (1) appraising the dangerousness of a situation, (2) evaluating our ability to handle the situation, and (3) responding with fear or confidence in that situation doesn't provide us with a complete scientific explanation of a phobia! How and why does the belief develop that this harmless snake will hurt me in some horrific way? How does the idea that a harmless snake might hurt me get translated into a false perception of the snake as life-threatening? Why and how does our cognitive estimate of our ability to handle a specific situation, such as flying, sometimes plummet suddenly? Science has not yet explained why and how exaggerated threats are learned and combined with fluctuating estimates of our self-efficacy in one specific phobic situation. And how do those "snakes are horrible" and "I can't stand it" thoughts produce sheer physical terror instantly?

Surprisingly, high stress people do *not* have a lot more stressful experiences than low stress people (except maybe the 10-15% who "gravitate toward" serious trouble, usually involving conflicts with people). It truly seems that stress for most people comes primarily from the person's own personality or general nature, i.e. they are the type, often with low self-esteem, that respond more intensely to environmental stresses that are common in everyone's life. As scientists trying to explain stress, however, it does little good to simply label these people as "high anxious" or "lacking confidence." Good explanations must be

more precise and in more depth than that; we must understand exactly why some people get up tight and fall apart and others do not. Psychology is not doing a good job in this area, as yet.

Cognitive (self-efficacy) theory says, as we've seen, that individuals interpret the same situation differently; they use different schemas or interpretations--some see the problem as a minor nuisance while others see it as a major catastrophe--and assess their ability to handle it differently--"I can handle it" vs. "it's hopeless." Thus, the level of insecurity differs from person to person. Okay, that sounds good, but still the question is why? Some of us deny problems, while others exaggerate problems. But, why? Some of us overestimate our ability to handle a threatening situation, some are accurate, and some grossly underestimate our coping skills. But, why? An effective theory should be encouraging scientists to explore these whys in detail: what causes the mental processes that lead, in part, to secure coping and to overwhelmed panic. What are the origin and history of the specific thoughts involved in exaggerating a threat? What is the learning history of the thoughts, beliefs, skills and expectations involved in becoming good self-helpers? (Limited ideas about how to build self-efficacy are in methods #1 and #9 in chapter 14.) What kind of societies, teachers, parents, and people, in what circumstances, find this kind of information interesting and worthwhile...and who do not...and why?

Since Cognitive therapists believe that unwanted emotions are caused by thoughts, this theory emphasizes the need to change or remove the harmful thoughts, like self-doubts. (Besides, it's easier to change thoughts than emotions.) But, when faced with the therapeutic task of changing these thoughts, many Cognitive therapists turn to a behavioral method, such as asking the patient to expose him/herself to the scary social situation, etc. That is, it is easier, in turn, to change behavior than thoughts (and perhaps it is more accurate to say that an idea or a belief isn't really affirmed by the person until he/she acts upon it or tests it out in real behavior). Thus, the Cognitive therapist asks the patient to behaviorally check out his/her dire "it's hopeless" predictions or conclusions, or the Rational-Emotive therapist directs the shy client to find out it isn't awful to be turned down for a date, or Bandura helps a snake phobic with a "I can't do it" attitude to gradually approach a small snake and learn for certain "I can handle it," etc. Thus, these therapists, especially the Social Learning theorists, concentrate on building a sense of mastery (by increasing actual behavioral competence), rather than focusing on reducing the anxiety or correcting irrational thoughts or changing the self-talk involved in self-efficacy.

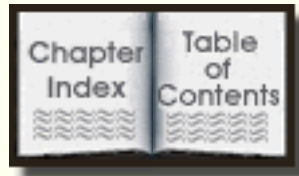
More specific directions for reducing fears, phobias, and self-criticism are covered in the "Ways to handle stress and anxiety" and the "Special anxiety-based problems" sections. How to stop destructive self-criticism is discussed in Method #1 in chapter 14.

Thoughts, emotions, and actions are all interrelated

As you can see, all three modalities--emotions, behavior, and cognition--become impossibly enmeshed in most real life situations, much like classical, operant, and observational learning are complexly intertwined (see chapter 4). Therefore, any theory which attempts to explain any one of the three modalities, say an emotion like anxiety, without referring to both of the other two is probably questionable. It is quite believable that our feelings are partially based on our views of the world--our thoughts, our beliefs. But our thoughts, views, beliefs, expectations, etc. are surely influenced by our emotions...and our behaviors. It is not a one way street. Indeed, Bandura himself provides an impressive list of ways we mentally justify being behaviorally unkind to others (see chapter 7). These self-serving cognitions (or excuses) are surely influenced greatly by emotions and needs. So, which comes first or which is most powerful: the selfish thoughts, the greedy emotions, or the mean, self-serving behavior? It is a foolish question. We can assume all three complexly interact and grow together. As we accept more of the complexity, we may be on our way to understanding ourselves. I never told you that humans were easy to understand.

It will interest some of you that brain researchers, such as Joseph LeDoux, believe that emotions and thoughts operate on two almost entirely different nerve pathways; thus, we can fear a snake while knowing it can't hurt us. The emotional "startle" reaction to a snake might even be faster than the mental awareness of what it is that scared us. He also says it is likely that recognizing a person is processed by a different set of neurons than the ones that produce an emotional dislike for that person (and, of course, we may like or dislike a person without knowing why). It is also possible that early emotional memories are, for this reason, powerful without any cognitive memories of those experiences. So, we simply don't know much yet about the interconnectedness of emotions and cognitions. There are researchers who doubt that fears and anxiety are produced by cognitions alone and that fearful emotions can be reduced by only changing our thinking. Thoughts, emotions, and actions are so intertwined that possibly you can't change one without modifying the others, but there is no guarantee that changing one, say your thinking, will always change another part, such as your fears (Beidel & Turner, 1986). For self-help, you'll need to use all the methods--cognitive, emotional, and behavioral.

Next we turn to a much older and more complex theory explaining anxiety. It is partly cognitive too; it involves very intricate mental processes, including coping and moral judgments. But, it also recognizes innate biological drives, strong emotions, and unconscious mental processes. No one can thoroughly explore and understand human behavior, especially anxiety, or their own psyche without knowing a little about Freudian theories.



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THEORIES EXPLAINING STRESS AND ANXIETY

Psychoanalytic views

Freud was an acute observer. However, at times he seemed to have weird ideas, so much so he was ridiculed by his peers. But when his ideas are thoroughly understood, they often do not seem so odd. For example, he thought that we experienced "birth trauma" as we were painfully and abruptly squeezed from our warm, safe, dark, quiet place in mother's womb into a cold, demanding, changing, confusing, dangerous world. Weird? Maybe. Maybe not; new newborns are much more aware than we once thought they were. Freud felt birth was our first stressful experience and that it influenced later experiences, like when we were traumatized by mother leaving us for a few hours at age 10-months or being terrified at age 3 when we thought we were lost in a store. Surely earlier experiences affect later ones; our feelings of helplessness, of "something awful is happening," of overwhelming fear could be traced, in part, back to birth.

As the first psychotherapist, starting over 100 years ago, Freud treated many patients with fears and anxiety reactions. He wondered how these emotions could be explained. His explanation started with an infant innately driven by its "**id**" to eat (from mother's breast), to eliminate, to be comfortable, to be held and loved, and to be touched and have sensual stimulation. If those needs were not met, the child experienced anxiety (a mild form of the first stress--the birth trauma). To meet sexual (love) and death (aggression) needs and to relieve the anxiety, a part of the id develops into a second part of the child's personality, a thinking, reasoning, perceiving, self-controlling part, called the "**ego** ." The ego devises many ways of coping, of meeting its needs, of surviving. One means of coping could be to become unusually close and dependent on one parent--a daddy's girl or a mommy's boy. Or it might be to develop a fear of the dark that justifies demanding that a parent put you to bed and stay there until you are asleep. Or another way may be to become "sickly" to gain attention and love. All these things help us feel less scared. As adults, the ego is still handling "neurotic anxiety" by using "defense mechanisms" and by developing fears and phobias (substitutes for the real concerns), psychosomatic disorders, compulsions and excessive orderliness, obsessions and excessive worries. All of these neurotic symptoms help control or make up for the basic anxiety of not getting the love, security, and sensual

touching we want. That's not too weird a notion, is it?

Understanding how we handle neurotic anxiety was only part of Freud's task. Freud treated patients with great guilt who had never done anything wrong; he saw sexual-attention hungry children deny their sexual interests (remember this was the Victorian era); he saw 5 and 6-year-olds who had a crush on one parent become more and more like the other parent. So, he adopted the idea from ancient Greek literature of "Oedipus and Electra Complexes:" we are in love (whatever that means to a 3 or 4-year-old) with one parent but this is real scary because the other parent might get jealous and hurt us, including quit loving us or physically hurt us (castration anxiety!). How do we handle this scary, threatening situation? With a clever stroke of genius! We join forces with the competitor, we start using the same sexed parent as a model. By joining the enemy we have avoided the war; by identifying with the same sexed parent we have found a means of controlling the dangerous (and thus scary and evil) impulses (sexual attraction and hostility) within us. Soon, we no longer crave physical contact with the parent of the opposite sex; boys of 8 or 10 want to be like their dads; girls like their moms. Young boys start to think girls are yucky and a secret voice inside may be saying, "Whew! Thank goodness I'm safe; I'm out of that scary triangle with mommy and daddy."

Part of the process of identifying with the same sexed parent is the internalization of values, the development of a conscience which Freud called the "**superego** ." The superego, the part that makes us good and considerate of others, is an outgrowth of the interactions that many people consider so wicked--the Oedipus or Electra Complex. Because we, as young children, have known birth trauma, overwhelming fear and a sense of utter helplessness, and because we so desperately want love, we handle our fears by developing at age 5 or 6 a set of rules to live by that will help us become a good boy or a good girl. Rules such as: you should not get angry at your little brother and try to kill him...or even think of it. You should not wish you had mommy or daddy all to yourself because the other one would have to die...and you can't think about that, it might come true. You should not do sexual things, like try to suck mommy's breasts or feel daddy's penis...and you shouldn't even think about dirty, nasty acts or parts of the body. All these "shoulds" come from the superego part of your personality.

And so it is, according to Freud, that the savage beast within is tamed by the ego and superego. And so it is that humans become civilized. But, by the same taming, controlling mechanisms, we are tormented. The superego makes demands that directly conflict with the id; it generates guilt and shame when we do immoral things and even when we have unacceptable urges or thoughts and maybe even when we have unconscious urges. Freud called this "moral anxiety." Much of our depression and low self-regard, perhaps our fear of success and free-floating anxiety, may come from this source.

Freud's notions of the mind have had a profound effect on how we humans see ourselves. We will never be the same again. Few minds have had such wide influence as

Freud's. From anxious, tormented, sick people (and from his own self-analysis), he conceived the mind as a complex collection of dynamic, constantly struggling forces trying to control one's life. There are three major parts of our personality: first, the id, which includes the physical or sexual or love instincts and the death or destructive instincts. The id wants to have all kinds of fun, now! Also, it would like to destroy whatever got in its way.

Second, the ego develops from the id. By using reason and contact with the external world, the ego tries to satisfy the id's needs as much as possible without alienating the sources of love. Of course, the ego has to conceal many of its purposes; that is, they must be accomplished secretly or unconsciously in a disguised form. This is especially true after 5 or 6-years-of-age because the third force has now come into being--the superego.

The superego demands that we be good; otherwise, it causes us to feel guilt, shame, and anxiety. The ego has the task of negotiating between the id and the superego. Of course, they never agree. The ego can find a few ways for the id to have a thrill and still avoid chastisement from the superego. It isn't easy, but unconscious manipulations, denial, fooling ourselves, irrational thinking, etc. help one part of our personality deceive the other two parts. Furthermore, the ego must rationally deal with the world, i.e. deal with questions like: what am I capable of doing, what resources can I make use of, how will other people react to my actions, how can I handle their objections, etc., etc. Clearly this boiling cauldron of powerful, unconscious, conflicting forces inside each of us would create stress, right?

Freud saw anxiety as a signal of danger. What danger? The threat of these childhood memories and urges and fantasies coming into our consciousness or actually being carried out. Events that happen to us as adults might set off an old repressed urge or fear, such as losing love. Immediately, we become anxious--often without knowing why. To prevent anxiety, all of us develop massive defense mechanisms to keep hidden the "true" causes of our childhood fears, urges, and shames. Thus, a psychodynamic therapist would assume that an agoraphobic patient is symbolically terrified by a loss of love or separation from a caretaker at home (maybe the birth trauma or castration anxiety or loss of mommy or daddy's love through the identification process or an actual lost of love due to divorce, etc.). In short, our irrational adult fears and phobias are neurotic ways of continuing to cope with childhood traumas. They are manifestations of our earliest conflicts and stresses.

Freud wrote 33 volumes, mostly about anxiety. He was a good writer. Decide for yourself, on the basis of knowledge and reading his books, how much you will believe of Freud's theories. It is important to realize that you don't have to agree with everything Freud said in order to find some wisdom in his writings. You don't have to accept birth trauma or the Oedipus complex and castration anxiety before you can believe in defense mechanisms. Indeed, almost all insightful readers will say, "Oh, I do some things like that," after reading about defense mechanisms.

The defense mechanisms

Freud's daughter, Anna, who still does psychoanalysis, summarized several ego defenses in *The Ego and the Mechanisms of Defense* (1936). As noted above, the ego protects itself from three threats: (1) the id, because the urges from the id can become so strong that they overwhelm the ego, bringing with them irrational chaos. Thus, we might panic if our sexual or brutally hostile urges popped into our conscience. (2) The outside world or real danger. For example, the ego would realize that a child's parents staunchly forbid any aggression; thus, showing the slightest hint of murderous urges to them would produce severe anxiety. Likewise, a fear of driving recklessly or of being rejected by a lover may have a certain basis in reality. (3) The superego is a threat to the ego too. The basic duty of the ego is to find some satisfaction for the id. If the superego detects any immoral aspects in our behavior, there is hell to pay in the form of self-censure and guilt. The ego tries to avoid this discomfort. But, keep in mind that, according to Freud's original theory, the ego defenses are successful only so long as the conscious part of the ego is unaware that another part of the ego is defending itself! Uncovering some of your ego defenses may be interesting fun, but your defenses against really threatening urges or ideas are not likely to disclose what they are doing to your conscious awareness.

Anna Freud used the defenses as hints of the repressed, scary impulses (instincts) that were underlying the patient's troubles. For example, the goodie-goodie 5-year-old dethroned king, who never shows anger towards his younger sister, his competitor, is assumed to be hiding his sibling rivalry. The defenses can also give us insight into our own mental processes--sometimes mental gymnastics or contortions. All defenses involve distortions of reality; they are ways of feeling better by fooling ourselves. If we realized these defenses in our lives, we might handle reality better. Almost all adjustment books mention these defense mechanisms, even the writers who are arrogantly critical of Freud. An excellent text about Sigmund and Anna Freud and the ego defenses is by Christopher Monte (1980).

Repression: shoving thoughts and urges that are unacceptable or distressing into our unconscious. This is what happens to the unacceptable urges of childhood--the ego represses them. Taboo ideas, like incest, would probably never get into consciousness or, if they got there, they'd be quickly repressed. Sometimes dreams or slips of the tongue or attempts at humor reveal our unconscious motives. For example, if a teacher ridiculed you in class, you might dream he/she had a horrible auto accident. Or, trying hard to say something nice to the teacher a few days later, you comment after class, "each of your lectures seems better than the next." Or, if you were unfortunate enough to be asked to introduce your former teacher at a symposium and said, "I'd like to prevent--huh--I mean present Dr.____," some might guess the truth. All these speculations about repressed feelings are just guesses.

Repression must be distinguished from suppression and withdrawal. Suppression is more conscious and deals with unpleasant but not usually utterly despicable acts or thoughts. Examples: You may want to forget a bad experience or an unpleasant chore to be done (a term paper to write or expressing sympathy to a friend whose mother has just died). You just forget to do things or you may deliberately try to think of other things so you can "settle down" and function better. It may, indeed, be rational to worry about one thing at a time (suppressing the other worries) and to withdraw from a stressful situation. Counting to 10 before acting in anger is another good example of brief suppression.

Denial: refusing to admit or face a threatening situation. Denial can be unconscious as when a dying person refuses to admit what is going to happen or when a person with a heart condition denies that their overeating or smoking is of any consequence. Denial can be semi-conscious as when a person refuses to see any problem in a relationship when it is pretty obvious to everyone else. Denial is probably quite conscious when a post-puberty young man of 13 says, usually with a grin, "I'm not interested in girls."

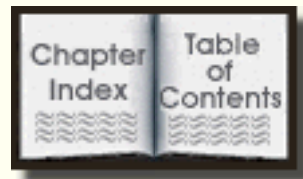
Research (Roth & Cohen, 1986) has shown that there are two major ways to cope with stress: (a) avoiding, repressing, looking away, forgetting, escaping and letting someone else be responsible or (b) approaching, learning more, obsessing, being vigilant, and taking charge of planning what to do. The first way (denial) reduces stress; the second way (sensitization) increases our chances to cope. We all use both ways, although we may tend in general to be avoiders or approachers, while in specific situations, like facing surgery, we each have our favorite way of coping. Which is the better way?

Denial is probably better when the situation is out of your control (a sudden crisis or in surgery) and approach better when you can do something about the situation (avoid or lessen a problem). The disadvantages of each way are: more stress and useless worry for the approachers, and more failures to act and lack of awareness for the avoiders. As you can see, ideally we would use both avoiding and approaching ways of coping with a particular stress over time. This knowledge about denial is gradually being gathered (Breznitz, 1983). For instance, Lazarus has found that patients facing surgery who deny the dangers and have a false sense of security have a better post-operative recovery (Derlega and Janda, 1981). However, many patients could have avoided surgery in the first place by carefully attending to their health. Thus, denial lets us eat lots of fat, relaxes us during our heart attack, and then again interferes with our taking care of serious health problems

Regression: resorting to earlier ways of acting or feeling, although it is no longer appropriate. Examples: Throwing a temper tantrum like a 3-year-old at age 18. Under stress an adult might curl up in bed, suck their thumb, and clutch their old teddy bear. A 23-year-old experiencing serious financial difficulties might feel an urge to return to his/her parent's home and let them take care of him/her. These are not planned actions; they are old habits that return automatically.

[← Back a page](#)

[Forward a page →](#)



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THEORIES EXPLAINING STRESS AND ANXIETY

Rationalization: Giving excuses for shortcomings and thereby avoiding self-condemnation, disappointments, or criticism by others. Examples: After stealing from a large company, "they won't miss it. Everybody does it." After getting about average grades on the GRE (not good enough to get into Ph. D. programs), "I would have hated five more years of research and theory anyway." This is called "sour grapes," from Aesop's tale about the fox who decided the grapes too high to reach were sour anyway. The reverse is "sweet lemons," an assumption that everything happens for the best, "failing the GRE's was a blessing in disguise, now I know I want to become a counselor--maybe a social worker--and not a Ph. D."

Projection: Attributing to others one's own unacceptable thoughts, feelings, impulses, etc. So, the white person with repressed sexual urges may believe that all blacks are preoccupied with sex. The moralistic spouse, who is tempted to have an affair, begins to suspicion that his/her partner has been unfaithful. A slightly different form of paranoid projection is when a self-critical feeling or idea is attributed to others. Suppose a young woman from a religious family has strong feelings against any sexual urges she might have and, thus, almost never has them. She might start to believe, however, that others are critical of her whenever she wears a dress that shows her shape.

Displacement: redirecting our impulses (often anger) from the real target (because that is too dangerous) to a safer but innocent person. The classic case is the frustrated worker, who can't yell at the boss but comes home and yells at the spouse, who yells at the children, who kick the dog, i.e. we take it out on the people we love. Suppose we were very envious of the relationship between our sister and our mother. Our feelings may never be expressed towards them directly but take the form of resentment and distrust of most other women.

Another form of displacement is what Anna Freud described as "turning-against-self." In the last example, instead of the hatred of one's sister and mother being turned on women in general, it could be turned against oneself. This is a commonly assumed dynamic in depression and suicide.

Reaction formation: a denial and reversal of our feelings. Love turns into hate or hate into love. "Hell has no fury like a spurned lover." Where there is intense friction between a child and a parent, it can be converted into exaggerated shows of affection, sometimes sickeningly sweet and overly polite. The feelings and actions resulting from a reaction formation are often excessive, for instance the loud, macho male may be concealing (from himself) sexual self-doubts or homosexual urges. Or, the person who is unconsciously attracted to the same sex may develop an intense hatred of gays. People, such as TV preachers, who become crusaders against "loose morals" may be struggling with their own sexual impulses.

Identification: allying with someone else and becoming like them in order to allay anxiety. Remember Freud's notion that the Oedipus and Electra Complexes are resolved by identification with the same sexed parent. Other examples: occasionally an oppressed person will identify with the oppressor, some Jews helped Hitler, some women want their husbands to be dominant and feel superior to them and other women. In other cases, a person may associate with and emulate an admired person or group to reduce anxiety. High school cliques serve this purpose. A new college freshman may feel tense and alone and out of place; she notices that most other students are "a little dressed up," not sloppy shirt and jeans. Her roommates insist on studying from 7:00 to 10:00 every night except Friday and Saturday; they are more serious than her old friends and their conversations reflect these differences. They commented about her "country" accent and the fact that she didn't watch the news. She started dressing up occasionally, watched the news, got more interested in politics, and studied a lot more than ever before. When she went home at Christmas, her friends told her she had changed and dad commented that he was losing his little girl. She didn't know it but she had identified with a new group and learned to feel more comfortable.

Sublimation: transforming unacceptable needs into acceptable ambitions and actions. One may convert a compelling interest in getting a parent's attention into a drive to do well in school. Sexual drives can be pored into sports. Anger and resentment of the advantages of others can be funneled into an obsession to excel in a lucrative career.

Fantasy: daydreams and their substitutes--novels and TV Soaps--are escapes, a way to avoid our real worries or boredom. We may imagine being highly successful when we feel unsuccessful; at least we feel better for the moment. Actually, we often benefit by rehearsing in fantasy for future successes. At other times, fantasies may provide a way to express feelings we need to get off our chest. Fantasy is only a defense when it is an escape. Anticipation of the future through fantasy is a mark of an intelligent species.

Many self-help methods use fantasy: covert rehearsal, covert sensitization, desensitization, venting feelings, decision making, empathy, increasing motivation and awareness and many others. If fantasies can be therapeutic, then they can be harmful, e.g.

imagining awful consequences could create fears, sad thoughts may produce depression, reliving an insult in fantasy might build anger. Fantasy may be part of the problem or part of the solution.

Compensation or substitution: trying to make up for some feeling of inadequacy by excelling in some way. Alfred Adler, a free-thinking student of Freud, observed that feelings of weakness and inferiority are common when we are young. Much of life, he thought, was devoted to compensating for our real or imaginary weaknesses, i.e. striving for superiority. Both men and women strive for power, competency, courage, wealth, and independence. Karen Horney wrote, "The neurotic striving for power...is born of anxiety, hatred and feelings of inferiority. ...the normal striving for power is born of strength, the neurotic of weakness."

Sometimes we work on improving in the area we are weak in, so the skinny, shy child becomes Miss or Mr. America or the kid with speech problems becomes a politician (like Demosthenes with rocks in his mouth or Winston Churchill). Sometimes we find other areas to make up for our weaknesses; the unattractive student becomes an outstanding scholar, the average student becomes an outstanding athlete, the person in an unsatisfying marriage becomes deeply involved with the children. These are compensatory substitutions. Many are good ways of handling stress; some are not, as when an unloved teenager seeks love promiscuously.

Undoing: if you have done something bad, sometimes you can undo it or make up for it. Example: if you have said some very critical and hurtful things about one of your parents or a friend, later you may try to undo the harm by saying nice things about them or by being nice to them and apologizing (sometimes it is the overdone apology that reveals the hostility). In essence it is having the decency to feel guilty and do something about it.

Freud used undoing to explain certain obsessive-compulsive acts, e.g. a 17-year-old with masturbation guilt felt compelled to recite the alphabet backwards every time he had a sexual thought. He thought that would undo the sin.

Intellectualization or isolation: hiding one's emotional responses or problems under a facade of big words and pretending one has no problem. Suppose you were listening to a friend describe going through his parents' divorce. He may tell about deeply hurtful situations but show no sadness or anger; he gives a superficial behavioral description of what happened; he might even clinically "analyze" his parents' underlying motives without showing his own emotions. Likewise, people may discuss war without vividly feeling the misery of many people dying. This is a repression of the painful parts. Freud believed that the compulsive hand-washer was trying to cleanse his hands of the guilt of masturbation but the feeling of guilt was separated from the hand-washing.

There are many other defense mechanisms ("acting out" as a way of rebelling and reducing tension, "self-repudiation" to get others off your back, seeking sympathy, etc.). More importantly, there are many other much healthier ways of coping with stress, fears, and anxiety which we will review later in this chapter and in chapter 12.

As Sigmund Freud described ego defense mechanisms, the processes were primarily unconscious. As Anna Freud and later psychoanalysts studied these processes more intensely and re-defined them, the mechanisms came to be seen as more conscious and available to the ego (the conscious self) for dealing with anxiety. This new focus on the ego as a coping, self-directing part of our personality came after Freud. For Freud, however, the great driving forces were in the id--the unconscious sexual and destructive instincts. The ego was merely "a rider of a spirited horse" who tried to have some control over the animal instincts. The later "ego psychologists" also extended the role of the ego beyond reducing anxiety and into a means of mastering and enjoying life. Today the Cognitive theorists tend to believe, again, that the ego--the rational mind--is in charge or, at least, has the potential to make a substantial difference. Freud would say, if he were here today, that most of psychology has repressed and denied his disturbing insights into the powerful sexual, selfish, hostile, and irrational nature of man, just as he predicted we would. Could he be right? Are we denying our basic biological and innate drives?

It is likely that each of us can sometimes recognize when we use defense mechanisms. We can't detect every time, but by being very familiar with the common defense mechanisms and by being vigilant, we can investigate our possible use of defense mechanisms and keep ourselves honest. Most of the time (not all, as we saw in denial) it is helpful to stay in touch with reality. Awareness is the mark of a healthy, adjusted person. Work on it.

Unconscious causes of fears

If exaggerated conscious thoughts of terrible consequences can cause fears, why can't unconscious "thoughts" or urges cause fears? This is speculation but worth understanding. The origin of many fears is mysterious. A fear of knives is fairly common but the person doesn't usually know the source. Hauck (1975) had a patient who looked for worms, snakes, and bugs between the sheets and under her bed every night for months. Freud described a famous case, Little Hans, a 5-year-old boy who had a great fear of white horses with black mouths. Where did these fears come from?

Many persons, who develop such a fear of knives that they can't go into the kitchen or have to throw away all their knives, often have a very stressful relationship with someone. It may not be conscious, but it is easy to speculate that inside somewhere there is a fear of losing control over their anger or self-destruction. The knife phobia is symbolic of the stress caused by anger underneath the conscious surface. A person afraid of bugs and

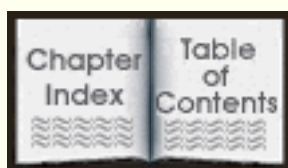
worms in bed may have had a traumatic, dirty, disgusting sexual experience, part of which has been repressed. Suppose a young person is sexually approached by an older person; the young person may repress their own sexual interests and the resulting guilt may surface as a phobia of bugs or ugly crawlies in bed. Actually, the specific phobia may spread to a variety of things--older people, specific places (like a woods), of sex with anyone, etc.

After gathering 140 pages of information from Little Hans's father, Freud believed that Little Hans unconsciously feared his father, which got displaced to horses. What was the evidence? It was complicated and fascinating. Read Freud. It basically involved the Oedipus Complex. Little Hans liked getting into bed with his mother early in the morning. He had a fascination at age 3 with his, his father's, his mother's, and animals' sexual parts. His mother had told him his penis would be cut off if he played with it. Also, Little Hans had seen pans of blood after his little sister was born. Not long afterwards, he learned that his mother had no penis, although he had told her he thought she would have a big one "like a horse." One can see how Little Hans or any child might think of the 3-year-old equivalent of "castration anxiety."

Little Hans also became very jealous of the attention given to his little sister (sibling rivalry). He wished she had not been born. And he started to fear (wish?) that his father would leave and never come home. Obviously, Little Hans was very troubled. But how did he get a fear of horses? Consider the ego defenses described above. Surely the competition and hostility towards the father would be scary and be *repressed*. His own resentment towards the father might be *projected* to the father: "I hate him" becomes "he hates me" and wants to hurt me. The unconscious hostile impulses towards the competitor (the father) may seek expression in some way, some reasonably safe way--through symbols or dreams. It's too scary to think consciously about fighting with his father and being hurt, perhaps castrated, but he can develop an irrational fear of being bitten by a white horse with a black mouth. The phobia symbolizes the underlying conflict. And, by the way, the father was, of course, white and had a black mustache!

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

THEORIES EXPLAINING STRESS AND ANXIETY

Summary of The Ways or Means by which Stress is Developed

If psychologists completely understood how stress and fears developed, we would know how to produce and reduce a phobia or an anxiety state. We don't. There seems to be a wide variety of life experiences which result in some form of stress, fear, anxiety, or psychosomatic illness. It would be convenient if life were simpler but it isn't. Perhaps a summary will help you review the ways you might become stressed and anxious

Environmental factors and processes

- Changes, such as sudden trauma, several big crises, or many small daily hassles, cause stress. Intense stress years earlier, especially in childhood, can predispose us to over-react to current stress.
- Events, such as barriers and conflicts that prevent the changes and goals we want, create stress. Having little control over our lives, e.g. being "on the assembly line" instead of the boss, contrary to popular belief, often increases stress and illness.
- Many environmental factors, including excessive or impossible demands, noise, boring or lonely work, stupid rules, unpleasant people, etc., cause stress.
- Conflicts in our interpersonal relationships cause stress directly and can eventually cause anxieties and emotional disorders.

Constitutional or physiological processes

- The human body has different ways of responding to stress; one quick responding nerve-hormonal system involving adrenaline, another long-lasting system involving cortisol, and perhaps others. These systems not only determine the intensity of our anxiety reactions but also our attitudes, energy level, depression, and physical health after the stressful events are over. As individuals, our nervous systems differ; however, according to Richard Dienstbier at the University of Nebraska, we may be able to modify our unique physiological reactions by learning coping skills.

- The genetic, constitutional, and intrauterine factors influence stress. Some of us may have been born "nervous" and "grouches." Almost certainly we are by nature prone to be shy or outgoing, and we inherit a propensity for certain serious psychological disorders. We don't know yet if different treatments are required for genetically determined problems than for learned problems.

Learning processes

- Having a "bad experience" causes us to later be stressed in that situation, i.e. pairing a neutral stimulus (situation) with a painful, scary experience will condition a fear response to the previously neutral stimulus. (classical conditioning)
- Fears and other weaknesses may yield payoffs; the payoffs (like attention or dependency) cause the fear to grow. (operant conditioning)
- Avoiding frightening situations may reinforce and build fears and stress. (operant conditioning--negative reinforcement)

Cognitive learning processes

- Seeing others afraid and being warned of real or nonexistent dangers can make us afraid under certain conditions. (modeling) This can include seeing a movie or TV or reading a book or perhaps just fantasizing a danger.
- Some people have learned to see things negatively; they have a mental set that causes them to see threats and personal failure when others do not. Of course, seeing the situation as negative ("terrible"), unpredictable, uncontrollable, or ambiguous is stressful.
- Many long-lasting personality factors (neuroticism, pessimism, distrust, lack of flexibility and confidence) are related to stress, decision-making, and physiological responses.
- Having a negative self-concept--expecting to be nervous and a loser--generates stress.
- Irrational ideas about how things "should be" or "must be" can cause stress when we perceive that life is not unfolding as we think it should.
- Believing that we are helpless, that we can't handle the situation causes stress.
- Drawing faulty conclusions from our observations, such as scary ideas, like "they don't like me" or "I'm inferior to them," or having unreasonable fantasies of awful consequences ("I'll be mugged") increase our fears and restrict our activities.
- Pushing yourself to excel and/or failing to achieve a desired goal and one's ideal lead to stress.
- Assigning fault for bad events, i.e. placing blame on self or on others, causes stress and anger.
- Realizing we may have been wrong but wanting to be right stresses most of us. Careful, logical decision-makers are usually calm; people who have learned to be indecisive worriers or quick impulsive risk-takers are tense.

- The ideas of dying, of losing relationships and things we value, of having a meaningless life, etc. scare us.

Unconscious urges and processes

- Having freedom and the associated responsibility can cause anxiety and a retreat into submission to authority (see Kohlberg's stage 4 in chapter 3), destructiveness, and conformity, according to Fromm (Monte, 1980).
- Unconscious urges from childhood (Freud says sex and aggression; Adler says overcoming inferiority; Horney says resentment of parents) may cause stress.
- Unconscious conflicts--like Oedipus and Electra complexes--cause stress which manifests itself symbolically as fears, phobias, and neurotic symptoms.
- One emotion can be converted into another, e.g. anger (wanting to kill someone) becomes fear (of knives) or lust becomes suspicion that spouse has been unfaithful, but the stress is not entirely avoided by this process.

The list could go on and on. My intention isn't to give you a "complete list" of sources of stress. I merely want you to realize there are many possibilities to explore, if and when you go looking for the sources of one of your anxieties. Be open-minded. Explore every trail. You may discover very different, unique sources. Look in every nook, consider every possibility. It can be an interesting investigation into the workings of your mind.

Summary of the Effects of Stress and Anxiety

The effects or consequences of stress are also numerous; they are both positive and negative. First, the desirable results:

1. We need and enjoy a certain level of stimulation...a certain number of thrills. It would be boring if we had no stresses and challenges. Some people even make trouble for themselves to keep from getting bored.
2. Stress is a source of energy that can be directed towards useful purposes. How many of us would study or work hard if it were not for anxiety about the future?
3. Mild to moderate anxiety makes us more perceptive and more productive, e.g. get better grades or be more attentive to our loved ones.
4. By facing stresses and solving problems in the past, we have learned skills and are better prepared to handle future difficulties.
5. Anxiety is a useful warning sign of possible danger--an indication that we need to prepare to meet some demand and a motivation to develop coping skills. Janis (1977) has studied one aspect of this process by observing patients scheduled for surgery. He found that patients with mild "anticipatory fear" adjusted better after the surgery than those who were traumatized or those who denied all worries.

Other researchers have found personality differences: some deniers do well post-operatively, others do not. This led to an investigation of how to prepare different personality types for surgery, i.e. how to help the patients prepare to deal with a serious, painful stress, by Shipley, Butt, Horowitz, and Farbray (1978). They studied two personality types: repressors (deny feelings; "Forget about it; it's in the doctor's hands") and sensitizers (open to feelings; "What are the risks? I'm scared. Will it hurt a lot?").

One group of patients was shown an informative film about the medical procedure; a second group saw the same film three times. A third group didn't see it at all. There were repressors and sensitizers in all three groups. The results? The sensitizers were quite anxious if they hadn't seen the film, but the more they saw it the less stressed they became. Thus, for sensitizers it is helpful to have a realistic, detailed view of what will happen and to know the hazards as well as the help and support available. But what about the repressors who start out "dumb and happy?" Without the film, they are much more relaxed during the painful medical operation than the sensitizers, but with one prior viewing of the film, their heart rate during the operation was very high, considerably higher than even the unprepared sensitizers. However, if repressors had seen the film three times, they were fairly relaxed during the medical procedure. Thus, some people--repressors--need to deny and avoid and think of other things *or* have lots of advanced warning, information, practice, reassurance and support in preparing for a stressful event.

You should note two things: (1) this study involves a rare event--a life-endangering time when someone else is in control of your life. There is little you can do except try to keep your panic under control. (2) This study involves only one personality factor from among hundreds and only one approach to allaying fears from among hundreds. But it illustrates the complex kind of information you and I need to run our lives most effectively. We need more scientific knowledge, and a willingness to learn and use that knowledge in our own lives.

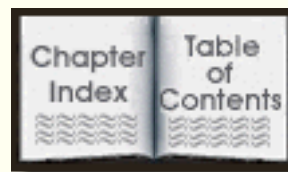
The negative effects or consequences of stress and anxiety

1. Several unpleasant emotional feelings are generated--tension, feelings of inadequacy, depression, anger, dependency and others.
2. Preoccupation is with real or often exaggerated troubles--worries, concerns about physical health, obsessions, compulsions, jealousy, suspiciousness, fears, and phobias.
3. Most emotional disorders are related to stress; they either are caused by stress and/or cause it or both. This includes the concerns mentioned in 1 & 2 and the many psychological disorders described in an Abnormal Psychology textbook.
4. Interpersonal problems can be a cause or an effect of stress--feeling pressured or trapped, irritability, fear of intimacy, sexual problems, feeling lonely, struggling for control, and others.
5. Feeling tired is common--stress saps our energy.

6. Many bad habits (e.g. procrastination, see chapter 4) and much wasted time are attempts to handle anxiety. They may help relieve anxiety temporarily but we pay a high price in the long run.
7. Psychosomatic ailments result from stress--a wide variety of disorders are caused by psychological factors, maybe as much as 50% to 80% of all the complaints treated by physicians.
8. High stress almost always interferes with one's performance (unless it is a very simple task). It causes inefficiency at school and on the job, poor decision-making, accidents, and even sexual problems. In chapter 4 we discussed achievement needs and how test scores relate to anxiety. Sarason (1975) found that students with high test anxiety do more poorly on exams, especially important tests, than less anxious peers, but they profit more from the teacher's hints, suggestions, and advice about taking the test. Janda (1975) observed that males with sexual anxiety had difficulty perceiving the difference between warm, friendly, approachable women and cold, aloof ones. Other males notice the difference easily.
9. Anxiety and fear causes us to avoid many things we would otherwise enjoy and benefit from doing. People avoid taking hard classes, trying out for plays or the debate team, approaching others, trying for a promotion, etc. because they are afraid. It's regrettable. Let's do something about it.

[← Back a page](#)

[Forward a page →](#)



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WAYS OF HANDLING STRESS AND ANXIETY

How To Cope With Stress, Anxiety, and Fears

After determining the nature and seriousness of the stressful situation you are in, your next task is to decide what you can do about it. Do you need professional help? If not, how well can you handle the threatening or challenging situation you face? Your answer to this question--your ability to cope--determines, along with your assessment of the importance and severity of the problem, how anxious or scared you will be. This is where your skills, knowledge, practice, experience, optimism, courage, etc. come into play--where they pay off for you. This is where you pit all your self-help ability against the threatening forces created by your situation. Your level of anxiety will indicate the outcome of this battle: if you develop and carry out a good battle plan, you should hold the anxiety to a moderate level (assuming the stresses are controllable). If you feel helpless, deny or run away, or, worse yet, blame yourself for the problems, you will have a high level of distress in the long run (Kleinke, 1991).

Several studies have evaluated the effectiveness of ordinary methods of dealing with stressful situations (Billings & Moos, 1981; Lazarus & Folkman, 1984; Carver, Scheier & Weintraub, 1989). The most effective methods of untrained people were: take responsibility for planning a way to cope, take rational composed action and avoid rash impulsive reactions, seek advice and support, look for something to "get out of it," i.e. to learn from difficult situations, express feelings privately but not publicly, stay confident, and use humor. The poorest responses to stress were: being hostile and confrontive, publicly venting strong feelings, self-blaming, indecisiveness, ignoring or denying or downplaying the problem hoping it will go away, keeping feelings to self or suppressing emotions, giving up trying, and escaping by watching TV, working, eating, smoking, or drinking a lot.

In short, people who handle difficult situations well are (1) quick to take responsibility for handling the problems that come along, (2) confident of their ability to deal with life's challenges, (3) actually able to assess the situation accurately, get help as needed, and devise a good plan, after considering many alternative approaches, and (4) effective in carrying out the plan, learning and growing with each problem so they can face the future with optimism.


Well, of course! That's Superhuman! The question is how do you learn all these good things, right?

Coping is not a process that comes easy or natural to anyone (although skilled copers make it look easy). It requires a conscientious, determined effort to *learn about specific ways of coping* with diverse stresses *long before the troubles arrive*, an openness to many solutions, careful observation of many peoples' coping experiences, the courage to try different kinds of solutions, and a willingness to honestly evaluate the effectiveness of your efforts to handle stressful situations. Coping with stress requires effort over time and involves the same self-help steps as any other problem (chapter 2).


Now, let's get familiar with a wide variety of theoretically sound ways of handling stress. Since there are so many sources or causes of stress, there will be many possible "cures" or means of relief. Moreover, your stress-reduction techniques need to be tailored to you personally. The only way to know if some self-help method will work for you is to try it. That may seem overwhelming but you need to be familiar with many approaches because you will face many different kinds of stress in your lifetime. The more competent you are with many alternative solutions to problems, the better your chances of winning your battles with stress. Do not try to control stress with cigarettes, alcohol, excessive eating, shopping, gambling, excessive TV or music, etc.

Some treatment methods will probably work for you whether you understand where your stress came from or not. A quick, easy solution is great... sometimes. For instance, a relaxation technique or tranquilizing drugs will slow and calm you down. If the stress is short-lived, a little relaxation may be all you need. However, if the threat you face is persistent, relaxation or drugs, either legal or illegal, deal only with surface symptoms, they do not remove or alter the underlying threatening causes. So, when the relaxation or drug effect wears off, the original stress usually comes back. And, you are back where you started. As with behaviors, many stresses can not be mastered without understanding the causes and history of the emotions. The treatment you need may have to be tailored to your specific problem (which includes your unique underlying sources of anxiety, if any). Miller and Smith (1993) provide tests to determine the source and type of stress you are experiencing, then they suggest techniques for your type of stress. It may be reasonable, though, to try a quick, easy method first and see if it works.

The purpose of the chapter, thus far, has been to give you an in depth "understanding" of stress which will, in turn, give you confidence and motivation to DO SOMETHING! Here is a list of possible self-help approaches, but first heed this caution.



WARNING: If you have serious psychological problems, you should seek professional help immediately and not attempt self-help at all by yourself.



What are serious problems? Being so anxious or confused that you can't read extensively and carefully plan a self-help approach. Being so distressed that you feel you must have quick or instant relief. Being so upset that you seriously think of suicide. Being so uncomfortable that you drink or use drugs excessively. Being so physically disabled, especially with heart disease, brain damage, asthma, ulcers, or colitis, that you require medical supervision and approval before undergoing stress of moderate intensity. Being so psychologically concerned that you already take psychopharmacological drugs or have a psychotherapist with whom you should consult about any self-help efforts. If any of these conditions apply to you, see a professional (or continue with the one you are seeing).

Attacking the behavioral-environmental parts of the problem

Confront the stressful (but harmless) situation --there are researchers who contend that the most effective way (maybe the only way) to reduce a fear or phobia is to repeatedly face and handle the scary situation (Marks, 1978; Jeffers, 1987; Greist, Jefferson & Marks, 1986), if you can. You need to find out that the imagined awful consequences don't actually occur (Epstein, 1983; Rachman, 1990). So, if you are afraid of swimming, go swimming every day and do it safely. If you are uncomfortable meeting people, go to parties and socialize more, go out of your way to meet new people. If you are afraid of speaking up in class, try to ask a question or make a comment, when appropriate, every day in some class. Take a speech class.

This idea of getting back on a horse that has thrown you as soon as possible is not a new idea. Almost 100 years ago, Freud said that talking to a therapist would not overcome specific fears, instead you have to confront the frightening situation. Most therapists today agree that it is essential to practice approaching and handling stress, rather than avoiding it. First, it may help to learn a good approach by watching others (a model), seeking advice (read chapter 12!), or correcting some false ideas you have about the situation (see methods #13 to #16). Then, one might want to covertly (in imagination) rehearse or to role-play with a friend an improved approach to the situation (see chapter 13). Certainly some planning and practice may be helpful, but don't get bogged down over-preparing. Go do something! Take a friend along if there is any danger or if you need support. You may also prefer to expose yourself to more threatening situations gradually, developing skills and confidence as you go. Marks (1978) suggests it doesn't matter much if you are scared, what matters is that you have the courage to do it and stay in the scary situation long enough to master it. *The details for confronting a fear are given in chapter 12.*

Keep in mind that we are speaking only of physically harmless situations. On the other hand, if you are afraid of water, a very *real* fear if you can't swim, it would be both physically dangerous and emotionally traumatic--just plain stupid--to go into deep water. Always protect yourself from real dangers!

Exposure doesn't always work well, however. Hoffart (1993) found that about 50% of agoraphobics (afraid of having a panic attack in public places) drop out or do not respond to exposure therapy. Almost half of agoraphobics who stay in therapy and get some benefit continue to have some symptoms. This has encouraged the development of other methods, especially cognitive techniques (see methods #13 to #16). Also, social phobics get only modest benefit from exposure to social situations. Stopa and Clark (1993) have an explanation of why cognitive methods may work better with social phobics, namely, social phobics don't pay attention to actual feedback from others but are preoccupied with their own negative thoughts ("I'm boring... stupid... silly") which causes them to avoid interacting. Perhaps (a) social skills training, (b) more focus on other people's reactions, and (c) attempting to be more outgoing would make socializing more rewarding. Certainly, stopping the automatic barrage of negative self-evaluations while interacting would help.

Compulsions and little rituals of behavior, like washing our hands excessively or checking the locks on the doors and windows several times every night, are an attempt of reduce our anxiety. To stop these useless behaviors, the most common approach is to expose ourselves to the situation that sets off the compulsion but prevent the behavior--the useless rituals--from occurring. See a discussion at the end of this chapter about obsessive-compulsive disorders.

Looking for the source --if you don't know the causes of your tension (called free-floating anxiety), a careful analysis will be worthwhile. As with any other behavior, consider the suggestions in method #9 in chapter 11. Make up a rating scale for your anxiety. Whenever the stress increases, record in a journal the severity and what is going on: when it is, where you are, what you are doing, whom you are with, what you are thinking, what you would like to be doing, what else you are feeling, etc. Try to figure out the causes. Remember social uneasiness, depression, anger, and other reactions to stress may be inherited. Also, chemicals and physiological conditions, like poor sleep, diet, premenstrual changes, and hypoglycemia (low blood sugar), cause emotions too, so look for those causes as well.

Escape the stress --if practical, one might simply avoid the uncomfortable situation. Changing your environment is an important self-help method. This approach is most appropriate for a short-term stress, but it can also involve escaping a constantly stressful environment for a few minutes of relief. For the person under continuous pressure--a demanding job, conflict with a co-worker, your own competitive drive, undergoing a life crisis--it is good to "take a break" every 2 or 3 hours by scheduling and insisting on some time for yourself. What can you do? Meditate. Nap. Exercise (60% say exercise mellows them out but few do it). Call a friend. Take a break to socialize. You can do other things to improve your environment: avoid the person who "drives you crazy." Take the bus instead of driving. Reduce the noise. Also, be sure you allocate your time wisely; do the most important work first, allow a little extra time, learn to say no.

If you are in an unavoidable stressful environment, build up your strength whenever you can. Get exercise and plenty of sleep, find something interesting to do during your time off-- a good book, a craft or hobby, a vacation. Relax listening to music or playing a game or watching mindless TV. Occasionally, take time for yourself, away from everyone if possible. Do new and fun things on weekends.

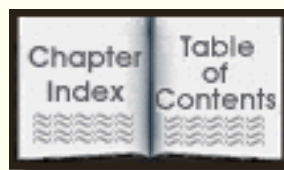
Be sure to examine your own attitude to see if the "pressure" is coming from you. Are you a perfectionist or a irritable Type A personality? Do you always have to sound brilliant and look sharp? Are you frequently angry? Is this because you blame others for your troubles? Are you anxious to beat out someone in your department? Ask yourself: how important is this? Maybe you should take the pressure off yourself and lighten up. Do you always try to please others, putting in extra time on the job or spending holidays with relatives or doing what your spouse wants or doing something every weekend with the children? Decide what *you* would like to do part of the time! Try doing something different.

Sometimes a particularly troublesome task, person, or topic of conversation could be avoided without any serious loss. By just not attending to the sources of threat, we can avoid some stresses. Remember, the experienced parachutist checks the equipment carefully but doesn't think much about both his/her main *and* reserve chutes not opening. Use thought stopping on useless worries (see method #14 and the discussion of worries later).

A word of caution: remember escaping from fear is reinforcing. Also, avoiding a scary task strengthens the frightening ideas and neglects testing the false ideas that produce the fears. So, when you stay away from a person or a situation that upsets you, you are likely to tell yourself "I'm coping with this pretty well," but the fears are still there. Your life is still restricted. Indeed, the longer and harder you work to avoid the upsetting situation, the more intense the fear of that situation may become. Besides, you have no practice coping with these kinds of situations. So, use this method with caution.

[← Back a page](#)

[Forward a page →](#)



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WAYS OF HANDLING STRESS AND ANXIETY

Seek support --talk about your concerns with a friend, someone in a similar situation, a teacher, or a professional counselor. Share your feelings. A supportive, nonevaluative friend lowers our blood pressure during stressful tasks. Type A middle-aged males with few friends were three times (69% vs. 17%) more likely to die than Type A's with friends (Orth-Gomer & Uden, 1990)--but do tense, sickly, dying males just not attract friends or do friends improve our health? In any case, it seems likely that we are less afraid and have more courage when someone is with us holding our hand (Rachman, 1978).

It has been estimated that 85% of us have struggled through some stressful experience in the last five years. Mates are our most likely source of support, then relatives and friends, then less likely co-workers, parents, and children. If professionals are consulted, it's most likely to be the family physician and clergy. Talking with anyone is a good first step but neither (MD nor minister) may be good choices for extensive help; physicians primarily give drugs, seldom information about how to cope; some clergy specialize in building guilt, not reducing stress. For the most competent professional help with anxiety, go to your Mental Health Center for treatment or call and ask them to recommend a good private practitioner.

Currently, about 15 million Americans are in **support or self-help groups** dealing with over 350 different kinds of problems. Self-help, sometimes called mutual help, groups are a growing source of help. AA was one of the first such groups, then women's consciousness-raising groups caught on in the 1960's. Now there are self-help groups for almost every conceivable problem. They often limit admission to people who have personally had the problem being discussed; usually no professionals or "experts" are admitted. This makes it clear that your improvement is your job, not in the hands of a "doctor." Members of the groups share experiences, exchange practical information or advice, and provide emotional support. Members feel better about themselves by helping each other. Often the groups are so helpful that members become intensely involved and dedicated. It is comforting to be truly welcomed and understood by fellow sufferers. There is no charge.

Science is just beginning to evaluate the effectiveness of different sources of support for different problems. A 10-year study at Stanford found that cancer patients who participated in a support group lived twice as long as those who didn't meet with a group. Drug abuse

prevention groups run by older students (but still peers) get better results than teacher-led groups. Many self-help group members are veterans of drug treatment and psychotherapy; many believe they have gotten much more from self-help groups than from professionals.

Self-help or mutual-helping groups provide many benefits: suggestions about how to cope, a chance to learn from others' experience, support and encouragement, meaningful and needed friendships, and a reduction of guilt (by finding others like yourself), and an increase in hope (Hodgson & Miller, 1982). Another major advantage of mutual-helping groups is that they are not only a source of support but they are also a place where the helpee can become the helper. It's probably as beneficial to be a helper as to be a helpee, maybe more so (Killilea, 1976). For more information about such groups refer to Lieberman and Borman's (1979) *Self-help Groups For Coping With Crises*.

But the early data suggest that social support is not always helpful (although usually it is), that the "supporter" can be drained and the "supportee" pressured, that many poor people prefer isolation to exposure to a middle class helper, that relatives (e.g. 20% of the mothers of young mothers) may be intrusive and bossy, that the best source of support depends on the problem, that it is not the amount of support but the nature of the help that counts, and that it may not be the actual support so much as believing that dependable support is available if and when it is needed that does the most good. There are even times that you shouldn't help a friend: when he/she doesn't want help, when he/she has enough help already (you should especially avoid interfering with therapy), when he/she is doing something you consider morally wrong, when he/she asks for but never takes your advice, and when he/she is using you.

One study illustrates the complexity of deciding "when will support help?" Veiel (1993) found that depressed women who had been hospitalized but were now recovered were harmed by post-hospital stays at home surrounded by close family support. The more relatives and fewer friends they had and the more they stayed at home and didn't work outside the home, the more likely these women were to become depressed again. It is not clear what caused the detrimental effects, but we shouldn't conclude that support is always helpful. Note that similar depressed women discharged from the hospital before full recovery benefited from family support (as did recovered women who worked and both recovered and unrecovered men). Science is discovering when and what kind of support is unhelpful.

What does this mean for self-help? First, don't hesitate to seek help if you need it. If a friend of yours is having a hard time, avoiding him/her is far more often a mistake than a wise decision. So, reach out and show your friend your concern, then observe to see if he/she wants your help and in what ways. Second, if the first group or source of help you reach out to doesn't seem to be beneficial, quickly try another source of help. **Caution:** going to a group with much more severe handicaps than you have, can be traumatic. Thirdly, one group, no matter how good, probably won't be the best source of help with all the problems

you might face in a life-time. Fourthly, self-help groups do not provide all the help you need; you may need professional help and you must use self-help methods outside your group (Tessina, 1993).

In effect, you are changing your environment by seeking new sources of support or help. Sometimes new viewpoints are necessary; intimate friends (lovers, best friends, parents) may be too involved to be good helpers. Beyond family, friends, physician, and clergy, there is a bewildering array of possible sources of support. Just as it is difficult to know about and to locate available self-help books, so it is difficult to know the government supported agencies and the private self-help groups that offer help in hundreds of problem areas. If you want to try a support group, start by calling your local Mental Health Center for information. Sometimes the local newspaper and phone directory lists groups. Also, the local United Fund and library might have a list of self-help groups. Perhaps easiest is to look up <http://www.mentalhelp.net/selfhelp/> on the Internet. Of course, you can write or call American Self-Help Clearinghouse, St. Charles-Riverside Medical Center, Denville, NJ 07834 (Phone: 1-201-625-7101) for their *Self-Help Sourcebook*. Also, helpful is the National Self-Help Clearinghouse, 25 West 42nd St., New York, NY 10036 (Phone: 1-212-642-2944). A book by Wuthnow (1994) provides information about the pros and cons of joining a support group.

A few of the supportive agencies and groups in regard to stress are:

- Mental Health Centers; Alcohol and Drug Abuse Centers. Professionals work in these agencies; make use of them. Fees are based on ability to pay.
- Alcoholics Anonymous (AA), and Al-Anon or Alateen for relatives of alcoholics. These are self-help groups; no professionals and no charge.
- Various self-help groups based on AA principles: Gamblers Anonymous, Overeaters Anonymous, Neurotics Anonymous, Psychotics Anonymous, Parents Anonymous (for abusive parents), and others.
- Groups for phobic, abused, abusing, depressed, manic-depressive, schizophrenic, obsessive-compulsive, workaholic, sex addicted, over spending, etc. persons.
- Groups for people who are going through as crisis, such as death of a spouse or child, divorce of parents, suicide by a relative, being fired, being dumped, suffering AIDS, serious injury, mastectomy, vanished children, etc.
- Diet and exercise clinics (see comments in chapter 4); eating disorders groups.
- Parents without Partners, Big Brother/Sister Organizations, Scouts, local sports-recreation programs, Foster Grandparents, and others.
- Department of Family and Children Services, especially to investigate child abuse; Welfare Departments; Food Stamp Program.
- Women's organizations such as Women's Centers for abused women, Women Against Rape, Day Care Cooperatives, university programs in Adult Reentry and Woman Studies, Family Planning Centers, YWCA, Displaced Homemakers (employment services), Professional Women's Organizations, Equal Rights

Organizations and others.

- Organizations for the aged include Gray Panthers, Foster Grandparents, Visiting Nurses Associations (for health care at home), Elder Hostel Program (travel and education), Senior Citizen Centers, Council on Aging or state Department of Aging, free meals for the elderly, and volunteer programs at nursing homes and hospitals and so on.
- For employment problems: Employee Assistance Programs, state Employment Office, Job Training Programs, Displaced Worker Projects, Occupational Safety and Health Hot Lines, community colleges offer various technical skills courses, and there are many occupational-professional-union organizations.
- Personal growth groups, Marriage Enrichment Groups, encounter groups, workshops or courses on interpersonal communication or specific concerns, self-help classes, etc.
- Many support groups are focused on specific health problems: cancer, heart disease, leukemia, loss of a child, mentally and physically handicapped children, etc.



Warnings: A few self-help groups, similar to religious cults, become dominated by a highly controlling leader who demands loyalty to him/her or to the group. Be leery of any group that attempts to control your life. Likewise, avoid groups which offer mystical experiences, such as talking with the dead or curing physical diseases, or which specialize in uncovering repressed memories, such as childhood sexual abuse or past lives.



Attacking the emotional (stress, fear, anxiety) parts of the problem

Relaxation training --one obvious way to counter stress and anxiety is to learn to do the opposite, to relax. 2,500 years ago, Chinese philosophers, who believed suffering was a part of existence, suggested a way to avoid frustration: give up your wants and ambitions! They made a good point but Westerners find it hard and undesirable to be goalless. Besides the Buddhist's way, there are many other ways to relax: (a) progressive (Jacobson, 1964) or deep-muscle relaxation, (b) stretching or breathing exercises, (c) cue-controlled relaxation (pairing relaxation with a word like "relax" and using the word as a command when needed), (d) suggested relaxation of the body ("you are getting relaxed, your arms are getting warm and heavy..."), (e) suggested relaxation fantasies ("you are on a warm, sunny beach..."), (f) cognitive and sensory tasks ("listen to this story...think about your vacation...concentrate on..."), (g) meditation or Benson's method of relaxing, and (h) biofeedback. Methods of relaxing are described in chapter 12. Of course, there is also exercising, having sex, sleeping, reading, watching TV, socializing, and diverting attention to pleasant tasks.

Since we each respond to stress in a different way--some worry, some get mad, some get stomach or headaches, etc.--we each need to find our own way to relax. Ask yourself if

your anxiety is more physical or mental. When you are anxious, if it is mostly physical, your heart will speed up, you'll feel tense, perspire, freeze up, hands or knees will shake, hands are cold and damp, stomach will get upset, and you need to go to the bathroom. If your anxiety is mostly mental, your mind can't concentrate, you have scary thoughts, worry a lot but can't make decisions, and become obsessed with the problem you face. If your reaction to stress is mostly physical, try relaxing your physical body by exercising, deep muscle relaxation, stretching, taking a bath, getting a massage, etc. If your reaction is mostly mental, try relaxation fantasies, meditation, cognitive tasks, reading, TV, calming self-instructions, pleasant fantasies, etc. Haney and Boenisch (1987) will help you find relief.

There is accumulating evidence that the effects of relaxation, no matter how achieved, last for a couple of hours beyond the 15 to 20 minute relaxation training period. This is true for exercise too. The exact mechanism for this is not clear, however. The relaxation may linger on or the stressed person may learn to briefly re-relax themselves throughout the day. The latter view is suggested by Stoyva and Anderson (1982) who contend that chronically anxious-psychosomatic-insomniac patients have lost their ability to rest. Biofeedback confirms this theory somewhat since anxious people maintain physiological tension and psychological uptightness much longer than other people. Thus, the best approach may be to teach ourselves how to relax every few hours during stressful days.

We may even be able eventually to develop a more relaxed personality. Try to stay calm. Attend closely to what others say and do. Don't interrupt. Talk less and speak softly, slowly, and in a gentle manner. Don't get angry, just try to understand the other person's viewpoint. Say enough to show you are empathic. Breathe slowly and smile a lot. But don't be phony.

Relaxation methods have helped with many kinds of stresses--general anxiety, Type A personality, and psychosomatic disorders. Many of the professional treatment programs emphasize frequent relaxation of the muscles and reducing mental strain, such as self-criticism, worry, and the excessive demands that we make of ourselves ("do the laundry, fix the car, prepare a speech..."). Indeed, one study indicated that relaxation does not occur because we relax our muscles but rather because we relax our brain and stop sending out "try harder messages" to our body (Stilson, Matus, & Ball, 1980). How to relax by changing our thoughts is described in chapter 14. Some of us apparently need to relax muscles, others need to stop certain thoughts, others need to exercise, others need to sleep more or better, others need to cuddle and have a massage, others need to read or listen to music, i.e. "different strokes for different folks." If you don't know what you need to relax, try different approaches (see chapters 12 and 14). Don't use smoking, drinking, bingeing, and coffee as a way to relax.

Desensitization --a method that must be considered for overcoming unreasonable or excessive fears. This well researched procedure is based on the belief that a strong relaxation response can gradually overpower and inhibit a fear response to a particular stimulus. The

method involves first relaxing, then imagining mildly scary situations, and works up to relaxing in the most scary (but not actually dangerous) situations. This is a painless method of reducing anxiety or fear reactions because you *must stay deeply relaxed* throughout the entire process. It avoids all stressful actual confrontations with the scary situation, being done entirely in one's imagination. So it is easy to carry out and always available--it just takes fantasy (see method #1 for a version that requires confronting the real situation). The method was developed by a psychiatrist, Joseph Wolpe (1958), and based on classical conditioning, using the same principles as Watson and Jones in the 1920's.

Extensive research has evaluated desensitization, indicating it is an effective method, but powerful placebo or suggestion effects are just about as effective, suggesting the method may not add a lot beyond the expectation of improvement. Wolpe (1980) has claimed that the method is also helpful with many psychosomatic disorders because it reduces the underlying anxiety. No competent self-helper should overlook desensitization as described in chapter 12; it is potentially useful in any situation with any unwanted emotion.

Flooding and venting feelings --experiencing and releasing intense emotions is thought to be beneficial in a variety of ways. First of all, Freud sought intense emotional reactions in therapy, called *abreactions*. These repressed memories usually involved very painful early childhood experiences. The patient would relive these experiences and as a result gain insight into the source of his/her current problems. With this new understanding, the fear, neurotic behavior, or psychosomatic complaint will go away, supposedly. Primal therapy, which uncovers the hurts of birth and early childhood, is based on the same assumptions. The newer therapies by John Bradshaw and others, which reclaim and nurture the hurt inner child, also relive the disappointments of childhood. In a sense, like desensitization, this is confronting the inner sources of fears and traumas, usually from childhood and often well repressed (see the end of this list).

Secondly, Stampfl & Levis (1967) developed a treatment method that involved telling phobic patients horror stories that aroused their intense fears. It was called implosive therapy and is now known as *imaginal flooding*. The idea is for a phobic person to imagine scary situations and experience the fear as intensely as possible. Usually the therapist vividly describes the scary scenes, deliberately frightening the patient as much as possible (he/she is told the purpose). The phobic person continues imagining the stressful scenes for a long time. Gradually the emotional reaction to the ghastly images declines. Eventually the patient is imagining the terrifying fantasies but not responding with fear. In this way, much like cue exposure for compulsives, the connection between a stimulus (flying) and a response (fear) was broken, i.e. unlearned. And, the patient has learned that he/she can stand intense fears.

Thirdly, another way to reduce a fear using flooding is to place yourself in the actual frightening situation until the fear "runs down." As in method #1, the confrontation could result in a strong fear response initially that gradually declines. Suppose you had a fear of heights or elevators. Getting on an elevator might be terrifying but if you stay on it all day,

you learn three things: (a) nothing terrible happens (beyond the initial stress and possible motion sickness), (b) by the end of several hours you are going up and down without fear, and (c) you are not weak, you can stand stress, you can master the fear. Flooding is the treatment of choice for agoraphobia.

Fourthly, a similar approach, using flooding, involves the *paradoxical intention* of trying to increase a fear or anxiety. For example, a female student in my class had a fear of the dark, particularly coming home and imagining that someone was lurking in the dark to assault her. She had never been attacked but it was a serious and long-standing fear. First, she tried self-desensitization. It did little good. Then she decided that whenever these scary fantasies started, instead of resisting them she would try to see just how scary she could make them. Much to her surprise, after trying to really scare herself a few times, the fears diminished. It seemed to her as though the unwanted fantasies went away (gave up?) as soon as they lost the power to upset her.

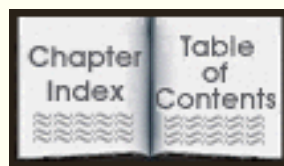
People who have panic attacks often think they are going to faint or are having a heart attack and will die. So, therapists using paradoxical intention may ask the patients to exaggerate their symptoms, e.g. they might be instructed to become frightened and sweat or to faint or to try to bring on a heart attack. Of course, these dire expectations, that phobics desperately try to avoid, can't ordinarily be produced even when they try hard to do so. So, people can learn to "take charge" of their symptoms and, thus, the attacks lose their power to scare the victim.

Lastly, see the extensive discussion of catharsis in chapter 7. It is commonly thought that getting feelings off your chest is helpful, especially sadness and anger. Certainly many people find it helpful to "have a good cry" or to admit openly that they are nervous and to "let go" of those feelings. Telling others about our fears and doubts may be the first step to finding out we aren't weird and to overcoming the stress.

Note: Don't use flooding alone, have a friend with you who understands your problem and the method you are using.

[← Back a page](#)

[Forward a page →](#)



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WAYS OF HANDLING STRESS AND ANXIETY

Stress inoculation --Epstein (1983) believes stress and anxiety are naturally reduced in daily life by repeatedly and gradually thinking about more and more upsetting aspects of a frightening situation. If the emotions become too intense, however, the fears may build instead of diminish. But if our anxiety responses remain within certain limits as we ruminate, we can reduce our fears by imagining over and over specific details of confronting our boss or jumping out of an airplane. It is a natural healing process. If true, it is another explanation for desensitization. We may not need to be deeply relaxed.

What are the therapeutic implications of Epstein's notions? That we can reduce unrealistic fears by experiencing (in reality or in fantasy) the scary situation so long as the feared harm doesn't occur. We must fully experience the stimulus situation without distortion or defenses. So start with less scary aspects and work up to the most scary (like the desensitization hierarchy--see chapter 12). As we experience the stimulus and the fear, we come to realize that it is our view of the situation--our incorrect expectations--that make it so scary, not the actual stimuli. We learn to see the situation realistically. We gradually reduce the fear response--so that we can be fairly calm parachuting out of a plane at 10,000 feet. That is stress inoculation.

For some people, stress inoculation is basically learning to "talk yourself down" or facing a stress and finding ways to handle it. For others (Meichenbaum & Cameron, 1983; Meichenbaum, 1985), "stress inoculation training" is a complex therapy process (see method #7 in chapter 12). It is a major part of Cognitive Behavior Therapy and involves (a) helping the patient become a better observer and a more accurate interpreter of incoming information. (b) Teaching stress management skills, such as social interaction, problem solving, and how to use self-instructions for relaxation, self-control, and praise (see method #2 in chapter 11). (c) Help in applying the various self-help skills in life. In short, this method is designed to be used by a therapist, although the techniques are similar to what you are learning in this book. In fact, written how-to instructions for stress inoculation were recently provided test-phobic students (Register, Beckham, May & Gustafson, 1991). The written material alone helped.

Use "nervous energy" --channel the anxiety created by stress into constructive,

beneficial activities, such as taking a course, preparing for a promotion, helping others, etc. Hans Selye believed that meeting challenges, like competing in sports or being active in a cause, produced "good stress" which gives us a rush or a "high" feeling. Good stress keeps us motivated and enthusiastic about life. So, Selye recommended that we expose ourselves to as many good stresses as we can handle, so long as we don't get over loaded. When a person becomes over loaded with good or bad stress, he/she should use the energy in a way that works off some tension, e.g. playing tennis, jogging, walking, doing aerobics, hard physical work, etc. In short, make stress work for you. Turn frustrating obstacles into exciting challenges.

A related concept is that we need some stress--some pressure, not too much--to do our best. Every athlete knows that he/she needs keen competition to become his/her best. Every student should be aware that the quality of his/her education is, in large measure, determined by the motivation and ability of the competing students. The wise person seeks, welcomes, and uses this pressure to achieve his/her own highest potential.

Develop psychological toughness --physical demands must be made on the body to develop strength, we must be exposed to bacteria and diseases to develop an immunity to them, and humans may need to be exposed to stresses and emotions before we develop coping mechanisms and toughness. Type A personalities with their hurried, competitive, tough, aggressive behavior are actually weak at coping with stress, their bodies take a long time to return to normal after becoming upset (and they have a lot more illness and die earlier). Dienstbier (1989) points out that people in very demanding and responsible positions develop very healthy reactions to stress, *providing* they are in control and have an opportunity to cope. If you give someone lots of responsibility and little power, however, they develop very unhealthy reactions, including feeling helpless.

How do you develop toughness? By being repeatedly exposed to demanding situations while having the skills, power, courage, and confidence to deal with the challenges. It may help you become psychologically tough if you physically exercise, but I suspect you must gradually handle more and more stressful, difficult problems and interactions at work or in your personal life, not just in the gym. Thus, using relaxation methods to overcoming fears is only the beginning; true toughness and durability comes after hard knocks. As we discussed in method #1 above, our attitude has to change from "I can't stand it" to "I *can* handle it."

Salvatore Maddi and Suzanne Kobasa (1984) studied healthy executives and tried to discover ways of increasing toughness. They found hardy people were (a) committed to their work (they, like self-actualizers, have a mission they believe in), (b) have a sense of control over what happens in their life, and (c) zestfully seek and take on challenges, feeling they will learn from the experiences. They seldom get sick. They were tough. Maddi and Kobasa then tried to teach less hardy managers to be psychologically tougher using three methods: problem-solving to reduce the stress (much like the chapter you are reading right now), focusing (for gaining awareness of hidden emotions, see method #5f in chapter 15), and self-

improvement projects (to improve self-esteem and a sense of mastery). So, by learning self-help, you are getting tougher (IF you expose yourself to tough situations and come out a winner most of the time). You have to move on from just handling anxiety to taking the many risks involved in making lots of positive things happen in your life.

Reducing stress by acquiring helpful skills

Skills training --if we feel inadequate, one solution is to become more adequate, even over-compensating for our real or imagined weakness. Chapter 13 provides a variety of skills which might reduce stress. Examples are: problem-solving ability, decision-making skills, social skills, assertiveness skills, empathy responding skills, time management skills, study skills, leadership skills, etc.

Cognitive methods of reducing stress

Observational learning and modeling --watch a person similar to you handle the frightening situation. This is called "guided mastery" or modeling. Cognitive therapy has repeatedly shown that humans can learn to overcome fears by observing others, preferably not an expert and not a person overwhelmed with fear. If you wanted to be comfortable handling snakes, it wouldn't help much to watch a snake handler catch and milk rattle snakes. But watching a snake phobic person cautiously and nervously approach and briefly touch a harmless, pretty, little snake would help you, with encouragement, to do the same thing. Modeling is discussed in chapter 4.

Cognitive treatment methods --if you change your assessment or interpretation of a scary situation, your emotions in that situation will often change. That is the basic idea of cognitive methods, but there is a wide, almost overwhelming variety of ways to alter your view or interpretation of a situation. Let's see if we can clear this up somewhat.

Some cognitive methods consist of changing your self-talk and thinking, e.g. substituting constructive, positive self-statements for self-defeating statements to reduce your fears. This is the essence of stress inoculation (method #8), usually called a cognitive-behavioral method. There are certainly other methods, sometimes called cognitive, which involve learning how to think differently: learning problem-solving, skills, and planning methods; using paradoxical intention and flooding; developing healthy attitudes and toughness; and gaining insight. Some writers even differentiate between cognitive methods that simply change your thinking or automatic assumptions (changing "I will fail" to "I can handle it") and other cognitive methods that require you to challenge the logic or validity of your own ideas or conclusions or schemas ("feeling dizzy means I'm going to pass out"). The latter is considered by some to be "deeper" or *real* cognitive therapy.

First, let's compare two different treatment approaches based on different theories. There is a squabble between conditioning and cognitive explanations of fears. You may need

to understand these different theories in order to select the self-help method that best fits your condition. Each theory recommends somewhat different treatment methods, e.g. *exposure to the scary situation* (method #1 above) vs. *changing erroneous ideas* (next 3 methods) or guided mastery (see method #12). If phobias are largely conditioned physiological reactions, then you should be able to reduce the phobia response by exposing yourself for a long time to the harmless but frightening object or situation (although this alone would surely change your appraisal of the situation). But, if phobias are largely caused by your own erroneous beliefs or thinking, you would need to correct your appraisal of the situation, learn some skills useful in that situation, correct your false conclusions about the situation, and re-evaluate your ability to cope with that situation. A therapist, self-help guide, or ordinary person acting as a model would probably be helpful when using many cognitive techniques with strong fears or panic.

Despite being very different theories, the treatment of fear based on conditioning and cognition have a lot in common. Both eventually require the frightened person to confront the frightening but harmless situation. This exposure will usually gradually extinguish the intense fear response *and* cause the person to think more realistically about the situation. Which is the critical change? The scientist needs to know. It doesn't matter much to the phobic, *if* his/her treatment method works. If the method you try doesn't work, just select another method.

Is it possible that some fears are based more on conditioning and others are caused more by fantasies and faulty perceptions or thinking? Yes, very likely, although psychologists can't, at this time, tell one kind of fear from another. Joseph Wolpe used desensitization with a patient fearful of cockroaches. It didn't work. Then he learned that her husband was nicknamed "Cockroach" and that they had serious marital problems. After Wolpe did marital therapy, the relationship improved and the cockroach phobia went away without special treatment. Wolpe now believes about 1/3 of phobias are cognitive and don't benefit from desensitization, which he "invented." So, when we are distressed, we will just have to try different treatments and see what works best for us. Knowing the different theories, however, helps you find or devise different approaches to changing.

Fortunately, the research to date indicates that *both exposure to the frightening situation* (#1 & #6) and *correcting our faulty perceptions and conclusions* (#12, #14, #15, & #16) are generally effective in reducing fears. As you consider the next three cognitive methods try to decide which would work best for you.

Correcting faulty perceptions --validating or having our perceptions confirmed by others is sometimes a critical step. We are frequently not aware of our specific misperceptions, but we can, in most cases, learn to recognize our tendencies to distort, such as exaggerating our importance, denying our responsibility, expecting the worst, being overly optimistic, blaming ourselves, distrusting others, and other ways. If we are aware of our own perceptual biases, we must constantly check our impressions or views in that area

with others. If we are not aware of our perceptual distortions, we must occasionally compare other people's honest assessments with our own to make sure we are seeing things accurately.

If persons, who are afraid of spiders, see pictures of spiders paired equally often with a tone and a shock, they will strongly believe that they have seen spiders associated much more often with a shock than a tone (de Jong, Merckelbach, Arntz, & Nijmam, 1992). This distortion of reality does not occur in people who are unafraid of spiders. Thus, if you are phobic, you can not blindly accept "what you see with your own eyes." You must make systematic observations, keeping careful records. And you must check out your observations with others.

Martin Seligman (1991) and many other researchers have shown that optimistic or pessimistic "explanatory style"--how you automatically see and explain things--influences many things, including how well you do in school and on the job, and even your general health. That is, optimists do better. So if you have a pessimistic, "I'm helpless," attitude, it needs to be changed (see chapters 6, 8, and 14). How? Test out your expectations. If you believe that you can do nothing that would help with a problem you have, try some approach anyhow and see if it fails. If it does, then make three or four more good efforts using a different attack, and see if they all fail. Likewise, if you believe that no one would help you or be honest with you, test out three or four people and see if your predictions are accurate. In time, you can develop a more optimistic attitude based on actual experience; look for the opportunities to learn and grow that are hidden in every problem.

Cognitive therapy also uses distraction and "rational responses" as substitutes for depressing or catastrophic perceptions of the situation. Example: a person with a panic disorder may first experience nausea, then shakiness, heart racing, lack of breath, and finally panic. The accompanying thoughts are "I hope I don't get upset here," "I'm getting sick," "I'm having a heart attack!" "I'm going to die," "I've got to get out of here," and later "I'm a nervous wreck... I'm going crazy." The therapist might teach this person to reproduce the same physical symptoms by hyperventilating, to control the tension by distraction ("sit down, read the paper, and relax"), and to replace the catastrophic thinking with rational, reassuring thoughts: "I can prevent this panic attack," "my heart is beating fast but that is okay," etc. You can teach yourself these kinds of things.

Helplessness and self-efficacy seem to be the opposite ends of the same dimension; increasing self-confidence in self-control is discussed in method #17 below and in method #9 in chapter 14. More details about correcting our faulty initial impressions are given in method #5 in chapter 14 (straight thinking). Another excellent but complex (realistic!) example of checking out our interpersonal perceptions is given by R. D. Laing (see method #7 in chapter 13).

Changing the way we see the world is not a quick and easy process. You will have to

check out your views in many situations over and over. It's hard but if your initial perception of reality is wrong, all your subsequent thoughts based on those impressions are faulty too. That's serious.

Stop irrational thinking --after perceiving the current situation, we compare what is happening (as we see it) with what we want to happen or believe should be happening. When we, others, and the real world are not as good or as satisfying as we had hoped, we get upset. Thus, the Rational-Emotive therapist says it is our beliefs that cause stress, self-doubts, shame, depression, anger, and most emotions. We can learn to recognize our irrational demands and reactions when life doesn't work out as we would like. Examples:

Rational-Emotive therapy techniques (method #3 in chapter 14) will help you to identify a variety of irrational ideas and to think logically. Example: "It would be awful if ___(Joe) ___ didn't like what I did" is a common thought. But someone not liking what you did is merely a temporary nuisance or disappointment, not an awful, catastrophic life event. Indeed, if you knew the person well, you might understand exactly why he/she doesn't like it (they are responding "lawfully" for them). It isn't the reaction you want, but you can handle it.

We are all prone to automatically think "wouldn't it be awful if I got fired... if my lover wanted someone else... if I got cancer... " or even "if she/he turned me down after I asked her/him for a date... if I flunked this course... if I dented the car... if I said something silly... if my fly/blouse came open... " The truth is that life goes on and very few events are truly "awful," most unfortunate incidents are naturally occurring, often unavoidable, short-term inconveniences (see discussion of determinism in chapter 14). Also, most worries never happen! Many therapists ask clients to imagine the worst possible outcome in their situation, and then ask, "So what would happen, if that occurred?" Or, the therapist might ask, "What effect will this have on your life 1 or 5 years from now?" Usually there is a solution or some outcome that isn't entirely awful forever.

Besides being upset if things don't go as we'd like, other common irrational ideas produce stress, such as "if anything could go wrong, I should worry about it a lot" and "if I or anyone does anything bad, we should be blamed for it and punished." These thoughts suggest we are striving for more control over the world than is possible. Others tell themselves, "I can't do anything about what happens." This also causes stress, because we see ourselves as having no control over the world.

Perfectionists need to give up impossible goals (see chapter 6). Do the best you can and accept the outcome. Inspire and help others all you can and accept whatever happens to them too.

The Rational-Emotive therapist tries to quickly identify the client's irrational expectations and ideas. He/she goes on to show the patient how unreasonable, foolish, and

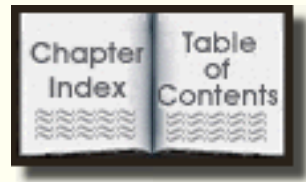
harmful these ideas are. Then the client is shown more reasonable ways to think (talking to him/herself) and is told it is his/her choice as to what beliefs to have, i.e. to be irrational and "upset" or rational and "at peace with the world."

There is nothing either good or bad, but thinking makes it so.

-William Shakespeare, *Hamlet*

[← Back a page](#)

[Forward a page →](#)



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WAYS OF HANDLING STRESS AND ANXIETY

Correct faulty conclusions --although our brains have enormous capabilities and are basically responsible for our domination of all other animals and much of the physical world, we are also remarkably prone to reason illogically. Methods #1 and #8 in chapter 14 describe many examples of faulty and/or negative thinking; none of us think straight all the time. In method #14 above, the biases and needs have instantly distorted our perceptions; in contrast, here we are talking about false interpretations of our perceptions (accurate and inaccurate) as well as wrong conclusions finally drawn as a result of a faulty reasoning process. It is the difference between instantly sensing the boss is mad (#14) when she/he is not and falsely concluding he/she is mad after interacting for several minutes. Our thinking might go like this: "She hardly spoke to me and seemed preoccupied. I'll bet she read my report and didn't like it. I wish I had spent more time on it. She always asks about my weekend, but today she didn't talk about anything but work. I think she's irritated. She has a short fuse anyway. I'll bet I catch hell." Thoughts evoke feelings whether they are true or not. The boss may merely be absorbed with an important dinner date. We may not be fully aware that we are drawing a conclusion, we are just "thinking," but we are very aware of the resulting stressful emotions. If we closely attend to our reasoning and question the basis for our conclusions, we can detect and correct many of our false ideas.

However, without double checking our thinking, we misinterpret many everyday events and draw false conclusions that drastically alter our lives for the worse, e.g. "I will never amount to anything," "no one will ever love me," "I was born to be a trouble-maker," "I'm not very smart," "you can't trust anyone," and on and on. These dramatic general conclusions must be tested out and corrected one small step at a time. In addition, there are many other specific stress-producing false notions:

- The obsessive-compulsive disorders think "I have germs on my hand, I must wash" or "I hate to see the house all messed up" and the phobic says, "I feel sure this plane will crash before I get to Kokomo" or "I hate mice--they scare me to death."
- The worrier spends hours thinking but he/she creates more anxiety than solutions; see discussion in the last section of this chapter about how to control worries.

- The self-doubting depressed person has many stressful "cognitive distortions," such as concluding that everyone will find you boring just because one person seems uninterested in what you have to say (see chapter 6).
- The person who has panic attacks interprets certain bodily sensations as being a sure sign of an impending disaster: getting breathless means he/she is about to stop breathing and die, a pulsing forehead means he/she is having a stroke, feeling shaky means he/she is losing control and going crazy (Clark & Ehlers, 1993). The shy person thinks everyone sees his/her sweaty palms, shaking knees, or confused mind; they think other people don't have these kinds of reactions.
- Many of us have misconceptions and unreasonable assumptions which cause problems, such as "I should be happy like other people are" (when they aren't happy), "other people think and feel like me" (when they don't), "I can't change--it is my nature" (when you can change), "I got it from my dad" (when you didn't), and so on (Flanagan, 1990).

We humans think in many ways that handicap and disturb ourselves. Whenever you are upset, go looking for your irrational thoughts (see methods #3, #4, and #8 in chapter 14). Notice that it takes careful self-observation and self-awareness to detect these psychological pitfalls, because the thoughts occur so quickly and automatically. You need to train yourself to be a good self-observer. How? For a few days pay attention to the situations that upset you, your physical symptoms (and what they suggest to you), your inner dialogue and thoughts about the causes and consequences of your fears. Do this by keeping a journal and recording your thoughts about your anxiety and fears on a tape recorder. Then, learn to detect your self-critical inner voice and uncover your internal mental pictures or beliefs (schema) about your fears by reviewing your journal and carefully listening to your recordings. This will take a few hours. Ask yourself how accurate your self-judgments, your explanations of your fears, and your views of your situations really are. Ask if these ideas help or harm you. Write down your negative expectations, your questionable ideas, and harmful self-judgments. These ideas become the basis for the next step, namely, testing the validity and reality of your thinking.

You will note that both behavioral (method #1 above) and cognitive approaches involve exposing yourself to the frightening situation, but the exposure is *done for different reasons* (Hoffart, 1993). The conditioning oriented behaviorist simply directs you to break the connection between the situation and the fear response. Any old exposure will do (if it is long enough). The cognition oriented therapist, however, collaborates with the patient to clarify the patient's hypotheses about what will happen in the frightening situation. Examples: if the nervous person says "I'll fail" or "they will reject me" or "I'll blush and sweat and that will be awful" or "I'll get so upset, I'll go crazy" or "if I panic, I'll die" etc., the cognitive therapist suggests another more realistic alternative outcome. Then it becomes a simple matter of testing these different hypotheses (or schema), i.e. find out what will really

happen in the scary situation. One might ask "how could I test my notion that they will laugh at me... that I will faint... that he will get mad...?" This will involve exposure to the situation to test the distressed person's thoughts and explanations about his/her fears. Always have an understanding friend with you.

We must give up our defenses against the fears. Hoffart described an agoraphobic patient who avoided and protected herself from the feared situation in every way possible: she attended to shop windows instead of people, tensed muscles to avoid shaky knees, held on to a railing if she got light-headed, always thought "how can I escape quickly?", avoided speaking to people, and went home at the first sign of stress. Some of her hypotheses about what causes or prevents her fear (as well as her expectations about the consequences of a full blown panic attack) will need to be tested. The outcome of the "tests" will surely result in *her giving up her defensive "solutions" to the fear*, her changing her thinking and gaining self-confidence. Gradually, the fears should decline and the self-efficacy build.

Cognitive therapy for people suffering panic attacks might involve these kind of procedures:

1. Since patients with a panic disorder are super alert to their bodily functions and prone to misinterpret bodily sensations, such as breathing hard, palpitations, or dizziness, it is useful to find out what sensations they are concerned about and get the patient to reconsider their conclusions. Suppose a person panics while shopping because he starts to feel dizzy and then fears he will faint and maybe die. He is constantly watching for signs of dizziness and it never occurs to him to question his conclusion that getting dizzy means he is near death. The therapist may find out that the patient has never actually fainted and then may ask why he thinks that is. The patient may say, "because I hold on to something." Then there is a discussion of fainting being caused by *low* blood pressure, but the patient recognizes he has a *strong* pulse. Soon the patient reasons that he could determine if he is going to faint by checking his pulse. Later that day with the therapist, the patient, checking his pulse frequently, tests the reality of his belief that feeling dizzy means he will faint or die. He doesn't faint.
2. In addition, the therapist later suggests that the patient expose himself to other situations where he gets upset and dizzy, and see what happens if he does not hold on to something. Trying this several times, the patient again discovered he would not faint. The panic spells went away. About 85% of the patients in this treatment program got over their panic spells with this treatment in two or three months (Clark & Ehlers, 1993). The essence of the treatment involves disproving the patient's basic views and conclusions about dizziness and dying. (But, often exposure is also a basic component of the treatment.)

These examples should make it clear to you why these methods are called cognitive.

The ideas that lead to fears and panic are being questioned and tested.

Plan self-improvements --our intentions, goals, plans, self-instructions, and self-evaluations play a major role in directing our lives. Without rational self-direction, we would be lost, driven only by the dominant instinct or need of the moment. Learning to organize and control our lives is necessary to get where we want to go. Thus, set reasonable goals (chapters 2 & 3), control your behavior (chapters 4 and 11), calm the emotions, find love and friendship, etc.

In terms of controlling stress, learn to give self-instructions (method #2 in chapter 11) for relaxing and for better coping, such as when the experienced parachutist thinks about accomplishing the task of landing safely, rather than about possibly dying in 40 seconds.

We may not always give fantasy the credit it deserves but our mind is almost constantly rehearsing how to handle some difficult situation. We imagine what we could say and do, and how others might respond, and how we could react to that, etc. This use of "covert rehearsal" is very valuable (see chapter 14).

On the other hand, one needs to occasionally stop the "try harder signals" from your brain (shouting out orders and demands like a Marine drill instructor) to your body, i.e. "take a break" from excessively demanding self-instructions.

Rather than just stopping giving self-instructions, it is sometimes helpful to give the wrong instructions, as in paradoxical intention. This is where you tell yourself "increase those fears, make them really terrifying," instead of "I must calm down." (Case cited earlier and see chapter 14.)

It is helpful when we "accentuate the positive" as well as "eliminate the negative." Life is more than just avoiding problems. We must reserve our energy for planning and carrying out positive, meaningful, moral tasks and missions.


Healthy attitudes and approaches to problem-solving --(a summary from a variety of sources)

Self-awareness: recognize when there is a problem and see the problem clearly. We can hardly solve a problem if we don't admit we have one. If we minimize or distort the situation (as when we use ego defenses) or get overly emotional, our problem-solving efforts are handicapped. Indeed, some efforts aimed at reducing stress might interfere with finding permanent, complete solutions, e.g. if we used drugs or relaxation to reduce stress, we might be less motivated or inclined to explore the underlying causes of the distress and do something about the true causes.


Take action: make a commitment, when appropriate, to attacking and controlling the

problem, to DOING SOMETHING. This action-oriented attitude, like self-efficacy, is comprised of several factors: (1) a belief that the problem is modifiable, (2) that we can personally conquer or control the disturbing situation (see #19), and (3) that there will be worthwhile benefits derived from taking direct action. These positive beliefs are based on what worked for us in the past, on observing or talking to or getting support from others, or on learning new skills and knowledge. Being familiar with a systematic, rational approach to problem-solving, like Mahoney's (1979) "personal science" or this book, might encourage a person to plan carefully and to act cogently.

On the other hand, when the problem is insolvable, the strong, stress-tolerant person recognizes his/her predicament and avoids a lot of pitfalls: He/she stops trying to achieve the impossible. He/she may even provide him/herself with excuses (Snyder, Higgins, & Stucky, 1983). He/she does his/her best, then takes a "wait and see what happens" attitude, avoiding the stressful situations whenever possible. If we are blessed with a sense of humor and if we can see the smallness of ourselves and our problems, it is helpful.




The serenity prayer: God, grant me the serenity to accept the things I can not change, the courage to change the things I can, and the wisdom to know the difference.



If the problem doesn't seem impossible but is not getting resolved, the good problem-solver avoids giving up prematurely, doesn't burn bridges, avoids "caving in" and making a bad bargain (e.g. always putting others ahead of self), avoids escaping excessively into fantasy, drugs, TV, music, etc., and avoids being a sore loser and all the other negative consequences of stress listed above.

If the external situation is bad and unchangeable, still search for the better ways of coping mentally. One study (Felton, Hinrichson, Revenson, & Elron, 1980) compared persons who adjusted well to crippling disease with persons who did poorly. The stress-tolerant people had an optimistic outlook (even if, in this case, it meant denying reality), were able to express feelings, such as anger and complaints, and had a rich fantasy life so they could escape into daydreams. Brutal self-honesty is not always the best policy.

Self-efficacy --learning to realistically believe in yourself as a self-helper. Indeed, stress "management" implies you are in control of techniques that work. Take a new attitude: feeling anxious doesn't mean we have failed again, it simply signals that there is another problem to be solved, another opportunity to learn more about self-control.



Don't tell me that worry doesn't do any good. I know better. The things I worry about never happen!



The feeling that "I'm in control" is related to fear, anxiety, courage, and self-direction (Rachman, 1978). Studies of wartime pilots, for instance, show that fear and courage are related to (a) feeling competent, (b) feeling in control, and (c) not wanting to "let down my buddies." Feeling out of control is scary. And it's unchallenging ("What can I do?"). Several leading test pilots refused to become early astronauts because they had little control in Project Mercury--they felt like "spam in a can" (Wolfe, 1980).

Stoyva and Anderson (1982) think biofeedback speeds up the process of believing we have control. Also, many of the self-instructions in stress inoculation involve suggestions that we are in control, e.g. "This will upset me but I can handle it." In 1910 it was Emil Coue's, "I'm getting better and better," now it is Bandura's self-efficacy. Both reduce stress.

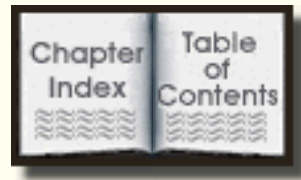
By taking a risk, by running some danger, by facing stress, there is a chance to win, to conquer, to triumph--to feel good about ourselves (Siegelman, 1983). 83% of the time we feel positive when we take a chance to better our situation, to "test our mettle." Even when we fail or lose, 50% of the time we feel good about ourselves for trying. Where we consider the outcome as "mixed," 75% of the time we feel positive about ourselves for having tried to do the risky thing. Even failure can be a valuable learning experience. Life isn't a game in which you get only one chance. If you mess it up, you can fix it up.

Siegelman urges her readers to nurture their fantasies of taking risks; these wistful thoughts are kernels of hope--perhaps our only hope of change, growth, satisfaction, greatness or goodness. These thoughts of a new career, travel, success, a new life are the basis for shifting from "I wish I could" to "by God, I will..." Don't crush them. The rest of her suggestions for risk-taking are in chapters 13 (decision-making) and 14.

Learning we can cope even though we are afraid is an important self-understanding. Such people say, "I'm tough; I'm a survivor; I can handle it." Neal Miller (1976) found Air Force officers believed they did better under mild fear (49%) or intense fear (34% but 25% said they did worse). In terms of handling fear, there are interesting findings about birth order and pilot effectiveness in combat (later born do better!). So, try some scary activities in everyday life: (1) try self-disclosing and find that others like you--and are frequently like you. (2) Try expressing your feelings and find out they are controllable. (3) Try exposing yourself to temptations and find you have self-control. (4) Try exploring your unconscious urges and find out you are not awful for having them nor powerless against them. That's how to get tough (see #10 above).

[← Back a page](#)

[Forward a page →](#)



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WAYS OF HANDLING STRESS AND ANXIETY

Have a purpose --hope and purpose enable us to overcome hardships, whether it is concentration or prison camps, serious physical or mental illness, or occupational burnout (Pines & Aronson, 1981; Frank, 1974). As chapter 3 says, a valued purpose for living saves us from meaninglessness and can provide enormous motivation. For example, religious beliefs provide a life-purpose and a refuge from the ultimate fear, eternal death.

Unfortunately, there is little scientific knowledge about how to develop faith and hope. Yet, there is universal interest in these topics and ample evidence for the power of faith. For instance, Marks (1978) compares the ineffectiveness of lengthy (1 year) therapy with transsexuals to the astonishing effectiveness of faith healing. The faith healer, in one case, took only three hours to pray, lay on hands, and "exorcise 22 evil spirits." The client, a life-long transsexual, immediately declared he was a man, discarded his female clothing and got his hair cut. Two years later he was still living as a heterosexual and planning to get married. Suggestion effects can help people have faith.

A distinction must be made between (a) passive faith or idle wishing for something and (b) working hard and wisely to help yourself achieve something. Both may work, but my bets are on (b). They are certainly different processes.

Hope is an effort to make it so, not a wish that it may be so.

-G. I. Gurdjieff

Understanding unconscious factors as a way of reducing stress

Finding the causes --if traumatic early childhood experiences have great impact on later adjustment and if we tend to forget those connections, it seems reasonable that gaining insight into the original or early sources of our problems might be helpful. Our society is enormously influenced by the idea that childhood has permanent, inevitable impact on all the

rest of life. Freud said, "The child is psychological father to the adult...." Building on Freud, Erik Erikson described eight stages of life in which we, ideally, develop lasting traits, such as trust, independence, purpose, feeling of competence, an ability to love, etc. Failing at any stage is thought to cause serious problems. The early years are seen as especially crucial.

Furthermore, a massive amount of clinical experience with disturbed patients has confirmed that early psychological experiences were important causes. These include loss of a parent, intense conflicts within the family, abusive treatment or neglect, over-controlling or critical parents or siblings, stressful sexual experiences, etc. Research shows correlations between parental adjustment and their children's adjustment, even as married adults. Abusers tend (60%) to have been abused or to have seen abuse as children (NiCarthy, 1982). Sexually abused children have more stress-related symptoms than nonabused children, but 2/3rds recover in 12-18 months (Kendall-Tackett, Williams, & Finkelhor, 1993). Alcoholics tend to have a parent who drank excessively or both parents who were teetotalers (Weil & Rosen, 1993). The children's personality and school adjustment are affected for several years after a divorce (see chapter 10). However, childhood traumas are not in the history of every anxious person.

Why might early stresses decrease our tolerance of stress later in life? First, the trauma may reduce our sense of control--we feel vulnerable, we know human frailty. We may learn to see the world as uncaring or downright hostile. Second, a disruptive event might interfere with our own psychological development (as mentioned in the last paragraph). Third, early hurts and threats may leave us sensitive to later occurrences--a teenager who lost her father at age 5 or 6 by divorce may be especially sensitive to any critical comment by her boyfriend.

Contrary to the common view, however, there is evidence that early traumatic experiences are not prophetic, they certainly don't always result in a ruined life. In fact, Clarke and Clarke (1976) report that severe shocks (loss of both parents, beaten and poorly fed, rejected and hated) can be handled. Humans are pretty tough. Furthermore, the healing effects of care and love after a trauma are remarkable *if* we are young. The effectiveness of love and support (to compensate for trauma) decline if the victim is older, say adolescent or young adult. This research doesn't indicate that early traumatic experiences are unimportant, but rather that they could be handled if we knew and cared enough. Also, it may be beneficial to have practice handling stress (see toughness above). Certainly, being over-protected and pampered can cause problems too.

What are the implications? You should investigate your history, try to understand the source of your personality, attitudes, and problems (see Allen (1995) and chapter 15). That is a characteristic of a mature, aware, insightful, wise person. But don't stop with insight; don't think that is all you have to do. You have to use the understanding to change. That changing may also involve some of the cognitive-behavioral methods mentioned above, e.g. one may need to remind oneself "I'm sensitive about angry yelling because my father..." or "I tend to

avoid schoolwork because my sister was so damned smart."



Warning: Beware of therapists, groups, and books that implant and nurture false memories, such as sexual abuse as a child (see discussion of this in chapter 15).



A compelling need to know-- there is a natural curiosity, a need to know. Not just to understand what makes us tick but also to know what really happened in our relationships. Notice what happens when a person has a conflict or breaks up with someone. Often hours are spent "analyzing" the situation: Why did he/she leave me? What did he/she really want or need? Was he/she interested in someone else? Did he/she deceive me? Why did I take him/her for granted? Where did I fail? This questioning and analyzing can be calming if the understanding can become a means for accepting what has happened and even a basis for believing we will handle the situation better next time around. The "retrospective analysis" can be harmful if we become self-critical or develop very negative views of the other person's motives or character. Psychologizing in a harmful way is discussed in chapter 9. Nevertheless, gaining genuine understanding can lessen confusion, reduce a fear of history repeating itself, and bring some self-satisfaction.

Open-mindedness --knowing a few psychological theories and self-help techniques should never lull you (or any therapist for that matter) into believing you know all about how to understand and deal with a certain kind of problem. For example, suppose within someone's mind the urge to kill him/herself gets diverted into a fear of knives. It is obvious that the problem is much greater than avoiding knives. The underlying problem needs to be faced. In a similar situation, Wolpe (1973) reported a case of an 18-year-old male who, after urinating, washed his genitals 45 minutes, his hands 2 hours, and his body in a shower for 4 hours. The compulsive washing was apparently connected with sleeping with his sister until he was 15 (she was 17) and having severe guilt about sexual thoughts and reactions. Wolpe reduced the time the young man spent washing by using desensitization to urine so that eventually he could tolerate touching urine without anxiety. That's fine, but it's a typical behavioral solution to a problem, i.e. superficial. An aversion to urine may only be part of the problem. What about the young man's sexual adjustment, his guilt about sexual thoughts and urges, and his relationship with the sister?

Suppose Little Hans, that Freud wrote about, came to you for help. Besides reducing his fear of white horses with black mouths, what would you want Little Hans to understand and handle better? His guilt for fighting with his little sister? His interest in sexual parts? His belief that women may have been castrated? His jealousy of his father's relationship with his mother and ways of coping with that? His concern about being loved? His transfer of interest away from his mother? His self-acceptance?

It may seem silly for me to encourage you to explore your own unconscious. You might ask, "How can I do that?" I'd like to give you some suggestions. You could read accurate descriptions (not stories by novelists) of the needs, urges, motives, and interactions of others and see if they apply to you or give you any insights. You could ask yourself probing questions and look for the answers. Examples: If you are afraid of serious dating or intimacy, ask yourself: Am I afraid of being hurt (rejected)? Am I afraid of emotional or physical closeness? If yes, emotional closeness, what is the source of that fear? If yes, physical closeness, what about my body or my history causes me to be uncomfortable? Is the Oedipus or Electra Complex involved at all in my case? Am I more interested in keeping my same-sex friends than in having a love relationship? If so, is that an escape from something scary and/or is there no one of the opposite sex available at this time and/or are there some homosexual tendencies involved here? If simple questions like this make you uncomfortable, and you want to rush on to another topic, it sounds like you haven't learned to accept all of yourself yet (see chapter 15). Of course, the secret is learning to ask serious, "on target" questions that demand thoughtful answers. This takes time.

Any person who is serious about understanding him/herself should also try some of these things: keep a journal, record your dreams, use awareness exercises, take psychological tests, use imagery techniques, talk with others about their psychological needs and motives, watch psychologically oriented talk shows, read a lot of clinical psychology, and seek therapy if needed. See chapter 15. Don't get uptight about exploring your psyche. It would be unwise to dwell on your unconscious, but even more foolish to not consider these factors at all. Think of it as an adventure, have fun. Every mind is fascinating. What a shame that many people never explore their unconscious at all.

Summary of How To Handle Stress, Anxiety and Fears

A. The behavioral-environmental part of the problem--

1. Exposure--confront the scary situation over and over.
2. Analyze the situation--log and assess the possible causes.
3. Avoid the stressful situation or person, change your environment.
4. Seek support from friends, counselors, self-help groups, etc.

B. The emotional part--

5. Learn to relax--counter the tension directly.
6. Desensitization--reduce the fear or anxiety response.
7. Flooding or venting feelings--get strong emotions off your chest.
8. Stress inoculation--learn to "stay calm" or to "talk yourself down."
9. Channel "nervous energy" into fruitful activities.
10. Develop psychological toughness--take on stressful challenges.

C. Skills for reducing insecurity--

11. Actually having more skills makes you feel more competent...you are!

D. Cognitive part--

12. Observe and model a person successfully handling the scary situation.

13. Recognize that faulty thinking may be the cause of your stress.

14. Correct misperceptions--consult with others; test out your views.

15. Challenge irrational beliefs and demands of how things "should" be.

16. Right wrong conclusions--check with others, test your reasoning, learn to think logically.

17. Intentional thorough planning of how to cope.

18. Healthy attitudes--face problems squarely, commit yourself to action.

19. Build your faith in your ability to handle stress and other problems.

20. Find an inspiring mission in life and nurture an optimistic attitude.

E. Unconscious factors--

21. Explore your history--for traumas, stressful emotions, and beliefs.

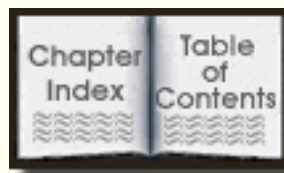
22. Utilize natural curiosity--ask relatives and friends about childhood.

23. Read psychological literature and case studies: Q: "True of me too?"

Now you are prepared to plan your attack on tension and fears that hold you back. Based on what you know, select the best two or three methods and give them an honest try. If they don't work, try something else. Good luck.

[← Back a page](#)

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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Treatment for the more common anxiety-related disorders

Anxiety is the most common symptom of patients seeing a psychiatrist or a psychologist. About 5% to 8% of Americans each year are believed to have an anxiety disorder, about the same percentage have depression which often accompanies anxiety. Indeed, learning to cope with stress reduces the risk of depression. The major anxiety disorders are generalized anxiety, panic disorders, agoraphobia, and other specific phobias. Women are two or three times more likely to be diagnosed as being anxious than men are. We don't know why, perhaps because they admit fears more, see doctors more, get therapy more, have fewer rights and opportunities, are more abused and deserted, have to care for children alone and often work outside the home too, etc. Girls are also more prone to anxiety than boys, Blacks more than Whites, and the poor more than middle class.

You might think it is the busy executive who is most affected by stress. You'd be wrong. More likely to suffer from stress is the ordinary worker who is under heavy pressure to perform and has little control over decisions. Thus, the most influenced by stress is the factory worker, waiter, clerk-typist, data entry type who has fixed hours, limited breaks, rigid procedures, and little to say about conditions, solutions to problems, time off, lay offs, etc. Executives, business owners, managers, professionals may feel stressed but they are less affected by it. They are more motivated, more flexible, more challenged, and they can make decisions and run their own lives; this seems to be related to their being 2 to 4 times *less* likely (than the clerk) to become sick from the stress of their job. Still, in any job there are ways to relax (breaks, exercise at lunch, support from peers, calming fantasies, deep muscle relaxation, having hopeful positive thoughts, keeping a journal of your feelings, etc.).

An anxious person usually also has a history of associating with stress-related disorders, i.e. older relatives have been tense or fearful, poor social adjustment in the past, poor school adjustment (especially refusing to go to school after age 10), and general over-reactions to pressure or threats.

Panic attacks are thought of as being different from general anxiety; they respond to

medicine differently. When the anxiety or panic is severe both medication and psychotherapy are advisable. I will briefly discuss a few of the anxiety-related psychological problems, such as worry, shyness, insomnia, burnout, phobias, panic attacks, obsessive-compulsive behavior, and psychosomatic disorders. There are others, such as Post-traumatic Stress Disorder, Dissociative States, and Multiple Personality, which usually require psychotherapy and will not be discussed at length here. A few recent writers have offered help for understanding and **getting over a traumatic experience**: Matsakis (1992), Van der Kolk (1966), and Terr (1995).

Worry

Anxiety previews bad happenings; depression reviews bad happenings. Worry is anxiously anticipating that some awful, scary, unpleasant events are going to happen. Worry also involves trying to think of ways to avoid these unpleasant happenings (Borkovec, 1985). Worry is an unpleasant, upsetting activity that we'd like to stop but we can't; sometimes we can hardly think of anything else and can't sleep. Worrisome fretting is an effort to solve problems that results in our imagining more problems than solutions; thus, we never find a good place to stop worrying. The stream of worries goes like this: "I have to get that report done this weekend... what if the boss gets mad about what I said... if I lost my job it would be awful... I saw a homeless family on TV today... we should be saving more money... I wonder if my marriage would survive hard times... Oh, God, what if I couldn't take care of the kids..." Each little worry expands into a three hour, award winning movie or flows into an unending elaboration of other worries.

A chronic worrier estimates that he/she frets unconstructively like this for *several hours a day*! That's about 15% of our population! On the other hand, the non-worriers, about 30% of us, say they worry less than a hour and a half a day *or* benefit from their worries (planning). Borkovec says the chronic worrier thinks so much about possible troubles that he/she doesn't have the time to carefully and completely solve problems. The chronic worrier is more emotional in general (anxious, sad, angry, scared) than the non-worrier. They tend to be particularly afraid of being criticized and, thus, try to foresee every possible mistake. There are so many ways to go wrong--to make a mistake--that the worrying person may have great difficulty finding solutions to his/her very complex problems.



40% of our worries never happen; 30% are about pleasing everybody, an impossibility; 10% are about health, but we aren't doctors; 12% are "water over the dam;" thus, only 8% could be helpful.

-Thomas S. Kepler



How can a worrier stop worrying excessively? Borkovec's approach is to try to get

worrying under situational control, i.e. set aside a time (perhaps 1/2 hour each day) and a place to worry, and only worry there. To do this you also have to detect the onset of worrying and tell yourself to put it off until the appointed time and place. Thought stopping (chapter 11) or focusing your attention immediately back on the task at hand might help avoid the continuous worrying. Use the "worry period" to develop at least a crude plan (not the perfect plan) for current concerns. Writing your worries in a journal can help. A chronic worry becomes an obsession, so see the section below on obsessions and compulsions.

A reduction of the worrier's stress level might reduce the pressure to think, so any of the anxiety reduction techniques (relaxation, desensitization, inoculation) mentioned above might help. Clearly, decision-making and self-help planning would help the indecisive worrier cope and move on. Worries are often useless; this awful event that *might* happen, often *doesn't* happen. Thus, the worrier needs to use the cognitive methods cited above to straighten out his/her thinking, making it more realistic and stopping the "awfulizing" or "catastrophizing." Also, the worrier should be reminded that half of the formula for anxiety is self-doubt about being able to handle the expected crisis. Building self-confidence in coping with problems will reduce the unproductive fretting. Finally, one should always wonder if the worries serve some secret purpose, such as proving "I'm a good worried father" or distracting you from some deeper, more basic fear (better to focus on protecting my daughter from boys than to think about my own sexual problems with my wife).

Foa and Wilson (1991) have written an excellent, very thorough self-help book in this area. I've summarized it under "obsessions and compulsions" below. Also, see the next chapter for a discussion of perfectionistic worrying. Reading Goulding and Goulding (1989) and Craske, Barlow, and O'Leary (1992) should also be helpful. Mardus (1995) suggests ways of making worry work for you instead of wearing you down.

Shyness

Shyness is a common, very handicapping problem but it does not gain you much sympathy. People often think you should "just get over it." If you avoid being embarrassed and nervous by not interacting, you run the risk of being seen as snobbish, bored, unfriendly, or weak. Zimbardo, Pilkonis and Norwood (1975) found that 40% of college students considered themselves shy. Another 40% had been shy in the past, bringing the total to 80%. Among young teenagers, 50-60% were shy. Almost half of American adults are shy.

There is a difference between shyness and introversion. Shyness involves a lack of social skills, a harsh internal critic, and acute self-consciousness. An introvert may have social skills but prefers to be alone or with a few friends. A good discussion of shyness is by Carducci and Zimbardo (1995). A more academic discussion of "social anxiety" is by Leary & Kowalski (1995).

Part of the problem is that almost all of us are a little "shy" in certain social situations,

but that is very different from serious *chronic shyness in almost all situations*. The 15%-25% who are chronically shy feel lonely, misunderstood, self-critical, and uncomfortable while interacting. They look nervous. They can't maintain eye contact. They are unassertive, have trouble thinking clearly and expressing themselves, are concerned about their "image," and, in fact, often give others bad impressions. It can be a serious problem--too bad we don't take it more seriously. Perhaps we will in the future because of new findings by Kagan (1989).

Jerome Kagan, researching child development for over 30 years, found only one trait was fairly *consistent from age 2 to 20*; that was shyness. Other traits--aggression, dependency, competitiveness--change as we develop. But social inhibition remains so constant and is so similar from parent to child or in identical twins that Kagan concluded that shyness was, in part, genetically determined--a part of our inheritance. Shy (15% are "inhibited") children can apparently be identified as early as 2 to 4-months-old--and 50% of shy 2-year-olds are still extremely shy at 7 or 8. Placed in a strange situation, the extremely shy child of 2 or 3 is hyperactive, irritable, nervous, cries a lot, has a fast heart rate, etc. When forced to interact with strangers, he/she is inhibited, unresponsive to strangers, unwilling to take risks, and tense doing motor tasks. These shy children were also more likely to be colicky, allergy-prone infants, and by age 7 or 8 had more fears about speaking in class, going to camp, being in the dark, etc. Even 30 years later, shy children are different: shy boys marry later, are more apt to get divorced, enter careers later and do less well (Caspi, Elder & Bem, 1988). Shy girls are less likely to have careers when they grow up. Non-shy children (15% are "uninhibited") were sociable, fearless, and spontaneous with strangers. Shyness limits and reduces our joy of living.

Hopefully, knowing that genes partly determine shyness will not discourage shy people or parents, teachers, and other helpers of shy kids. Much can be done to change shyness. It has been said "genes only set the stage, you get to write your life script." Sensitive, nurturing parents helped 40% of Kagan's inhibited children overcome their handicap by 5 or 6. He advises parents to face the problem, protect the children from trauma, such as family fights, pushy older siblings, criticism or demands for excellence, etc., help them with social skills, and gently nudge them into social contacts. It is important that children know they are loved unconditionally, not just if they are "good." Seeing painfully shy children and adults as victims of their genes may help us be more sympathetic and spur the schools and helping professions to find better ways to cope with shyness.

The mildly shy see the problem of nervousness very differently from the chronically shy (Zimbardo, Pilkonis & Norwood, 1975). Excessively shy people have a hapless view, "I look terrible, I say such dumb things, my nervousness is an obvious, awful, unavoidable problem," whereas the non-shy person, who is having *similar and equal physiological stress reactions*, is more hopeful and apt to say, "Some people or some situations make me uncomfortable, but that's OK, it's normal, I'll start a conversation anyway." So, if you get nervous, stop putting yourself down and keep on interacting. To reduce these negative self-evaluations, some therapists simply provide shy people with successful experiences talking

to people, i.e. in vivo desensitization (Haemmerlie & Montgomery, 1986). It works. Likewise, most of us have had the experience of becoming temporarily more outgoing and self-confident after certain experiences, such as a love relationship, being an athletic star, or doing very well in school. What we think and feel about ourselves, our self-esteem, influences our shyness and may come from observing our own behavior. In any case, adopting a hopeful, I-can-change-my-social-behavior-way of thinking is important, then DO SOMETHING, like smiling and greeting people, making small talk, give a compliment, etc. (Glass & Shea, 1986).

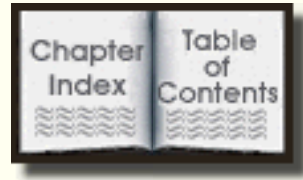
What are some other things you can do about shyness? Learn social interaction skills, including self-disclosure, assertiveness, and empathy responses (observe others and see chapter 13). Gerald Phillips (1981) advocates teaching shy students practical speech communication skills, and forget about "therapy" for anxiety. Many other psychologists would do the opposite, namely, focus on relaxation and desensitizing the nervousness (chapter 12), and forget speech skills. Others would use cognitive methods (correcting negative thoughts, giving self-instructions, planning) and improve their self-concept: build self-confidence and self-esteem (chapter 14). Stop thinking how stupid you sound; stop wanting to be humorous and brilliant--perfect. Stop focusing on how you feel and focus instead on making the other person comfortable, help them share themselves with you. Almost all therapists would recommend lots of practice interacting by first *imagining* successful conversations with different people then trying it out, talking to people at work, going out with friends, etc. Prepare things to say and ask in advance. Think about current issues, polish your opinions. Hone your listening skills. There are several good self-help books for shyness (Miller, 1996; McCullough, 1992; Marshall, 1994; Zimbardo & Radl, 1979; Zimbardo & Radl, 1981; Powell, 1981; Gelinas, 1987; Cheek, 1989), but *the best are Zimbardo (1987) and Burns (1985)*.

Zimbardo sees shyness, extreme or mild, as an enormous social problem. Besides genes, it is partly a result of societal pressure to succeed, be beautiful, be competitive and impress others. Our shyness or passivity may also be subtly encouraged by parents, schools, and society to insure that children are "manageable," obedient, submissive--kept in "their place." As a result, however, we--as children and adults--come to feel unimportant, powerless, ineffective, passive-dependent, and even defective, which increases our isolation from family, friends, neighbors, and perhaps from all humanity. Shyness reduces our sharing, caring, and loving one another. It increases our loneliness, being picked on, losses due to hesitation, and other social problems. That's serious. Let's help shy children (Zimbardo & Radl, 1981).

Fortunately, exposure in vivo, social skills training, and cognitive techniques have all been shown to help social phobias. Actually a combination of cognitive group therapy followed by exposure in vivo seems to work best (Scholing & Emmelkamp, 1993). Why aren't these approaches used in school?

[← Back a page](#)

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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Insomnia

If we are stressed, sleep is frequently disturbed. About 35% of Americans have had sleep difficulties during the last year. Perhaps 10% (women twice as much as men) suffer prevalent insomnia, i.e. at least 14 difficult nights in the last 6 months. It is estimated that 3% oversleep. The situation is complicated by the fact that 45% of under and over-sleepers also have an emotional disorder, especially anxiety or depressive disorders. About 8% of us each year use drugs to sleep, taking 600 tons of sleeping pills annually. That is enough to put all of us to sleep for 8 days!

As mentioned in chapter 4, good sleep is very important for a good mood, efficient work, clear thinking, and good health. Avoid stimulants, even coffee and cigarettes. The old advice of warm milk is still good. Get exercise during the day, not right before bedtime. Follow a routine, going to bed at the same time and in the same place. Slow down before bedtime. Don't try hard to "will" yourself to sleep, but do use your cognition to avoid thoughts that work up your emotions (reading a book may be a good way to control your thoughts). You can also mentally focus on a mundane task--counting sheep or remembering a song or a dull book--which will reduce upsetting thoughts. Take drugs if you have to, but only in small quantities and for a short time. See the brief description of insomnia treatment methods at the end of chapter 4, Hauri & Linde (1990), Catalano (1990), or Graber (1995).

Burnout: Stress at work

Our work and co-workers are the sources of many of our frustrations. About 55% of us are stressed at work. 50% get angry often. You have to work, so you can't avoid the stress. What can you do? See Reinhold (1995), Freudenberger (1980), Pines & Aronson (1981), Plas & Hoover-Dempsey (1988), and Freudenberger & North (1990).

Anxiety, fears, and phobias

Anxiety is the 5th most common complaint to MD's and it is the most common complaint to psychotherapists; 7% of us suffered fairly serious anxiety during the last month, although most of the 7% weren't given a diagnosis. Tons of tranquilizers are prescribed--30 million or more new prescriptions every year. When an unreasonable fear becomes serious enough to interfere with our work or social lives, it is called a phobia or a panic reaction (see next section). About 13% of us have had a phobia. There are three types of phobias: simple phobias (fear of death, cancer, insanity, the devil, the dark, enclosed places, heights, flying, storms, bugs, germs, spiders, mice, snakes, dogs, shallow water, etc.), social phobias (fears of public speaking, meeting people, having to introduce people, being judged, getting embarrassed, becoming confused, forgetting what you wanted to say, and the fear of being afraid), and panic disorders (unpredictable attacks of terror, sweating, weakness, pounding heart, dizziness, and a belief that he/she will lose control, go crazy, or die). Many therapists believe that panic attacks that truly terrify us are physiologically and chemically different from our ordinary fears and anxiety. Panic disorders and agoraphobia, which is the most debilitating anxiety disorder and frequently associated with panic states, are discussed in the next section.

Humans may be biologically "destined" to have certain social fears, e.g. of strangers at 18 months or so. Some overcome this "shyness" within a few months and others never do. Most of us also become afraid of the dark at age 3 or 4, and gradually overcome it to varying degrees. Animals too seem to have inborn tendencies to fear certain things. Many humans fear snakes, rats, speaking, making mistakes, and other things. It is interesting that strong human phobias tend to be directed towards relatively harmless objects or vague, general situations--strangers, darkness, heights, insects, mice, meeting people, etc.--and not towards specific objects or situations that have actually hurt us or are serious physical dangers--electrical outlets, cars, mowers, bicycles, broken glass, rough walks, tools, such as saws, knives, or hammers, etc. Perhaps vague situations, like the dark, provide richer settings for fantasizing what might happen.

For unknown reasons, social phobias and panic attacks often start between 15 and 25 years of age. As with anxiety, women are three or four times more likely than men to have a specific phobia. Phobias occasionally start in childhood and gradually build (most children outgrow their fears) or suddenly occur during a routine activity, e.g. one flight attendant panicked on her 500th flight. Obviously, science does not understand everything about fears--the chapter has reviewed many theories, however. That's the best we can do.

The treatment of fears and anxiety usually consists of a few of the 23 methods summarized above, especially exposure and frequent relaxation. Remember, stress may come (according to current theories) from (a) genes, (b) conditioning--classical, operant, or observational, (c) cognitive processes--faulty perceptions, irrational ideas, or faulty conclusions, and (d) childhood experiences, conflicts, or traumas. The best cure probably depends on the assumed cause, but we don't understand stress that well yet. In general, the *treatment of choice* for a simple phobia is usually exposure in some form to the situation.

However, the correction of anxiety-causing false beliefs also helps reduce fears and may be all that is needed. For social phobias and other situations requiring skills, the learning of useful skills is critical before or soon after reducing the fear response in the situation. Examples: the young boy or girl who is afraid of a pitched ball needs to learn how to avoid being hit and how to hit the ball; the shy person must learn how to start conversations, how to self-disclose, and how to listen emphatically; the test phobic student needs to learn how to study, how to write, how to spend hours memorizing the material, etc. The task of the self-helper is not just unlearning the fear, it is learning a lot of new skills.

Al-Kubaisy, Marks, Logsdail, & Marks (1992) compared self-exposure with therapist-assisted exposure for reducing phobias. They found both procedures worked about equally well, so the therapist added very little. These researchers believe exposure is all that is needed to treat a specific phobia. Generalized anxiety may be another matter.

The *cognitive* theory says that illogical thoughts create anxiety. Even before facing the scary situation, there are self-defeating thoughts: "I will fail," "they will laugh," etc. Once in the situation, we tell ourselves we are doing poorly or looking silly. Afterwards, we think about all the awful consequences of what we have done. All these thoughts snowball and make us anxious. By correcting the thoughts and reasoning, we lower the anxiety, and the vicious circle can hopefully be broken. That is what cognitive therapies try to do: faulty perceptions (misperceptions, being obsessed with or exaggerating the seriousness of a problem, seeing things as black and white or only seeing the negative) are corrected, irrational ideas (unrealistic expectations of self, others, or the world) are challenged, and faulty conclusions ("they won't like me" or "I can't do that") are reassessed. Barlow, Rapee & Brown (1992) found that relaxation and cognitive therapy were better than no treatment at all for anxiety, but the drop out rate was high and the patients continued to be unduly tense. Obviously, treatment methods for general anxiety haven't been perfected, but progress is being made (for more promising treatment for Type A personalities, see the personality and health section below).

Sometimes we can learn to see the problem differently, "reframe" it, e.g. fear of approaching someone becomes "excitement;" stress before an exam becomes a "challenge;" anxiety about a job interview becomes "eagerness." The anxious person must learn to see the situation and think about it accurately; he/she must try to master it.

There are a number of **good self-help books** for anxiety and fears which usually take either the conditioning or the cognitive approach: Bourne, 1995 (the anxiety reduction book most often recommended); Barlow & Craske, 1994; Bourne, 1992 (with audio tapes); Wolpe, 1988 (the original developer of desensitization); Davis, Eshelman, & McKay, 1980; Griest, Jefferson & Marks, 1986; Neuman, 1985; Wilson, 1985; Emery & Campbell, 1986; Witkin-Lanoil, 1988. Burns (1989) reduces your fears by improving your relationships and self-esteem. A few books deal with very specialized anxieties, such as shyness (see above), flying (Brown, 1996), stage fright (Desberg & Marsh, 1990), math anxiety (Tobias, 1994),

and various social anxieties (Freudenberger & North, 1989; Markway, Carmin, Pollard & Flynn, 1992). Catherall (1993) has written for families recovering from a physical disaster, crime, job loss, etc.

If the cause of the anxiety is assumed to be repressed traumatic childhood experiences, normally some kind of *insight* approach would be used, such as psychodynamic or psychoanalytic therapy or the insight approaches in chapter 15. There is evidence that overprotective parents do not let their children have the experience of entering the scary situation and learning (with the parents' help) how to cope; thus, sheltered children are prone to be anxious. But, persons who were neglected as children are prone to develop phobias and panic attacks.

Professional treatment is, thus far, only moderately successful with general anxiety and post-traumatic stress. Psychiatrists claim one third of phobics improve with 6 months of drug treatment; the other patients require extensive therapy (and a cure is not guaranteed). Without drugs, the cure rate of cognitive-behavioral therapies is about 75%, which sounds good. But, up to half of phobic patients drop out of therapy, and many who stay in treatment only get partial relief. Therefore, only about 25% *fully* recover from their phobias (Prochaska, 1991). Therapy needs to be improved but there is ample evidence that cognitive-behavioral (Chambless & Gillis, 1993), exposure (Foa, et al, 1991), group (Heimberg, et al, 1990), applied relaxation (Ost & Westling, 1991), and desensitization are effective to some extent with anxiety, fears, phobias, and post-traumatic stress. Matsakis (1992) and Allen (1995) provide self-help for getting over a trauma. Wolin & Wolin (1994) help with overcoming a troubled family.

Perhaps some of us were born with nervous systems that can't be totally quieted; we may just have to "live with it." Don't expect instant magic from your self-help efforts. There is evidence that early, immediate treatment of fears can avoid truly debilitating conditions. See Garber, Garber & Spizman (1993) for dealing with children's fears. If you attack the problem of agoraphobia, for instance, the first or second time you avoid leaving your house because you feel uneasy going out to the store, the mild fears are not difficult to deal with. But, if you wait until you haven't left the house for 3 years, the intense phobia has become a very difficult problem. Be mindful of that.



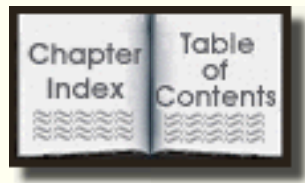
Slow Me Down, Lord

Slow me down, Lord!
Ease the pounding of my heart
By the quieting of my mind.
Steady my harried pace
With a vision of the eternal reach of time...
Help me know

The magical restoring power of sleep.
Teach me the art
Of taking minute vacations of slowing down to look at a flower;
To chat with an old friend or to make a new one...
Remind me each day
That the race is not always to the swift...
Slow me down, Lord,
And inspire me to send my roots deep
Into the soil of life's enduring values...
-Wilfred A. Peterson

[← Back a page](#)

[Forward a page →](#)



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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Panic attacks and agoraphobia

As many as 10%--25 million Americans--will at some time experience panic attacks, i.e. re-occurring, unpredictable, sudden, intense, almost unbearable spells of terror (described above). Most of these people will have only a few, widely scattered episodes, but about 1% to 2% of us will have frequent attacks and/or such intense fear of panicking that it seriously disrupts our lives. This is called a panic disorder. In serious cases (four or more attacks per month), it is very disabling: associated 70% of the time with another psychiatric disorder, often depression, suicide (20% attempt it!), alcohol abuse, poor health, and great difficulties socially, maritally, and at work. The risk of suicide is especially high among women who drink and started panicking in their teens or early twenties. Yet, less than 25% seek treatment--and it is fairly treatable. Many victims avoid treatment, like they do other scary situations. Other victims, fearing some serious physical disease, see an average of 10 doctors before the disorder is correctly diagnosed.

But because of the seriousness of a panic *disorder* (not just one or two attacks) and the suicide risks (even higher than depression), it is crucial that *competent* professional treatment be sought immediately. Unfortunately, many professionals give ineffective drugs and don't use the best therapy methods. Panic attack victims are given 50% of all angiograms, which are unnecessary and quite expensive. So *seek a panic disorder specialist*, if possible, by calling your Mental Health Center or the Phobia Society of America. The therapist should insure that there is no physical problem, possibly prescribe anti-depressive drugs (not minor tranquilizers), and provide psychotherapy involving relaxation, exposure to the frightening situation, and cognitive restructuring.

The causes of panic attacks are not known. Some psychiatrists think the body is simply malfunctioning--sending a false message that it is suffocating; thus, it is purely a physical problem (actually, the onset of panic disorders are often associated with major stressful life events). Other theorists believe panic sufferers were born shy, nervous children with over-demanding, suffocating parents. Later, as over-dependent, eager-to-please but resentful-of-authority young people, they frequently have an intense

confrontation with an authority. Their anger leads to the first panic attack, according to this theory. More recently, theories about panic have been developed:

1. Heightened anxiety in a stressful situation may cause bodily sensations which lead the person to falsely conclude he/she is having a heart attack, going to faint, about to die, going to lose control, going crazy, etc. These thoughts lead to panic. So, the thoughts need to be corrected.
2. Anxiety causes some people to hyperventilate, which, in turn, leads to dizziness and panic. So, better breathing habits must be developed.
3. A scary experience (or hyperventilation) may cause certain feelings, such as rapid heart beat, sweating, shaking knees, etc., that are paired with the first panic attack. Thus, conditioning occurs and, subsequently, noticing a rapid heart beat while under stress may lead to another panic attack. So, in this case, the person may need, for example, to experience a rapidly pounding heart several times in a safe place in order to find out that nothing awful is going to happen.

An astonishing 10 million (about half of all people with Panic Disorder) Americans are afraid to leave home (**agoraphobia**), sometimes because they fear panicking and losing control away from home. About half the time agoraphobia is preceded by a panic attack. As a child, 42% of adults with agoraphobia experienced separation anxiety from a parent (home), suggesting a long history for this fear. Panic attacks are more likely to first occur during a stressful period involving a loss, like a divorce, a conflict or a death (Pollard, Pollard & Corn, 1989). But, many occur without any obvious precipitating stresses. The mid-twenties are when many panic disorders start. Biological factors may also play a role in causing panics, it runs in families.

Further confusing the situation, several chemicals or conditions occasionally produce attacks in panic prone people: sodium lactate, caffeine, mitral valve prolapse, thyroid gland malfunctioning, and hyperventilation. Likewise, since anxiety produces or contributes to many physical disorders, and, conversely, many physical, biochemical, and hormonal problems produce anxiety or anxiety-like symptoms, it is always a good idea to have a good physical exam to diagnose or rule out physical-hormonal factors, including hypoglycemia and PMS. (But remember 50% of angiograms are given to panic disorder patients.)

Anti-depressive drugs or Xanax "greatly improves" only about 30% of clients with panic attacks and/or with agoraphobia (but a placebo reportedly improves 25%). The drug treatment approach is simple and takes six months to one year. However, there are several possible problems: some of these drugs are highly addictive (especially if one has a tendency towards alcoholism) and may have side effects; drugs have high refusal-drop out

rates (50%) and high relapse rates (from 35 to 85%); drugs do not solve underlying problems, if there are any.

For the 70% of panic disorders and agoraphobics who do not respond to drugs, according to Michelson & Marchione (1991), Craske & Barlow (1990), and Hoffart (1993), the *treatment of choice involves cognitive therapy* (reducing negative thinking, irrational ideas, false conclusions about dying, going crazy, etc.) *combined with gradual exposure* to stressful situations (with support, relaxation, useful skills, and more confidence). Misinterpretations of bodily sensations are challenged, e.g. a therapist helps you test your belief that feeling faint will actually lead to fainting. This kind of therapy is supposedly effective 75%-85% of the time (with tentative indications that the relapse rate is low). Some specialists dealing with panic disorders claim that "guided mastery" is more effective than simple "exposure" to the scary situation. This might be because more attention is given to developing helpful self-instructions and self-confidence in mastering the situation. For instance, in guided mastery, the helper (therapist or friend) of a person afraid of heights would observe the phobic's behavior and do such things as offer encouragement when approaching the top railing of a high building, ask the phobic to look in all directions and down, to let go of the railing, to approach the railing over and over, and to do so more rapidly, and so on. Cognitive-behavioral treatment may have fewer relapses than drug treatment but its placebo effect is probably at least as high (25%?).

Research has produced many interesting findings about exposure to the fear in vivo (in the real situation). This is the best simple approach for dealing with most fears. Direct exposure is more effective than imagining being in the situation; prolonged exposure (4+ hours) is better than briefer exposure; the benefits from exposure are long lasting; exposure in a group is as good as individual therapy; self-help guidance to self-exposure can be given via simple instructions or a book or computer or a phone, all are effective (Emmelkamp, 1994).

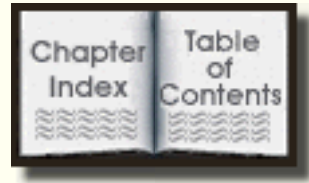
Mental health professionals rated a self-help book by Wilson (1986) as the best for reducing panic attacks (Santrock, Minnett & Campbell, 1994). But other **more recent self-help books** have been published: Zuercher-White (1995), Beckfield (1994), Babior & Goldman (1990), Greist & Jefferson (1992), and Ross (1994). Serious panic disorders should not rely on self-help alone. NIMH has made a special effort to publicize Panic Disorders and free literature is available by calling 1-800-64-PANIC.

Extensive research is being done; better treatment is coming which will supplement the old "face your fear" homily. Actually, using two or three different treatment approaches, say cognitive therapy or breathing instructions, along with cue exposure, on the same person is proving to be most effective (Acierno, Hersen, & Van Hasselt, 1993). Drugs are important in some cases. And, in my opinion, if cognitive techniques, exposure, and drugs don't work, insight therapy probing the childhood history should be tried. In general, persons with serious panic and phobic symptoms, especially those with suicidal

thoughts and a reluctance to see a shrink, should immediately seek an experienced cognitive-behavioral (exposure) therapist who works closely with a MD who can prescribe medication.

[← Back a page](#)

[Forward a page →](#)



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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Obsessions and compulsions

About 2.4 million Americans are compelled to repeat useless and distressing rituals, like hand washing, counting or lock checking, or thoughts, like "I am going to die soon." The excessive, senseless, uncontrollable behaviors are compulsions; the excessive, useless, invasive thoughts are obsessions (worries, focus on your looks, attraction to pornography, etc.). If the person tries hard to block these acts or thoughts from happening, he/she will become very anxious, often feeling as though something awful will happen. Compulsions and obsessions seem to be both a result of anxiety and a means of briefly reducing anxiety. These acts appear to start with magical thinking, namely, the wishful idea that an action or thought by them will reduce some risk or some unpleasant feeling. For instance, Howard Hughes, the famous billionaire aircraft designer and movie producer, became afraid of touching things because of possible contamination. So, being afraid of germs, he became compulsively clean. Eventually, he avoided almost everything, staying locked in his apartment for many years. Even his eating utensils were eventually sterilized, the handles wrapped in tissue, then wrapped with tape, and finally wrapped with tissue paper again before he would touch them. What is truly amazing is that he--with all his smarts and money--didn't get treatment. Shame and hiding the problem are parts of the illness.

If I believe the initial-but-wrong ideas, e.g. that a little dirt is dangerous and that washing my hands can save me from some dreaded disease, then washing my hands reduces my fear. Even though the compulsive person knows, when he/she thinks about it, that it is a foolish idea, he/she keeps on washing his/her hands (or checking the locks) because he/she temporarily feels better. Due to this negative reinforcement, the behavior grows stronger and stronger. One compulsive hand washer, reported by Hodgson and Miller (1982), was originally afraid of catching her brother's schizophrenia. She started washing her hands after being near the brother, but the compulsion spread (generalized) to many objects around the house so that years later she was washing her hands several hours a day. She *knew* the washing was irrational but *felt* relief and couldn't stop. First, there is a repeated scary thought--an obsession--and, then, a ritual--a compulsion--is used over and over to reduce the fear; thus, it is different from a bad habit, like nail biting, which is not

motivated by great fear.

Freudians see these symptoms differently; they believe compulsions and obsessions have an underlying driving force which is unconscious. Example: if a highly moral person were in a very unhappy marriage, a primitive, angry part of him/her (the id or the "child") may want to do away with the partner. Of course, being a good person overall, the person is not about to kill the spouse. Instead, the aggression is turned inward, with the unconscious logic going like this: "My spouse is in danger of being killed. I am the murderer; therefore, I must die." The result of this internal struggle is a frightening, uncontrollable obsession--a conscious inner voice--that says over and over "I am going to die soon." But the tormented person doesn't know anything about the internal struggle between good and evil. Yet, he/she might be able to reason it out or guess at the cause (or go for therapy). If the troubled person could grasp some of the moral war inside, he/she might be motivated and able, using the adult's rational mind, to resolve some of the child-like anger and, thus, stop the obsession.

The word "compulsive" is also used to describe normal-but-unusual behavior, such as keeping your desk or drawers very clean and orderly, dressing meticulously, doing extremely precise work, etc. Many of these traits are valuable and contribute to success and self-esteem; they are not a disorder, although some become unpleasantly compelling and a waste of time. On the other hand, obsessive-compulsive *disorders* are very disruptive of living, and people are ashamed of these habits. The most common compulsive **rituals** are hand washing (2+ hours per day), counting things repeatedly, checking (that the lights are out or the doors locked several times), and touching (e.g. pulling one's hair or rubbing one's mouth). Any excessive, time-consuming activity can become a serious compulsion, such as taking an hour to brush your teeth, three hours to groom yourself, three hours every day to clean a small apartment, or suffer intense anxiety if everything is not kept in order. Excessive, time-consuming obsessions may raise anxiety (thinking "a serious accident will happen") *or* may reduce anxiety (praying for hours every day or reading labels on every box and can in the house every day) by distracting the mind from disturbing thoughts. Thus far, science doesn't understand this disorder well, but the treatment is becoming clearer.

Women are more inclined to be compulsive cleaners (starting age=29 vs. men at 22). Checkers start earlier (men at 14 and women at 21). Men are more obsessional than women. Obsessions start later (men at 26 and women at 30). Like so many other anxiety disorders, there seems to be a genetic factor involved. The PET scans of these patients are different. Even more of a concern is that 35% of obsessive-compulsive disorders are also diagnosed schizotypal personality disorder, and when a person has both diagnoses, the treatment success rate is rather low.

Treatment for obsessive-compulsives (and worriers): *refer to Foa and Wilson (1991)* for a simple, detailed, research based, thorough self-help plan. I'll summarize their

suggestions: (1) Consider carefully (measure!) how serious your worries, obsessive fears, and compulsions are. (2) Use your rational thinking (and the research findings available) to realize that your fears and rituals are totally unrealistic, that there are better ways to handle the fears, and that you, like thousands of other people, can overcome this problem. You need to *become determined* to conquer your false beliefs; it won't be easy; however, paradoxically, as we have already seen with certain fears, accepting reality and not constantly "fighting against" the obsessions and rituals are big steps.

(3) The idea is to *get your worries and obsessive fears under your control* by: (a) just delaying your worrying for a short while, (b) responding to the obsession differently (e.g. say it's OK and record every detail of the obsession, or make up a song about the obsession and sing it, rather than imagining you are dying, or think of your doctor saying you are perfectly healthy). (4) *Practice stopping the obsessional worries* or fears and getting back to your regular activities: (a) use self-instruction, self-praise, and relaxation to shift your attention back to a constructive task, (b) postpone your worries until two 15-minute "worry sessions" every day (don't resist worrying during the designated times, in fact insist on filling the 15 minutes with very disturbing worries, try to get upset, but stop exactly on time), (c) record your common worries on a 3-minute loop audiotape and listen to them over and over for 45 minutes a day, try to get distressed, (d) record on audiotape a 45 minute horror story describing all the terrible things you fear might happen (if you fear death, imagine dying a horrible death), listen to it every day and become upset (eventually it loses its punch), and/or (e) face the frightening situation directly (hand washers get their hands dirty and don't wash, cleaners refuse to clean anything for a day, hoarders can let someone else throw the junk away, worriers try out some solution, etc.). In short, *you* take charge, rather than the fear running your life. "Imaginal flooding" and cue exposure are being used on fears here, i.e. imagining all the awful consequences that the person thinks (wrongly) might occur if the rituals were not performed (see methods #1,#7, and #10 above).

(5) Rituals may provide the only relief a compulsive person ever gets from his/her terror. Thus, a powerful need to ritualize can develop in serious cases. Actually, the ritual becomes the person's "proof" that he/she *must* avoid the feared situation and that the ritual saves him/her from the feared disaster and/or from going crazy. Example: "My house didn't burn today *because* I checked everything seven times this morning." You can weaken your compulsion by breaking up the habit: (a) when the urge strikes, postpone performing the ritual as long as you can (maybe a minute or hours, the longer the better), (b) perform the ritual in slow motion, (c) repeatedly change the way you do the ritual, (d) add some activity to the ritual, e.g. add a 30 minute jog every time you perform the ritual. All this practice at control may make you confident and determined to "tough it out" and just decide not to do the ritual. If so, go for it! Other researchers have found that some compulsions can be brought under control by "negative practice," i.e. consciously "willing" the compulsion, say checking all the doors and windows, to be repeated again and again, so that it is not always occurring against your will.

(6) Eventually, you have to *repeatedly expose yourself to the frightening situation* (public toilet seats, dirt on the floor, leaving the house uncleaned, etc.). *And, you must prevent yourself from using any ritual for "protection,"* such as checking the locks more than once. You are extinguishing both the fear and the ritual behavior (Hodgson & Miller, 1982; Millman, Huber, & Diggins, 1982). Exposure may at first be easiest by using fantasy, as in 4 (d), i.e. imagining being in the situation that scares you. Do this for an hour or two every day until the fear diminishes. Then, expose yourself to the actual frightening situation (it may be wise to have a friend or therapist with you when you do this). This exposure (e.g. to dirt or urine) will result in a strong urge to perform the ritual (e.g. wash hands), but the ritual (e.g. washing for 30 minutes) must be prevented so you can learn that the ritual is unneeded. Finally, after several hours of exposure and response prevention each day for several days, the unreasonable fears are extinguished and the compulsive rituals are no longer needed. The compulsion is, of course, replaced with a more reasonable and useful response, e.g. washing off the urine in a minute or two perhaps (be sure the total washing time doesn't increase to two or three minutes).

These behavioral "exposure and response prevention" methods work about 75-80% of the time. Both exposure and response prevention are necessary. Exposure reduces the fears; response prevention stops the compulsions. Gradual exposure works as well as flooding (creating intense fear), so why traumatize yourself? Self-treatment, if you are able to do it, in the natural environment works well, sometimes better than with a therapist present. Exposures for longer times (without the compulsion) works better than short exposures. Exposures do not have to be frequent, two or three times a week may work. The effects seem to last best if "relapse prevention" procedures (see method #4 in chapter 11) are used following the "exposure" procedures (Hiss, Foa & Kozak, 1994).

Since thinking is so obviously involved in compulsions and especially obsessions, the cognitive therapists have sought to treat these disorders by correcting the thinking directly (instead of indirectly by simple exposure). Oppen and Arntz (1993) point out that obsessions are often about awful future events for which you feel responsible. Thus, they are like depressive thoughts, except in the future. Therefore, cognitive therapists attack the obsessive-compulsive's overestimation of the danger and of their responsibility for the awful consequences. Suppose a fire-phobic person repeatedly snuffs out his/her cigarettes and checks the ash trays, but still obsesses about the danger of burning down the house with a cigarette. A cognitive therapist would have this person calculate the probability of each step necessary for the catastrophic fire to happen: 1 chance in 100 that the cigarette will not be snuffed out, 1 chance in 100 that ashes will be knocked on the floor, 1 chance in 10 that the carpet would burn (this could be tested out with a scrap of carpeting), 1 change in 100 that neither I nor the smoke alarm nor anyone else will notice the fire, and 1 chance in 100 that no one will be able to put out the fire. *Multiplying* all these probabilities together shows that there is 1 chance in 1,000,000,000 cigarettes that the house will burn. So, the person's thinking and feeling that every cigarette is a big fire threat can be

challenged.

The awful part of many things that obsess or worry us is the feeling that some terrible outcome will be our fault. Oppen and Arntz recommend using the "pie-technique." Example: like many drivers, I have often thought how terrible it would be if I hit a child darting out from between cars (and, Oh, God, it would truly be horrible). But a concern is-- it would be even worse if I overestimated *my* responsibility for the accident. The pie-technique has you assign a portion of the pie to each cause, starting with the person responsible for watching the child (40%), the people who had not taught the child about the dangers (20%), the child him/herself (0-20% depending on age), the weather and lighting conditions (10%), the decision-makers and drivers who permitted and parked there (5%), chance or bad luck (20%), etc. At the end, I have to decide how much of the remaining percentage I would be responsible for. Thus, we can see that we may not be "responsible" at all and certainly aren't totally responsible (of course, if we were speeding, distracted, drunk, or carelessly jumped the curb, that is a different matter).

Another approach to questioning the overestimation of responsibility is the "double standard" technique. You simply ask yourself if you would hold another person responsible if the same thing happened to them as happened to you. Examples: if your son got cancer, would you blame another mother/father whose son got cancer? If your daughter became schizophrenic, would you blame the parents of another girl who became schizophrenic? If not, by what logic are you more responsible than others? As you can see, these techniques are simple methods for straightening out our own thinking. See chapter 14. You can often test out the reality or validity of your beliefs.

Helpful material

See chapter 4's discussion of unwanted behaviors and method #8 in chapter 11. Mental Health professionals rated Levenkron's (1991) self-help book highly, but, being a therapist, his approach assumes that obsessions or compulsions stem from a painful childhood or poor genes. One self-help book focuses only on compulsive shopping (Catalano & Sonenberg, 1993). Other self-help references are Lakin (1993), Rapaport (1989), and Steketee & White (1990). A cognitive self-help approach is provided by Schwartz (1996), who urges the patient to view his/her obsessive-compulsive symptoms as being a medical condition in which the brain is sending a false message ("something terrible will happen if you don't wash your hands again"), then the patient is urged to do and think about other things (not the O-C actions), and to take pride in gaining self-control. An excellent professional reference is Beck & Emery (1985) but it is not self-help. Also, write to The OCD Foundation, P. O. Box 9573, New Haven, CT 06535 for information and for self-help groups.

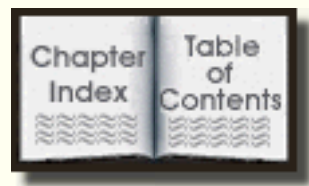
If obsessive thoughts are triggered by specific emotions, e.g. getting mad at your ex-

lover sets off 2 or 3 hours of thinking about the past, what he/she is doing now, and how to mess up his/her life, you might reduce the emotional response (via desensitization) and, thereby, reduce the obsessions. Or, you might use thought-stopping, which is a mental form of response prevention. Ironically, the research shows that trying hard to suppress forbidden thoughts sometimes results in thinking the thought even more often (Wegner, 1989). How to best handle bad thoughts? Disclose them to a safe, understanding person and talk about them. Indeed, general psychotherapy has been helpful in gaining insight into the "forbidden wishes" and unconscious dynamics that seem to be frequently involved in obsessions and compulsions. On the other hand, drugs, including Anafranil and Prozac, have helped some obsessive-compulsive cases, causing some doctors to think it is an organic disorder. The latest twist in this organic vs. psychological argument is the finding by Schwartz (1995) that cognitive-behavioral treatment results in similar changes in the brain as drugs produce.

Self-help can be helpful if started soon enough, but in difficult to treat, long-term, serious obsessive-compulsive cases with multiple diagnoses, professional treatment and medication are frequently needed.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Personality, emotions, and health

Psychological factors are involved in causing and in healing many ailments of the body. We are just discovering these connections scientifically, although Chinese medicine was based on this idea 3000 years ago. A public television series and a book by Bill Moyers (1992), *Healing and The Mind*, document in an interesting way the new mind/body methods of treating pain, stress, cancer (at least the emotional aspects of having cancer), etc. The impact of our emotions on our physical health is called Mind-Body medicine (Siegel, 1989). We are just beginning to learn about emotions influencing our body, e.g. sexually abused women develop a smaller hippocampus (which is involved in memory). Psychotherapy and self-help, if effective, produce physical changes... we may not know where the changes are but there are no ghosts in the body.

A fascinating 1995 finding from the 1921 Terman study of 1,528 bright California children: going through your parents' divorce as a child (before 21) and/or going through a divorce yourself as an adult may shorten your life by perhaps as much as four years! In addition, certain personality traits, such as conscientiousness vs. irresponsibility, are also powerfully related to longevity (Friedman, et al, 1995). Stress and personality factors influence how long we live as much as blood pressure, cholesterol level, or exercise-diet factors. These are not minor factors in your life.

Likewise, a survey of 6,307 HMO patients found that 10% had anxiety that had not been treated (15% had been treated for anxiety). These untreated anxiety patients (80% also had untreated depression) had suffered marked reductions in general functioning, health, and well-being, resulting in their utilizing a high level of primary medical care (Fifer, et al., 1994). Science can't yet calculate how much the millions of untreated psychological disorders are costing us.

Current thinking is: if we can express our emotions, talking openly or acting out our feelings, we can sometimes improve our health. If we can relax, meditate, let ourselves be touched by others, or establish warm, caring relationships with others, sometimes we get

better or get worse more slowly. Heart disease has been reversed by diet, exercise, meditation, and a support group. Women with breast cancer meeting with a support group lived twice as long as similar women who were not in such a group. We need human contact, with it we live longer, e.g. married cancer patients survive longer than unmarried ones. NB: Don't get the idea that relaxation and supportive human contact can cure cancer or clean out a blocked artery.

Between 10% and 30% of patients diagnosed as having psychological disorders are later found to have a physical or neurological problem (Bondi, 1992). This highlights the need for referrals by psychotherapists to medical specialists. Likewise, *physicians should refer* many of their patients to psychological-psychiatric specialists. For decades family physicians have estimated that *2/3rds of all the illnesses they treat are psychogenic*, i.e. caused by psychological factors or stress. A 1995 report said 75% of complaints brought to MD's were psychological. It has been found that stress contributes to heart disease, strokes, cancer, breathing problems, accidents, cirrhosis of the liver, suicide, and many other leading causes of death. So, why is the treatment of most illness, physical and mental, still in the hands of very expensive MD's who have little training in dealing with psychological factors? Because our old laws and health insurance companies have enabled doctors to continue to monopolize health care and because science, until recently, has shown relatively little interest in treating psychogenic disorders. But anyone can see the importance of learning more: our annual medical bill totals \$400+ billion, and 25% of the U.S. work force miss 16 days per year due to stress, costing \$8,000 per worker. There is clear evidence that psychological treatment is the best treatment for many stress-related disorders--and, of course, for prevention--and should save billions and billions once we start using psychology.

Physical complaints can be, of course, clues to physical disorders, but pain and fatigue can be clues to psychological problems too. In this section, we are dealing with stress and other psychologically caused disorders in the body. The pain is just as severe, regardless of whether the cause is physical or psychological. In the sections above about sources and effects of stress, we observed the stress-health connection. It works both ways: stress causes physical problems and physical factors cause emotions, e.g. the hormones in PMS cause tension, irritability, sadness, etc. PMS can be reduced by psychological self-help (Lark, 1995) and chemicals. In chapter 6 we will likewise see that depression is related to physical tiredness and sleep disorders.

Hippocrates, 400 years before Christ, thought certain personal-emotional traits were related to specific diseases. We are getting more and more scientific evidence for this. Dependable and conscientious young people live as much as four years longer than impulsive, undependable, self-centered people (Friedman, et al., 1995). *People more prone to cancer* tend to be depressed and/or worriers; they suppress their anxiety and hostile feelings, avoid conflict, act unassertively (overly patient) and feel hopeless; they long for closeness but feel abandoned in important relationships or at work, and just don't handle

stress well (Temoshok, 1992). *People prone to get heart disease* tend to be angry, impatient, and aggressive but sometimes avoid expressing their anger openly; they have repeatedly been annoyed and upset with people opposing them or getting in their way, and they resent not having the power to remove such people; they are suspicious and cynically distrustful, feeling no one cares; they are often trying to get away from someone who has hurt or disappointed them (Eysenck, 1988). Both the cancer-prone and the heart disease-prone persons feel tense and fearful. Many bad, unhappy things have happened in their lives which they think they were unable to prevent.

A few simple questions about these traits can supposedly identify the cancer or the heart disease prone person. Moreover, Eysenck says that psychotherapy--and I'd add perhaps self-help--can change a person's personality enough that serious disease can be prevented! Wonderful! What are we waiting for? Eysenck (1988) and Ronald Grossarth-Maticek provided "treatment" designed to help these patients (1) express their feelings, (2) learn to relax and handle stress, (3) overcome their passive-dependent nature, and (4) gain greater self-control. Both kinds of "at risk" patients were taught to relax and overcome their fears (via desensitization), to be more confidently assertive but less angry and aggressive, to see themselves as able and actually be more in control (less passive-dependent or helpless), to express and release pent up feelings, and to know how to handle difficulties in their lives. The individual therapy involved 30 hours, but groups and shortened therapy lasting only 6-8 hours were also tried. The results of this therapy were impressive--the death rates 13 years later in the untreated groups are twice as high as in the treated groups. *If 6 to 30 hours spent learning psychotherapy or self-help methods can reduce stress and increase the happiness and length of life, then we had better develop world-wide training programs for everyone soon.*

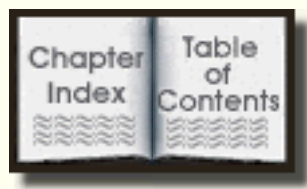
There is accumulating evidence that optimistic-pessimistic thinking (attitude) is also related to health. Pessimists explain a bad event, such as breast cancer, in different ways than optimists do, e.g. pessimists say the cancer is "probably incurable," "a sign of terrible future health, ruining all of my life," and "caused by my genes...smoking habit...hopeless attitude..." Optimists would say, the cancer "can be removed," "won't influence my future very much," and is "caused by X-rays at work...air pollution...a virus..." The pessimist's thinking is "the outcome will be bad," "everything else is going to hell too," and "I am at fault." The optimist's thinking is the opposite: "I can become healthy and strong" and "I can handle the pain." Positive thinking, especially a belief in your ability to control an illness, is associated with good health and good performance in school and at work (Peterson, Seligman, & Vaillant, 1988; Seligman, 1991). Pessimists can learn to change their thinking (McGinnis, 1990); some will need professional help.

For decades, the psychoanalysts have thought that complaining and psychological sickness were due to an excessive need for love and attention, stemming from feelings of neglect or criticism as a sensitive, needy child. Most psychodynamic therapists would try to uncover these old, still unsatisfied needs for love and bring them to the light of day, then

they will go away (or can be handled better rationally).

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TREATMENT OF SPECIFIC ANXIETY-BASED PROBLEMS

Psychosomatic and physical disorders

Hundreds of magazines and books (Borysenko, 1988; Barsky, 1988) tell us over and over that stress causes or worsens illness. But, do we listen? Specific experimental psychological treatments have been developed for a variety of ailments: heart disease, tension headaches, migraine headaches, pain, hypertension, ulcers, insomnia, asthma, skin conditions, hives, tics, and many others (Knapp & Peterson, 1976). Yet, as sufferers, we still look for physical causes and physical-drug cures. The truth is, however, that we should also be looking for psychological causes, i.e. sources of frustration, helpless feelings, and, most importantly, interpersonal conflicts and disappointments. Relationships are where a therapist will look first for stress. You should too. (Of course, you need a "physical" too.) Look for ways to reduce these tensions (Benson, 1975 or 1984; Domar, 1996).

Heart disease, which is the #1 killer in the US, begins in the mind! To have healthy hearts, Americans have to change their diets *and* their cynical, mistrusting thoughts, and hostile emotions. These aren't comments by psychologists; they are statements by a heart specialist (Williams, 1989). We want and expect a pill or a diet to prevent a heart attack. But now Williams, an internist, says we must and can change our thoughts, our attitudes, and our emotions in 12 steps: (1) keep a journal of the things that make you mad (record events, note your thoughts and attitudes that produce anger and mistrust), (2) reveal to others your hopes of changing your temper and negative attitudes, (3) use thought stopping (chapter 11) against cynical, anger-producing thoughts, (4) challenge irrational thoughts (chapter 14) that lead to feeling suspicious ("they are trying to screw me over"), angry ("they are really stupid"), and punitive ("they should be severely punished--I'd like to do it myself"), (5) practice empathy frequently and develop understanding (chapter 13), (6) lighten up, the universe doesn't revolve around you, laugh at your self-centeredness, (7) relax frequently (chapter 12) and use a cue-word, like "relax," to reduce your irritation and anger, (8) practice trusting and being tolerant of others, (9) and (10) learn active listening, "I" statements, and assertiveness skills (chapter 13), (11) tell yourself that getting riled up and criticizing others can kill you, so it is better to replace your anger with optimistic,

tolerant understanding before the heart attack occurs rather than after it, and (12) forgive those (method #4 in chapter 14) who have angered you and, thereby, free yourself from resentment and wanting to get even--and from heart disease. What a smorgasbord of self-help techniques! Undertaking these kind-hearted treatment efforts would surely bring more happiness to you and more kindness to others and, therefore, heal your own soul as well.

Williams (1989) and Williams & Williams (1993), who believe hostility is the villain, aren't the only ones to treat heart disease successfully using psychology. Volumes of research over 20 years have studied the relationship between Type A personality and heart disease. Type A's are not just angry, they are tense, hurried, pressured, impatient, competitive, and irritable. They are twice as likely to get heart disease as less anxious persons. Several recent studies have clearly shown that extensive (40+ hours spread over 1 to 3 years) treatment can cut Type A's risk of a second heart attack nearly in half (Blanchard, 1994). That's impressive. What treatment works? Stress management skills to change the core personality: relaxation training, self-observation to help recognize and reduce emotional over-reactions, communication skills training, cognitive therapy (see the several methods above), and training in problem-solving, including determining values and goals. In short, the Type A's were taught self-help skills and, thus, changed. Why isn't the medical establishment encouraging this treatment?

Both distressed individuals (tense, angry, pressured) and inhibited individuals (unable to express anger primarily) are prone to heart attacks. Thus, some people may need to express more feelings (while angry Type A's need fewer feelings). There's more to learn.

General health, according to interesting but spiritual books by Siegel (1989), is related to peace (acceptance of ourselves and the world), love, hope, taking responsibility for oneself, self-body talk, openness to joy, reaching out to others, relaxing, self-acceptance, expression of feelings, visualization of healing, having a fighting spirit, spiritual faith, and other factors. For health we need to talk to and listen to our feelings--our inner selves. Are these the things your physician helps you with? These skills and attitudes are largely your responsibility to learn.

Hypochondriacs seek help from physicians four times as often as the ordinary person, costing them distress and costing all of us millions of dollars. The continuous fear of having a serious illness can be overcome by exposure therapy or by a cognitive-behavioral course which explains our expectation of a serious illness (Avia, et al, 1996). Shouldn't psychological causes be investigated more? Yes. Don't we need to know why we assume a health problem is physical much more often than we think it is a psychological problem? Yes. And we need to learn how to prevent feeling "sick and tired" all the time (Donoghue & Siegel, 1996) but, as Swedo & Leonard (1996) point out, "it's not always all in your head." We cannot forget biology; cancer is not a psychological disorder, although it's influenced by psychological factors. Tiredness will be discussed in the Depression chapter.

Allergies have many causes, some psychological but many in food, in pollen, cleaning products, fabrics, medications, cosmetics, dust and other aspects of the work and home environment (Faelten, 1987). Stress often makes the reaction to irritants worse.

Pain afflicts close to 30% of all Americans! It is the most common medical symptom and the second most common psychological symptom. It interferes with work, with relationships, with enjoying life, and it costs a lot of money. Headaches (15% of men; 25% of women) and backaches are the most common and debilitating pains; both are frequently associated with stress, but the physical mechanism (muscle tension, blood supply to the skull and brain, constriction or dilation of arteries) is not well understood. According to Diamond Headache Clinics, about 90% of headaches are "tension" (i.e. in the muscles), 8% are "vascular," and 2% are "organic" (i.e. from head injuries). Naturally, there are several physical causes of headaches and backaches too. For some reason, the frequency of migraine headaches has almost doubled between 1981 and 1989; women have more migraines than men (check the time of the month). About 90% of migraines are relieved by sumatriptan (see your doctor).

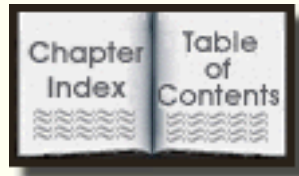
Research confirms that psychological treatment--biofeedback, relaxation, and cognitive therapy--can effectively reduce headaches without side effects (Blanchard, 1992). Of course, aspirin, drugs, ice, heat, massage, and hypnosis can reduce pain too. Acupuncture helps some people; even sex relieves a migraine for 15-20% of sufferers. Drugs are effective for many sufferers but they may be depended upon excessively. Hypnosis is surely under used (see chapter 14). There is no magic solution but several techniques may make pain more tolerable: (1) have a hopeful attitude, "I want to...I can...do something about this pain," (2) focus attention away from the pain, perhaps to pleasant memories, exciting plans, socializing, games, TV or music, (3) use relaxation (chapter 12), (4) try self-instructions and stress inoculation (chapters 11 & 12), and (5) if you have a sense of humor, use it now. (6) Much like self-hypnosis, mental imagery can help: (a) imagine that the hurt leaves your body, e.g. "flows out your toes," or is no longer a part of your body, e.g. "the dentist is drilling out the pain," (b) imagine being a popular athlete or war hero who is very tough and has done something great, (c) imagine Novocain being injected into the hurt and the area becoming more and more numb, or (d) imagine studying the pain in great detail, e.g. notice how the pain is sending an important message, it is demanding attention to get me well, the muscle or artery is saying "I'm healthy and trying to help but I need more oxygen," the hurting part is getting what it needs to heal, etc. You have to create your own fantasies; only you can discover how to use fantasy to reduce pain (Kleinke, 1991).

Clearly, painful disorders, such as low back pain, frequently involve psychological factors; they often have a long history of various physical complaints besides pain, even more alcohol dependency and impaired daily functioning (Bacon, et al., 1994). The best predictor of a bad back at work is job dissatisfaction and stress, not physical strain. Sarno (1994) says back pain is a natural (painful but harmless) reaction to emotions, especially

perfectionistic tendencies. The pain distracts us from life's troubles. He suggests that the sufferer concentrate on dealing with his/her life stresses and not on the body pain. The treatment often involves changes in your attitudes and thinking about your emotional problems which result in well planned self-help efforts. The difficult part is convincing yourself to assume the responsibility for your own improvement (not drugs or surgery) and then figuring out what needs to be straightened out in your life. Telling yourself how awful and unbearable the pain is or how weak and helpless you are is harmful, not helpful. By the way, the success of spine surgery is determined in large part by your psychological health; so, if emotions caused the pain in the first place, don't expect surgery to help.

Chronic pain victims are frequently depressed; they tend to be passive and unexpressive of emotions but, in general, pessimistic "awfulizers." If they blame themselves for the pain, they experience less pain. Stressful interactions with others seems to exacerbate the effects of pain (Schwartz, Slater & Birchler, 1994). If their pain is a mystery or someone else's fault, they experience more pain. Interestingly, if they have a good, close system of social support, they also report having *more* pain. If they can come to understand the causes of their pain and, where appropriate, see their physical pain as a substitute for psychological pain, then they can learn to directly express other feelings and emotions... and learn to relax... and feel better (Miller, 1993; Marcus, 1994).

Besides dealing with the pain, chronic sufferers must also deal with getting on with life, avoiding searching endlessly for a non-existent total cure, coping with the real disappointments and losses they face, deciding on a middle ground between "silent suffering" and "constant complaining," and working out new and satisfying relationships with the people they love. These are hard problems to solve. Don't wait long to get expert help. There are over 1000 Pain Clinics specializing in training people to cope with their pain, not medical cures. Ask your doctor for a referral or call your local hospital for a referral to a specialized pain center. For finding treatment--self-help and professional --for headaches, see Duckro, Richardson & Marshall (1995). Also, if you suffer from headaches, write the National Headache Foundation, 5252 North Western Ave., Chicago, IL 60625 or call 800-843-2256 or 800-523-8858 (within IL). The most recent and complete how-to workbooks for pain are by Catalano & Hardin (1996), Caudill (1995), and Chaitow (1993). Other good self-help references are Martin, 1993; Anciano, 1987; Hanson & Gerber, 1989; Catalano, 1987; Melzack & Perry, 1980; Low, 1987; Chaitow, 1990. Reviews have shown that behavior therapy and cognitive-behavioral therapy work with headaches and irritable bowels (Blanchard, et al., 1980, 1987; Keefe, 1992). If you have severe migraine headaches, go to a pain clinic (usually a hospital) that specializes with headaches.



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DEPRESSION AND SELF-CONCEPT



Depression and Low Self-Esteem

- Overview
- Happiness vs. depression
- History and gender factors in depression
- Signs of depression



Theories about the causes of depression

- The result of losses
- Genetic-physiological-chemical factors
- Poor social skills
- Helplessness and hopelessness
- Negative views
- Irrational ideas
- Unreasonable thinking and faulty conclusions
- Self-critical withdrawal
- Anger turned inward
 - A fairy tale--Sooty Sarah...
- Guilt
- Unmet dependency
- Impossible goals or no goals
- Shame
- Lacking self-control
- Summary of the causes of depression; How to use these theories



Sad times of our lives--

- Death
- Thoughts of suicide
- Loss of a relationship: divorce, breaking up, estranged from parent
- Loneliness
 - Reducing loneliness
- Loss of status: failure and disappointment
- Low self-concept: feeling inferior
- The unhappy perfectionist and worrier
- Guilt and regret
 - What to do about destructive guilt
- Shame
 - Reducing shame
- Boredom, apathy, and tiredness



Methods for coping with depression...

- Behavioral Methods--self-observation, outcome analysis, take small steps, self-evaluation, use rewards, get active, change environment, think positively, observe payoffs, atone, get support...
- Emotions--relaxation, desensitization, express feelings, get sleep and rest, pursue happiness...
- Skills--develop social skills, assertiveness, communication skills, decision-making...
- Cognitive--build self-esteem, reduce harmful ideas, learn to be optimistic, attribution re-training, find a purpose, try determinism, try lowering aspirations, try support groups or religion, think positive...
- Unconscious factors--insight by reading, find emotions hidden by other emotions, find the source of shame or guilt...
- Final advice and suggested sources of information



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OVERVIEW

We have all been sad. We have lost loves, dreams, pride, hopes, faith and on and on. Even periods of serious depression, like Abe Lincoln's, are not rare events. About 15% of us have been so depressed that it would have been wise to seek professional help (Wilcoxon, Schrader, & Nelson, 1976). But only one third of depressed people seek treatment (and they wait an average of 258 days to do so). Nevertheless, one third of all people seeing a psychiatrist are depressed. Depression is the first or second most frequent reason why people are admitted to the psychiatric wards in general hospitals (NIMH, 1971). A Presidential Commission on Mental Health estimated that 1 out of 5 of us (about 1 in 10 for males and 1 in 4 for females), will suffer from depression sometime in our lives. That is 20% in an affluent country--the happiest country on earth; what about the poor countries? Women are twice as likely as men to be depressed; men get upset over jobs, women over relationships; married people are twice as likely to be sad as single. We will discuss this later.

Depression is not only fairly common, it can be very serious. Like Abe Lincoln as a young man, the misery can be so constant, so great, and seem so seemingly endless that one wants to die--to escape the pain. In the U.S. one person every minute attempts suicide; one person every 24 minutes succeeds. There are more suicides than murders. Even among teenagers, it is third only to accidents and homicides. Almost 500,000 teenagers attempt suicide each year, not counting suicides disguised as "accidents" (McCoy, 1982). Suicide is so sad because it is a *permanent*, desperate solution to a *temporary* problem. What a loss to the world if Lincoln had killed himself. What a blow to each family in which an unnecessary death occurs.

My interest here is not so much with serious, disabling or suicidal depression, usually called **Clinical or Major Depression**. Indeed, if sadness is disrupting your work and schooling--and you are thinking of ending it all--seek professional help immediately; you need more than self-help; run no risk with your life. This "common cold of mental disorders" hospitalizes 250,000 a year, the most extreme cases. The "common cold" slows down many more of us and makes us gloomy. This chapter focuses on these less serious forms of depression: sadness, disappointment, loneliness, self-criticism, low self-concepts, guilt, shame, boredom, tiredness, lack of interests, lack of meaning in life, etc. Most of us are or will be somewhat depressed or disappointed and could use self-help. Overall, depression

costs the country more in treatment and lost work than heart disease.

There is a long-running controversy about the cause of depression (which means no one knows): some say our personal history or experiences (psychology) cause depression, others say brain chemistry causes depression. Both psychology and drugs relieve depression in some cases, so the treatment doesn't clarify the causes. My guess is that psychological factors play a role in almost all depressions and physiological (chemical) factors are a significant causal factors in some depressions, especially the very severe cases.

Like several other human disorders, there is evidence that unhappiness runs in families. Studies estimate that 15% to 40% of the risk of major depression results from genetic factors. Your genes may have predisposed you to be at a certain point on the happiness-depression scale, just as other genes may have predisposed you to be at a certain weight. But, most psychologists believe you can influence your weight and your mood; genes don't have perfect control. Yet, David Lykken and Auke Tellegen at the University of Minnesota suggest that we really don't have much control over happiness, pointing out that the thrill of a promotion or winning the lottery fades away in 3 to 6 months and you go back to your set point. Moreover, some of their studies have reported that happiness does not tend to be highly related, in our country, to education, income, success, type of job, or marital status. So, maybe the genes do sometimes influence our happiness, but what are the possibilities of controlling our sadness?

I don't doubt that genes have some influence over your level of happiness. But, I also believe (hope?) that ways of seeking joy, being optimistic, tolerating losses, etc. are learnable skills. Some experts argue that your happiness is more under *your* control than your depression is. Interesting possibility but I don't think we know that much about mood control yet. In the case of both happiness and sadness, self-control will take wisdom, planning, and effort. You surely have to *pursue* happiness, it takes mindfulness and skills or knowledge.

In this chapter, after briefly discussing happiness, we will first consider the signs of depression: How do we recognize it? Of course, each of us feels and acts differently when depressed. There are many ways to become depressed; thus, we will consider several explanations of sadness (see index above).

Since sadness may occur in many circumstances and arise via several psychological processes, we will also consider how depression develops in several common situations: during death or loss of a loved one, when alone, when feeling low self-esteem, when pessimistic, when having suicidal thoughts, when experiencing guilt and shame, when feeling bored, tired, or without interests, and when there are no obvious causes. Each depressive situation and each psychological dynamic may require its own unique solution.

After gaining some understanding of depression, self-help approaches will be

discussed by levels:

1. Behavior--increase pleasant activities, more rest and exercise, thought stopping and reduction of worries, atoning for wrong-doing, and others,
2. Emotions--desensitization of sadness to specific situations and memories, venting anger and sadness, elation or relaxation training, etc.,
3. Skills--social skills training, decision-making, and self-control training to reduce helplessness,
4. Cognition--more optimistic perceptions and attributions, challenging depressing irrational ideas, a more positive self-concept, more acceptance and tolerance, decide on values and meaning, and
5. Unconscious factors--learn to recognize repressed feelings and urges, understand sources of guilt, and read about depression.

At the end of the chapter, you should be able to select the techniques that seem most likely to reduce your sadness. Then, following the steps outlined in chapter 2, you should be able to get in control of these kinds of feelings. In general, self-confidence, an easy going disposition, and family support lead to a better recovery from depression.

How do you get happy?

Considering that happiness is "the most important thing in life," according to about half of Americans, science doesn't know a lot about it. We don't even have an agreed upon definition for it. Is it having lots of fun and pleasure? Is it being good looking, popular, and intelligent? Is it feeling very lucky and gratified? Is it living a virtuous and intellectual life, as Aristotle said? Is it having a positive attitude and simply believing you are happy? Is it having lots of money? Is it when things are going well, you have gotten more than you expected, and you are having far more pleasant feelings than negative feelings? Experts often say happiness is more than just having a good time or lots of things, it involves a lasting sense of well-being, it is having a fulfilling, meaningful, pleasurable life (Meyers, 1992).

Perhaps the definition of happiness is vague because each person's happiness is contingent on achieving his/her own unique life goals, which often involve secret hopes and dreams. This may also explain why other people are hard to understand--we just don't know how they are trying to achieve happiness. Once we understand what "makes them happy," we may have significant new insights into the other person's psyche. In our culture, we often seek happiness by removing all stress, sadness, and irritations. Of course, that is impossible over a long period of time.

Indeed, as noted in the introduction, good luck and bad luck don't influence happiness for long. For instance, big lottery winners after a few months are no more happy than the average person! Quadriplegics are no less happy than the average person! Yet, 70% to 80% of Americans are happy and 84% take pride in their work. People are much less happy in poorer countries and only 35% to 40% of Europeans and Japanese take pride in their work (making the best cars, computers, TV, etc.). While American's are the happiest, our level of happiness has not increased as our country's level of real income has grown... but our problems, such as violent crime, divorce, and depression, have soared. Also, in spite of Americans' claiming to be generally happy, 33% said they worried constantly, 40% had often felt lonely, and 28% felt worthless during the last six months (Shaver & Freeman, 1976). Over 50% said their happiness changed daily or every few days. Married couples in their 20's are the happiest; divorced women with children and unmarried males are among the more unhappy. Good interpersonal relations are crucial to many people's happiness.

Clearly, certain events, such as a party, are pleasurable to most people, but certain people, namely the depressed, get little pleasure out of many such events. You have probably had a similar experience: you have to be in the right "mood" to enjoy certain activities. So, is happiness the mood or the activity? Probably both. A big argument between philosophies is whether happiness is gained by satisfying our desires (hedonism) or by getting rid of our desires? Maybe both, again. Also, does happiness occur mostly *during* the striving for worthy goals or *after* having achieved our goals and desires? It seems that a windfall or achievement makes us happy for a short while, but we adapt to the bigger house, boat, car, income, etc., and soon start to lust for a still bigger one.

There seems to be so many ways to be happy and, as we will see, unhappy. Why do we know so little about this topic? Why haven't humans investigated it more? I suspect it is because a lot of us erroneously believe we have little control over our happiness, so why bother studying it... and those of us who believe we are in control of our happiness already think we know all we need to know about it. Sad. Surely humans will in the coming decades learn to influence their own happiness to a great extent. The secret, I believe, is finding hard, meaningful, demanding-but-fun ways to achieve your highest values. See chapter 3. For me, a serious cultural problem may be that 75% of college students say "becoming very well off financially" is their highest aspiration--above "raising a family" and "helping others." Only 40% said that in 1970. Note that criminals and drug dealers are also striving to become well off financially.

Research findings suggest that happiness is related to self-esteem, loving relationships, extroversion, good health, satisfying and challenging work, having exciting goals and interests, status and power (education and money), a sense of control over our good fortune and an optimistic outlook, being helpful to others, and making an effort to do new and fun things (Diener, Sandvik, & Pavot, 1990). Being self-directed, so that we accomplish these things and have a sense of mastery, would surely make us happier, but many of us don't even learn to lose weight.

Waterman (1993) says there are two aspects to happiness. One is "*personal expression*" and the other is "*hedonic enjoyment*." Personal expression is self-actualization, i.e. using your talents, taking on meaningful and challenging projects, working hard and guided by your values, and feeling confident and satisfied. Hedonic enjoyment is having fun, i.e. satisfying your needs, feeling relaxed, excited, happy, content, etc., and being able to forget your personal problems. What is very surprising and perhaps quite important was Waterman's finding that *the two types of happiness are highly correlated*, i.e. happy people tend to achieve and have fun while unhappy people get neither. Vigorous, productive self-actualizing doesn't eliminate fun, it seems to enhance it.

Ed Diener at the University of Illinois says that life is judged happy if we have more positive experiences (an enjoyable job, loving spouse, a hobby, etc.) than negative ones on a day to day basis and, in addition, can occasionally manage to have an intensely positive experience, such as a new child, a fantastic vacation, public recognition for an achievement, etc. The frequency of positive experiences is more important than the intensity of occasional positive events.

It is commonly thought that happiness is the positive end of the depression scale. Of course, in the extremes, great happiness and deep depression are mutually exclusive; you can't be in the depths of suicidal depression and be considered happy at the same time. But in the less extreme ranges, happiness and depression appear to be rather independent of each other. It is very interesting that psychologists consistently find women in general are *more depressed* than men, but psychological tests also show men and women are *equally happy*. This clearly shows that *happiness is not just the opposite of depression* (Myers, 1992). This also fits with common sense about happiness. That is, people know they can go out and have a good time at a party, then come home to be lonely and miserable again. Another example: you can handle some situation that is causing you to be very unhappy, but that accomplishment may not produce much happiness, just relief from the pain. You can be unhappy about some things and happy about others at the same time, much like you can both love and hate a person at the same time (Swanbrow, 1989; Diener, Sandvik, & Pavot, 1990). In contrast, you can't be both relaxed and anxious at the same time.

We are learning more about happiness. One interesting point is that happy people tend to be decisive, healthy, creative, motivated, social, trusting, and caring, compared to unhappy people. Another is that they feel "in control" and/or have a sense of well being. As you might expect, happy people have more faith in a "higher power" than unhappy people. Among atheists and non-religious, only about 15%-30% claim to be "very happy." Among religious folks, 25% to 40% say they are "very happy." A religion helps us handle great losses (probably due to the concept of eternal life), but religious people feel less in control (Myers, 1992).



Religion becomes self-therapy.

-David Myers

We must select the illusion which appeals to our temperament and embrace it with passion, if we want to be happy.

-Cyril Connolly



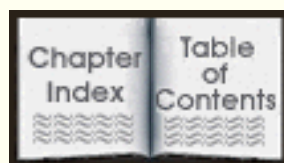
In some cases, however, religion reinforces feelings of guilt and the person becomes a martyr who feels he/she deserves punishment or needs to endure unhappiness. They may feel so unworthy that life only has meaning if they suffer great hardship and pain. Others think they do not deserve to feel good; thus, if life is going well for them, they quickly find a problem to feel badly about (see later discussion of shame and guilt). Such people focus on the seriousness of life. Overall, however, religion gives more pleasure than pain.

The important point for the self-helper is that happiness and depression are two somewhat independent dimensions--you need to *work on both decreasing depression and increasing happiness*, if unhappiness is a problem for you. Yet, it seems that trying too hard to be super happy is like trying to be someone you aren't; that too may be a bad idea. Instead, "To thine own self be true" while making efforts to be happy: seek demanding, challenging work; exercise in a fun way; do several pleasurable things every day and show your happiness; nourish close relationships, and be good to others.

Finally, a Buddhist friend would tell you to learn to accept the good *and* the bad in life--accept and relish all of life (see irrational ideas and determinism in chapter 14). This means recognizing the 6-year-old inside each of us who wants the most attention and the biggest piece of cake. This self-centered child part sees bad events as a personal insult that shouldn't be happening, rather than as a naturally occurring event. We must come to see that our I-don't-like-it attitudes create our unhappiness, not the actual event. Why should getting an average piece make us upset when some people are starving and others killing themselves by over-eating? Should everything happen because we want it to? Of course not. Happiness is based on the ability to take all the insults of life, without responding with tension or rage. Whatever has happened was psychologically lawful. Accept it... and try to improve the future.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
[reading room](#) [treatment resources](#) [& administration](#) [help](#) [feedback](#)

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HISTORY AND GENDER FACTORS IN DEPRESSION

What experiences precede depression?

Does an unhappy adult have a history? You'd think so. Some researchers say there is not a strong relationship between how happy you were as a child or an adolescent and how happy you are as an adult. Yet, keeping in mind that happiness and depression are independent, Harrington (1990) followed up 80 children and adolescents hospitalized for serious depression and found 60% became depressed again before they were 30. Several childhood experiences have been related to adult depression: (1) feeling guilty as a child (1/3 did) and (2) a strained relationship with the same-sexed parent, especially if a divorce is involved, (3) a mother depressed enough that she needs help caring for the children, and (4) dominant, over-protective parents using poor child-rearing practices, especially if fathers gave poor child care.

A large study of depressed adolescents (Kandel & Davies, 1982) found these factors were sometimes involved: (1) low self-esteem, (2) "acting out" anti-social behavior, (3) over-involvement with peer group and little with parents, (4) over-involvement with parents and little with peers, (5) authoritarian parents or "do-what-you-want" parents, and (6) depressed parents. Adolescents, in general, are happier if they have some pleasant involvement with peers and with parents who are basically democratic and happy.

Coryell, Endicott, & Keller (1992) followed adults who had never been diagnosed as mentally ill. Within 6 years, 12% developed major depression. Younger persons (under 40) were three times more likely to get depressed than were older people (yet, suicide goes up with age). Going through a divorce doubles the chances of getting depressed, especially for women. Women are diagnosed as depressed twice as often as men. Higher education increases the risk for women (not true in all studies) and decreases the risk for men. Women living on farms are prone to depression. There are other gender differences.

Gender discrimination in depression

In adulthood, some studies have found that depression is most likely to occur in unmarried women who are poor and have little education. They are disadvantaged and have little control over their lives so depression is not surprising.

Why are women more depressed than men? There are several possibilities why 25% of women will be depressed sometime in their lives, but only 10% to 15% of men. (Incidentally, 37% of women psychologists will be depressed, so knowing about academic psychology apparently doesn't help.) First of all, women are taught to conform, to serve, and to please others in a society that truly values and rewards self-serving individualism (if you aren't valued for doing what you think is right, you suffer a loss). Within this context, about 50% of women are physically or sexually abused before age 21, another 25+% are abused or coerced in later relationships, and 70% are sexually harassed. 75% of all people in poverty are women with children. Being a victim is, of course, depressing.

Also, an amazing thing happens at puberty. Before developing sexually, boys are more likely to be depressed than girls, but afterwards girls become twice as likely to be depressed and boys turn to delinquency. Not all girls get depressed, however. Susan Gore at University of Massachusetts reports that the adolescent girls who get depressed tend to become over-concerned and over-involved emotionally with their mothers' problems in a stressful home. Boys do not show this sensitivity to and involvement in family problems. (For one thing, depressed mothers interact less emotionally with sons than daughters.) Moreover, research by Joan Girgus at Princeton suggests that it is body image ("I'm too fat" or "too flat"), not life events, sex roles, or social popularity, that causes the depression in teenage girls (while boys saw their adding weight as "adding muscle").

Nolen-Hoeksema and Girgus (1994) suggest that girls have certain personality traits that interact with the stresses of being a teenaged girl that produce depression and lower self-esteem. The personality traits are thought to be emotional dependence on relationships, less assertiveness, and passivity (or an inclination to worry about a problem situation rather than do something about it quickly and decisively, as a boy might do). Thus, maturing young girls may get distressed *when* interacting with desirable but sexually aggressive (scary?) young males, *when* they dislike or don't know how to handle their own bodily changes (breasts, pimples, over or under-weight, no butt, etc., etc.), *when* sexually teased, used, or abused, *when* their social activities are restricted more than boys, *when* peers, culture, and parents start to emphasize attractiveness, sexiness, and friendships more than intelligence, genuine caring, and preparing for one's life work. We are gradually finding more and more childhood factors related to teenage depression.

When a woman gets married, she often has more roles to manage than a man: work, partner, mother, social relations, friend, budget balancer, etc. She may identify with her mother rather than her father; her mother was more likely to be dominated, anxious, and depressed. Therefore, she is more likely to be passive-dependent, pessimistic, doubtful of her ability to manage her own life well, and depressed. Since we are a more mobile

society, women may also have more sadness when leaving relatives, friends, etc. The spouse of a depressed person is more likely to become angry and blaming. Finally, women must give birth, which is supposed to be a glorious experience but is scary and painful, plus 50% have PMS, 50%-80% have postpartum depression, and 30% have surgical menopause, according to Ellen McGrath of the APA Women and Depression Task Force. A victim of discrimination, such as getting less attention in school and less pay for the same work, is likely to be mad and/or sad (McGrath, Keita, Strickland, and Russo, 1990).

The Signs of Depression

Depression is a loss of an important life goal without anyone to blame. Such a loss affects our behavior, our moods or subjective feelings, our skills, our attitudes or motivations, and our physical functioning and health. Several writers (Levitt & Lubin, 1975; Beck, 1973; Lewinsohn, 1975) have summarized the signs of more severe depression:

- **Behavioral excesses** --complaints about money, job, housing, noise, poor memory, confusion, loneliness, lack of care and love... acting out (adolescents), running away from home, rebellious, aggressive... obsessed with guilt and concern about doing wrong, about being irresponsible, about the welfare of others, and about "I can't make up my mind anymore" ... crying... suicidal threats or attempts.
- **Behavioral deficits** --socially withdrawn, doesn't talk, indecisive, can't work regularly, difficulty communicating, slower speech and gait... loss of appetite, weight change, stays in bed... less sexual activity, poor personal grooming, and doing less for fun.
- **Emotional reactions** --feels sad, feels empty or lacks feelings of all kinds, tired ("everything is an effort")... nervous or restless, angry and grouchy (adolescents), irritable, overreacts to criticism... bored, apathetic, "nothing is enjoyable," feels socially abandoned and/or has less interest in relationships, sex, food, drink, music, current events, etc.
- **Lack of skills** --poor social skills, frequently whiny or boring, critical, lack of humor... indecisive, poor planning for future and unable to see "solutions."
- **Attitudes and motivation** --low self-concept, lack of self-confidence and motivation, pessimistic or hopeless, feels helpless or like a failure, expects the worst... self-critical, guilt, self-blaming, "People would hate me if they knew me"... suicidal thoughts, "I wish I had never been born."
- **Physical symptoms** --difficulty sleeping or sleeping excessively, awaking early...

hyperactivity or sluggishness, diurnal moods (worse in the morning)... low sex drive, loss of appetite, weight loss or gain, indigestion, constipation, headaches, dizziness, pain, and other somatic problems or complaints.

If you are trying to determine if you are depressed, there are several things to keep in mind. First, Levitt and Lubin (1975) found 54 symptoms of depression. Obviously, no one has all these signs. These are problems that tend to be associated with being sad. Yet, a depressed person may have only one, two or three of these signs. There are three important types of depression: (1) *major depression* is serious enough to interfere with work and social life. Sometimes it is called endogenous depression because it seems to come from within and not a reaction to external events. It affects sleep, appetite, energy level, self-esteem, and thoughts of suicide often occur. (2) *Situational or reactional depression* is more common and sometimes more clearly a reaction to a loss in life. It is a serious "downer" or "blue spell" but usually not disabling. Psychiatrists call it *dysthymia* or chronic sadness if the blue mood lasts for two years or more. After a while, many do not know why they are down in the dumps. (3) *Bipolar disorder* or manic-depression involves cycles of sadness and mania (too happy, irritable, insomnia, grandiosity, hyperactive and talkative, poor judgment, fast and unreasonable thoughts). The bipolar types are just as likely to be men as women, more extroverted, and more likely to have relatives with depression. Unipolar types, (1) and (2), are twice as likely to be women. Bipolar and unipolar respond to medication differently; thus, they appear to be different disorders.

Secondly, the symptoms found and the judgment of how serious the symptoms are, vary according to who is making the diagnosis and how it is being made. For instance, the judgment that a particular person is depressed might be made by a therapist, family doctor, friend, spouse, psychological tester, or by self-evaluation. There is often *little agreement* among these judges; for instance, MD's *miss the diagnosis* in 7 of 10 depressed men and 5 of 10 depressed women. On the other hand, mental health workers overdiagnose depression by 15% to 20%. Sometimes even the psychological tests don't agree with each other. This is a serious problem both for diagnosis and for treatment as well as for research. Don't be surprised if you get conflicting opinions.

In most instances, the person knows when he/she is unhappy. If you feel sad, that's it; you are the final authority. However, the victim doesn't always recognize his/her own depression (so the "final authority," i.e. you, may need to re-think the situation). Physical complaints sometimes hide depression.

Consider this: Gillette and Hornbeck (1973) reported a case of a 54-year-old housewife who went to an emergency room with a painful earache. She had seen three other MD's in recent weeks. None could find the cause. Again, nothing could be found wrong with her ear and she was sent home with pills (aspirin). Three days later she jumped off a bridge. She hadn't opened the aspirin bottle. Accurate diagnosis of depression is a problem. Depressed people frequently have physical complaints; ill people are often

depressed. Certainly some don't tell their doctor even if they are aware of sadness. This concealed gloom is called masked or smiling depression.

Even when depression is clearly expressed, physicians often ignore it. A follow up of 25 people who committed suicide showed that 23 had visited a physician within the last few weeks--and, according to the doctors' own notes, 80% "showed clear evidence of depression." Yet, few were actually diagnosed as depressed and *none* were given anti-depressant medication! Physicians might do better if they used a brief, simple questionnaire. But don't expect your doctor to read your mind or even to ask about depression, you must be very clear about your feelings and your needs. It is crucial that doctors know and **DO SOMETHING** about your emotional state. And, if your doctor or anyone thinks you have a psychological problem, please listen carefully.

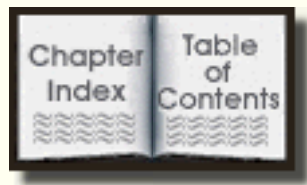
Thirdly, the diagnostic picture is often complex, i.e. a person isn't just depressed and that's all. On the negative side, many depressed people are also anxious, and they may have personality disorders, such as cyclothymic, borderline, schizoid, dramatic, passive-aggressive, avoidant, and so on. On the positive side, perhaps more than half of well known poets, playwrights, and novelists have mood disorders, unfortunately several have severe manic-depression as well as great creativity and sensitivity.

Fourthly, it is tempting to believe there are two separate, unrelated processes going on in depression, one biological-chemical and one psychological, each causing a different kind of sadness. Several experts (Free & Oei, 1989) say the evidence for this basic assumption is scant, because the organic and the cognitive components seem to be very interrelated.

Even the professionals often have difficulty detecting depression, so recognize that self-diagnosis may be hard. When in doubt, get help. In its serious form, depression is a dangerous illness. Even in its milder forms, it is a miserable condition. This is a sickness that can not be simply "willed" away.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
[reading room](#) [treatment resources](#) [& administration](#) [help](#) [feedback](#)

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THEORIES ABOUT THE CAUSES OF DEPRESSION

It is enlightening but perhaps discouraging to realize that sadness and its associated depressive symptoms can have many causes. We will review the major theories.

Loss

While this is no profound theory, it is more far reaching than you might at first realize. Depression is, of course, the normal, natural reaction when we lose something we value. A friend or loved one dies and we grieve. A loved one leaves us and we hurt, we miss them and want them back. We fail to reach some important goal and we cry. Mc Coy (1982) lists several triggers to teenage depression: death, separation from a parent by divorce or work, loss of friends by moving, loss of love, loss of dependency and childhood by growing up and joining a peer group, loss of confidence when criticized, loss of traditional values that are not replaced by other guides to living, loss of health, loss of goals (especially after working long and hard for some achievement), poor communication with family, family conflicts, and having depressed parents.

A recent survey at the Medical College of Virginia found that interpersonal losses (death, marital problems, loss of a friend, job loss) remarkably increased the risk of clinical depression in women. But only about 25% of depressed persons have suffered such losses and not everyone who does gets seriously depressed. Martin Seligman and Gloria Steinem suggest the Baby Boomers grew up expecting the world to be a wonderful place but instead are finding it to be cold and unsupportive. As economic conditions worsen, there is no safety net when we fail--no close family, no helpful neighbors, no concerned co-workers, no church, no kind and gentle government. True, life today has its stresses, but is it more stressful than marrying as a teenager, settling on a remote homestead in 1830, running the risk of death in childbirth or in infancy, and raising a family in the wilderness? I think not.

Yapko (1992) makes the point that your value system and life style (reflecting childhood, friends, and family background) affect your outlook on every event in your life and on everything you do. Your values determine what you see as important and unimportant, as good and bad, as normal and abnormal, and so on. Furthermore, anything

you value becomes a potential threat--something you would hate to lose. Examples: If you value being cared for by loved ones (to the extent of being dependent), a scary loss might be graduating from college or getting a divorce. If you value your looks highly, you will lose a lot over the years. If you value financial success but can't achieve it, that is a loss. If you value a close relationship with your children, but they are taken away by divorce, it may be a terrible loss. On the other hand, if you do not value day-by-day some activity (and, thus, don't devote time to it) but psychologically you need it, you have also experienced the loss of something important. Examples: a person, who throws him/herself into either work or child care and avoids the other activity, may only find out years later what he/she has lost.

What are the points here? (a) If depressed, try to recognize the losses you may be responding to. (b) Realize the intimate connection between your values and your regretted losses. (c) Try to reduce your losses, if possible. And, perhaps, join community efforts to reduce other peoples' losses--and thereby reduce your own losses.

Genetic-physiological-chemical

Ancient drugs, like reserpine, cause depression; others, like heroin or opium, cause elation. So there is reason to suspect that some naturally occurring "chemical factors" in the brain could influence depression. Also, the environment is a factor, consider "blue Mondays" and wintertime depression (relieved by full-spectrum lights). Likewise, as we will see, genetic factors clearly play a role, at least in the most serious forms of depression. Even proneness to minor stress and mood swings may be partially inherited. And, physical treatment, like electric shock, may reduce depression. My point again is: the causes of depression are complex and only partially understood.

Studies of identical twins, fraternal twins, adoptees, and several generations within a family, suggest that your general level of depression is partly inherited but not your level of happiness (discussed in introduction). Your conscious efforts can influence happiness regardless of the messages from your genes. However, if one identical twin has a serious depression, the other twin has a 65% chance of being depressed. Since 35% of the time one twin did *not* become depressed, one could ask to what extent did the nondepressed twin overcome his/her genes? We don't know. Maybe the depressed twin is suffering from psychological causes. Again, we don't know but in dizygotic twins the chance of the other twin getting depressed is only 14%. Kendler, et al (1993) estimates that genes account for 41% to 46% of the variance in depression. Clearly, depression runs in families. The genes and the family environment are both involved, but several studies find that it is *individual* specific-environmental factors that influence depression and not shared *family* events, such as the death of a parent.

How physiologically do the genes, environment, and drugs influence depression? Current speculation is that these factors influence the transmission of nerve impulses (involving chemicals called neurotransmitters) in the brain. Too little of certain

neurotransmitters (norepinephrine or serotonin) supposedly results in depression, too much in mania or overactivity. Helpless rats shocked repeatedly act depressed and lose their norepinephrine (Ellison, 1977). Rats in a similar situation but able to turn off the shock themselves do not act depressed nor get deficient in norepinephrine (Weiss, et al., 1974).

Another theory is that the "general adaptation syndrome" is responsible for depression as well as stress (see chapter 5). Remember the third stage in this process, after an alarm reaction and resistance, is exhaustion. Depressed people feel tired, drained of energy, "I just can't get going." Other symptoms--poor sleep, appetite, and sex drive--are regulated by the hypothalamus, so it may be malfunctioning. The real question is: What causes the stress or the neurotransmitter or the hypothalamus changes? We don't yet know.

If a person's depression involves radical bipolar mood swings (feeling high and then low), delusions, and a high risk of suicide, some form of medical treatment (drugs and hospitalization) in addition to psychotherapy should be given. If the depression does not include any of these factors but does include other physical factors mentioned above (see signs), medication would probably help (Kocsis, 1981). Even when there are no signs of physical illness, i.e. it seems to be psychological, the treatment of choice is psychotherapy with medication as needed. It isn't understood why or how but anti-depressive medication changes cognition, *and* cognitive therapy, believe it or not, changes body chemistry (Free & Oei, 1989).

Other physiological conditions are related to sadness and anxiety, for example, postpartum conditions, hypoglycemia, and premenstrual syndrome. Hypoglycemia may have been overemphasized in the 1970's but premenstrual syndrome is a devastating problem for some women. One woman was hospitalized 13 times for suicidal depression before someone noticed that each admission was one or two days before her period (letters, *Ms*, p. 4, January, 1984). More commonly (estimated from 20% to 80%), women experience increased tension, headaches, irritability, and sadness prior to their periods. There are likely to be complex physiological *and* psychological causes but we know little about premenstrual stress, thus far. Research is badly needed (Eagan, 1983).

A word of caution: believing in physical causes, such as psychiatrists' favorite expression "chemical imbalance," may interfere with assuming responsibility for changing yourself. Examples: "I'm on medication" or "I get depression from my mother" or "my system is all messed up." Lewinsohn & Arconad (1981) reports that many depressed patients see themselves as physically ill, as victims of some bodily disorder. Thus, they expect the "doctor" or medicine to magically remove their sadness--otherwise, they feel helpless. (Of course, the opposite misunderstanding is equally harmful: when physically caused depression is treated with psychotherapy, prayer, illegal drugs, alcohol, talking to friends, self-help....) Don't neglect the possibility of either physical-chemical or psychological-environmental causes.

The very idea that drugs are the answer (to depression) suggests a moral, psychological, and spiritual vacuum.

Peter Breggin (1994)

Poor social skills = no fun

One social learning theory (Lewinsohn & Arconan, 1981) proposes that depression is a result of an unrewarding environment and the person's reaction to it. This is like the loss theory (1) except there is a twist: the "depressing" environment may not be painful, it may just not be any fun--it provides no pleasure, no "positive reinforcement." That could be depressing!

Lewinsohn and his associates have shown that depressives respond slower and less often to others. They don't get others to respond to them; thus, they get fewer social rewards (less fun) than nondepressed people. More importantly, depressed people arouse more anxiety, anger, depression, and rejection in others than "normals" do (Coyne, 1976). How? By too many complaints, requests for support, and premature discussions of personal problems. This may account for staying depressed but it doesn't explain why the social interaction and skills decline.

Coyne suggests that this sequence of events occurs: (a) some stressful events happen, (b) depression-prone people need more social support and nurturance than others when under stress, (c) but they have fewer social skills for getting the extra support needed, which worsens the depression, and (d) they start relating in ways that drive others away, which maintains the depression. Indeed, 70% seeking therapy aren't getting what they want from their spouse (McLean, 1976). Some questions still remain about this theory: Why do they need more support? Why do they lack these skills? Why can't or don't they figure out how to have more fun?

Recent research has studied which behaviors of depressed students drive roommates away (Joiner, Alfano, & Metalsky, 1992). Tentative findings are that depression per se doesn't turn people off, but certain behaviors by self-deprecating depressed people do, such as *excessively seeking reassurance* that the other person cares. This is true especially between males. Obviously, how the depressed male is received also depends on the characteristics of the "friend." For instance, an empathic, tolerant, caring person would not be rejecting, except under the most trying circumstances. Perhaps males are rejected more for seeking support because they are supposed to be self-reliant and "suffer in silence." Perhaps depressed women are rejected for other reasons. In any case, there is clear evidence that a depressed friend is depressing.

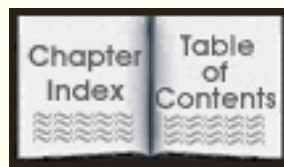
Ferster (1981) says the depressed person is so overwhelmed by their loss and anger that they can't respond effectively to the environment (to others) to get what they want. Rather surprisingly for an operant behaviorist, he implies this insensitivity to how-to-get-what-we-want may come from early feeding experiences where the infant responds more to the internal urge to eat (making demands--which get reinforced) than to interacting and playing with the feeder. Like the fussy, demanding baby, the depressed person becomes fixated on complaints, criticism, demands, and loud cries of distress (all punishing or aversive to any listener). Instead of seeking positive reinforcement, they have learned to only punish and complain; they hurt too much to do otherwise (like the hungry infant). By being so glum and critical (and insensitive) they only drive others (sources of fun) away. By therapy or self-education they must learn other ways of interacting.

Lewinsohn's approach to therapy is to first pinpoint the punishing events present in the sad person's environment (usually marital problems, work hassles, or criticism) and the pleasant events absent (including friends, love, sex, fun activities, satisfying solitude, and feeling competent). Then by careful, daily rating and plotting of one's behavior and the resulting feelings, the therapist shows the depressed person that the environment (and how they handle it) truly does determine their depression. Treatment consists of teaching the patient how to decrease the frequency and hurtfulness of unpleasant events and increase the frequency and appreciation of pleasant events. This is done by using many techniques, like those in chapters 11, 12, and 13, but mostly behavior change or social and cognitive skills to increase positive reinforcement. The University of Oregon started a class in "Coping with Depression" (Lewinsohn & Arconad, 1981).

You might notice that this is the same basic notion as most dynamic psychiatrists operate under, namely, that most emotional problems originate in our interpersonal relationships. Surely it would work in the opposite direction too: if I became very sad, impatient, demanding of attention, lethargic, and grouchy, I'd surely develop interpersonal problems. So which comes first, sadness or poor social skills? Have life events been painful or just no fun?

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
[reading room](#) [treatment](#) [resources](#) [& administration](#) [help](#) [feedback](#)

THEORIES ABOUT THE CAUSES OF DEPRESSION

Helplessness and hopelessness

Being frustrated so many times that you have no hope is surely depressing. This is a very old idea; 2,000 years ago Aretaeus, a physician, said melancholia sufferers "complain of a thousand futilities." But it is also a fairly recent and rapidly changing theory. Seligman (1975) was studying escape learning and found that dogs, forced to stay in a box where they were repeatedly shocked, soon gave up and stopped trying to escape. Not surprising. Moreover, 65% of the dogs didn't try to escape the next day when the box was modified so they could easily escape. They just laid down and whined. They had learned helplessness. Seligman said human depression with its passivity and withdrawal might be due to "*learned helplessness*."

This single study of dogs stirred enormous interest among experimental psychologists who had heretofore ignored the ancient idea of hopelessness. Amazing. However, I think we are seeing the potential of research to slowly clarify and validate an idea. For example, within a few years the "helplessness" theory was being questioned because many people in helpless circumstances do not become depressed and because this theory does not explain the guilt, shame, and self-blame that often accompanys depression. How can you feel helpless, i.e. without any ability to control what happens, and, at the same time, feel at fault and guilty about what happened (Carson & Adams, 1981)?

A few years later, attribution and/or cognitive theory (Abramson, Seligman, & Teasdale, 1978) came to the rescue with the *reformulated helplessness theory*. This suggests that the depressed person thinks the cause is internal ("it's my fault"), stable ("things can't change"), and global ("this affects everything"). This is a very different theory (no experimentalist had ever theorized that the dogs blamed themselves). But soon there were more problems, e.g. research showed that most depressed people, like dogs, see the causes of their depression as being outside forces, not themselves (Costello, 1982). Moreover, both the hopeless self-blamer and the hopeful self-helper see the causes of their behavior and feelings as being internal. So, internal causes may lead to optimism as well as pessimism. And, finally again, how do we know that the feelings of helplessness or

hopelessness precede and cause depression rather than just being a natural part of feeling depressed?

To deal with some of these difficulties, Abramson, Metalsky, & Alloy (1989) modified the helplessness theory into a still broader hopelessness theory. The more complex *hopelessness theory* contends that prior to becoming hopeless the person has (a) a negative cognitive or attribution style (see next two theories) and (b) some unfortunate, stressful experience. Because both of these factors are involved, some people with depression-prone thinking don't become depressed (by avoiding traumatic experiences) and some people go through awful experiences without getting depressed (by avoiding negative thinking). *The hopeless person expects bad things will happen* in important areas of his/her life (pessimism) and/or that hoped for good things will not happen, and he/she doesn't expect anything to change that miserable situation.

Considerable research has supported parts of the hopelessness theory. For example, Metalsky & Joiner (1992) found that *three cognitive views*: (a) attributing bad events to unavoidable and far-reaching causes, (b) drawing negative conclusions about yourself from a negative event ("it means I'm worthless"), and (c) assuming one bad event will lead to others in the future, *when combined with high stress*, are associated with depression. In another study, they found that *low self-esteem* was another crucial ingredient in order to produce depression (Metalsky, Joiner, Hardin & Abramson, 1993). Please note: depression might be avoided by reducing your negative thinking habits, avoiding high stress, or by building your self-esteem.

Of course, your needs and personality will determine how stressful a particular event will be for you. Segal (1992) found that recovered *dependent* depressives were plunged back into depression by a loss or conflict in interpersonal relationships. But, *self-critical* depressives relapsed when they failed at school or work. Only our most dreaded problems seem to set off depression.

This new hopelessness theory explains depression to a considerable extent on the basis of pessimistic *expectations of the future*. Traditional thinking and other theories (#1, #5, #8, #9, #10 & #13) say depression is caused by obsessing about losses in the *past*. Selective perception of the past is also thought to be important, e.g. self-critical people don't see their successes. Both backward-looking and forward-looking theories are probably true, sometimes. Some people regret the past ("Of all sad words of tongue and pen, the saddest are these, 'it might have been'") and others dread the future (because they will mess it up or have no control), and some do both. Maybe the negativism of some depressed people extends to everything--the past, the future, me, you, the world...

As we will see later, the therapy for helplessness and hopelessness includes (a) making more good things happen and/or increasing positive expectations, (b) increasing self-

control--like with this book, (c) increasing tolerance of whatever happens, and (d) increasing one's optimism. Ideally, the depressed person will develop internal, stable, and global explanations (attributions) for *good* events, e.g. "I'm responsible for what happens, and I can make good things happen again in lots of areas." Likewise, the shift should be to believing that external, unstable, and specific factors account for unpleasant life-events, e.g. one of Seligman's better adjusted dogs in the shock box might say, "this man is hurting me, he will surely stop soon, people only shock me in this box... and I will vigorously avoid getting into this box again. For now, I'll just tough it out."

Exercise: How do you explain things?

It might increase your understanding of your own depressive moods to think of 8 or 10 situations that could happen to you--both good and bad. Examples: doing poorly on an exam, getting a good job or a promotion, having an auto accident, not being able to get a job, getting a new friend, having a date that doesn't work out, losing a girl/boyfriend, having a fight with a parent, relative, or child, etc. Vividly imagine each situation, then, afterwards, write down what seems like the main reason or cause for what happened. Next, ask yourself: (a) Is this cause due to me or someone or something else? (b) Is this cause going to influence just this situation or many others as well, i.e. how general or how limited is the influence of this factor? (c) Is this cause a temporary factor or long-lasting? (d) How important is this situation to me? (e) When bad things happen to me, do I conclude I am at fault or bad? (f) When something bad happens to me, do I assume more bad events are on their way? By looking at your answers over several situations, perhaps you can figure out your *attributional style*. Are you a pessimist about the future? Are you a harsh self-blamer? What do you think your faults are? Do you blame your behavior ("I didn't study enough"--this is changeable) or your character ("I'm lazy" or "I'm stupid"--hard to change)? What are your strengths? How low is your self-esteem? Do you see ways to change?

There are even more good questions you can ask yourself that should help you realize that your depression can be changed (Johnson & Miller, 1994):

- **The Exception Question:** When are you the least depressed? What was the last time you weren't depressed (or down on yourself)? Do you remember a time when you expected to get depressed but you were able to avoid it? These kind of questions remind you that you have some self-control... that depression can be changed. They cause you to start exploring the reasons for these changes--what was different? How can you reduce the depression again?
- **The Miracle Question:** If the depression (or self-critic) miraculously went away,

how would life be different for you? What would be the first sign it was gone? How would others say you are different? What would you be doing instead of being depressed? *Be very specific* about how your behavior and feelings would be changed. What are some of the exciting possibilities if you were not burdened with depression? This starts you thinking about your potential in the future as a happy person.

- **The How-Did-You-Do-It Question:** Depression is an awful condition, how have you managed to handle it? How have you kept things from getting even worse? How do you fight off the conditions that make you get really depressed or to want to hurt yourself? Where do you get the strength to be a survivor? These questions cause you to look for your specific strengths and for other ways to cope with depression. They also help you see that depression is not caused by you and is not an unavoidable part of your being. Depression and self-putdowns are external problems imposed on you by psychological or historical factors and circumstances. These misery-causing external factors can be changed.
-

However, there are still serious questions about this hopelessness theory: When and how are negative thinking styles learned in real life? Again, which comes first the thinking or the feelings? Isn't it illogical to feel responsible for making good things happen but not responsible for bad events (although that is the way we frequently think about God--we give God credit for good happenings but usually not the blame for bad things)? Do hopeless depressives only feel guilty and ashamed of sins of omission? Wouldn't sins of commission be impossible for me as a truly "helpless" person, unless I was possessed by evil external forces that "made me do it" and with whom I collaborated? Begins to sound like a 1620 witch hunt, doesn't it? (See later discussion of guilt.)

Actually, the victim of depression may feel helpless, but his/her emotions, weakness, and pessimism can have a very powerful effect on others. Examples: the typical "helpless" person "asks others to do things for him/her," "never does things on his/her own," "gets others to make decisions," etc. This is helpless? Hardly, it is dependent, demanding, and controlling (Peterson, 1993). These "helpless" feelings also serve as self-excuses for poor performance (for many of us it is better to be seen as "feeling down" than as a failure). But only persons prone to depression are willing to be extremely self-critical ("I'm a loser... helpless... worthless") in order to protect themselves against criticism and to avoid facing future responsibilities (Rosenfarb & Aron, 1992).

How do people respond to someone's helplessness? At first, people try to make the person feel better; they try to meet his/her needs. But after seeing a lot of "helpless" behavior from one person, people tend to get angry and/or avoid the subtly (maybe inadvertently) demanding depressed person who never changes. Clearly, not all "helpless"

people are passive, ineffective, and feeling futile, like Seligman's dogs. Some are powerful. Seligman's latest views are in Peterson, Maier & Seligman (1993).

Yapko (1992) believes that depression not only results from an "illusion of helplessness" but also from an "illusion of control." For instance, Baby Boomers were taught they could have it all--education, great job, wonderful family, nice house and car, fantastic travel, etc. That wasn't true and Baby Boomers have an unusually high rate of depression. They didn't meet their expectations. Unrealistic expectations in both directions, i.e. hoping for too much change or believing little change is possible, can cause depression.

Negative views

Beck's cognitive therapy states that somewhere in childhood the depressed-to-be person develops a negative view of the self, the world, and the future: "I'm no good," "the world ain't fair," and "it won't work out." Each of these negative views gets expanded into detailed beliefs: "I'm dumb," "I can't talk intelligently," "I'm ugly too" and on and on. These negative assumptions seem to be held on a very primitive level; facts don't influence these beliefs, so they never get questioned or tested against reality. These negative views just lie dormant even while more rational evaluations of self, world, and future may also be developed and used as we mature into adults. Then later in life, when the self is hit with some serious loss or stress, often one that reminds us of a loss or trauma at an early age, the old unreasonable and destructive negative ideas suddenly take over and dominate our thinking. It is our negative ideas that produce our depression, not the stressful triggering event that produces our depression. The deeper the depression, the more the negative ideas replace rational thinking (Coleman & Beck, 1981).

Under the influence of this primitive, negative thinking, our logic fails us. For example, we jump to conclusions, look at only one detail and disregard the big picture, overgeneralize from one experience, magnify our faults and minimize our achievements, and take the blame (see examples in next two theories). All of this adds a very dark and gloomy shadow over our mental life.

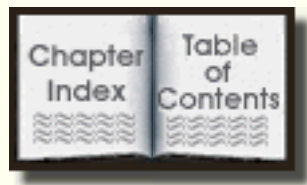
Research has confirmed that sad-prone people notice the negative aspects of an event (they remember their goofs--but not other peoples'--and overlook what they did right) and assume too much of the responsibility when things go wrong. It has also been experimentally demonstrated that thoughts (induced by the experimenter) can influence feelings and behavior (Carson & Adams, 1981). Therefore, it isn't just the depressing event that makes us sad but also every time we remember and fantasize about the disappointing event in the past or imagine a similar thing happening in the future, we create a more and more depressive mood. Remember, though, negative cognition clearly *accompanies* depression but it has not been proven that negative thinking is the exclusive *cause* of depression; other factors may be involved in causing depression (Barnett & Gotlib, 1988).

Using methods much like Lewinsohn's, cognitive therapists collaborate with the patient to get him/her to investigate the relationship between his/her negative ideas and his/her feelings of depression or actions. So, the therapist may ask the patient to "investigate" whether or not he/she can start taking tennis lessons. If he can, that is a little evidence against his belief that he/she can't change anything. A few weeks later patients are taught to identify their automatic negative thoughts that precede negative feelings. The cognitive therapist does not attack the patient's irrational ideas as being wrong. Only after the patient begins to doubt some of his/her own negative ideas, can the validity of those thoughts (and the logic and assumptions underlying them) be tested out and evaluated *by the patient* with help from the therapist (Coleman & Beck, 1981).

Cognitive therapy notions about negative thinking overlap a lot with the hopelessness theories, Rational-Emotive therapy (irrational ideas), and faulty conclusions theories discussed later.

[← Back a page](#)

[Forward a page →](#)



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THEORIES ABOUT THE CAUSES OF DEPRESSION

Irrational ideas

Rational-Emotive therapy, as described by Ellis & Harper (1975), Hauck (1973), and Maultsby (1976), emphasizes that irrational ideas cause all our unreasonable or excessive emotions. In the 1st century A.D., Epictetus, a Greek teacher enslaved in Rome, said, "Men are not disturbed by things (that happen to us), but by the views which they take of those events." In the 1960's Albert Ellis started teaching this simple philosophy: *our thoughts cause our feelings*. Here is an example:

A. First, there is an event: our girl/boyfriend says, "I'm going out with someone else."

B. Then, our belief system--our irrational ideas--become part of our perception of the situation:

- (1) She/he doesn't like me, I've failed, no one will want me, I'm worthless, I'll never find as good a lover, it's terrible that he/she is dumping me. Or:
- (2) It's awful that she/he would do that, it's inconsiderate, it's selfish, it's unfair, it's embarrassing, it's mean, she/he is a terrible person, we made promises, she/he has probably been "looking" for a quite a while, I hate her/him.

C. Then, we have an emotional reaction:

- (1) If your belief system (thoughts) is like B (1), you will feel serious and lasting depression.
- (2) If your belief system is like B (2), you will feel intense anger.

You see, it is not the external event--the rejection--that creates the emotional response, but what we say (beliefs B 1 or B 2) to ourselves! We have a choice.

Indeed, we could tell ourselves something entirely different and produce a very different emotional reaction, for example:

B. A more rational belief system:

(3) We had some good times together but obviously there were problems. I would have preferred that she/he had told me that she/he was unhappy and "looking" but it wasn't awful. I'm sorry we didn't work it out but I'll get through the hurt, and I'll learn to be a better companion next time.

C. A more reasonable emotional reaction:

(3) Some pain, regrets, and sadness for a few days or weeks but not intense, lingering anger or deep, prolonged depression.

Rational-Emotive therapy is more challenging and aggressive than most other therapies. These therapists immediately point out and attack the client's irrational thoughts and unreasonable expectations. They directly suggest more reasonable ways of viewing the self, the world, and the future. They also assign homework designed to correct false beliefs.

What are some of the other harmful irrational ideas and thoughts?

- Everyone should accept and approve of me; it is awful when someone criticizes me.
- I should always be able, successful, and "on top of things."
- I must have love to live (in some cases--a particular person's love, as in the example above).
- If I am criticized or rejected or make a mistake, it means I'm not liked, unlovable, and incompetent...it's awful!
- External events, such as bad luck, other people, a sick society, cause unhappiness. I can't control these things, so it's not my fault things are so awful.

Note two things: first, a, b, and c are unreasonable expectations, often impossible goals. They are, of course, nice, common and in many ways useful wishes; everyone would like to be approved, successful, and loved, but we can't demand that our wishes always come true. When things don't go our way, it isn't something awful to go into a rage or deep depression about. Although an event may be regrettable, it is always a psychologically understandable and behaviorally lawful outcome. Later we will see that Karen Horney referred to these insistent neurotic needs or demands that things be the way we want them to be as "the tyranny of the shoulds." Secondly, d and e illustrate other kinds of faulty logic that might underlie depression (see cognitive therapy) and other exaggerated emotions. Rational-Emotive techniques and self-help methods are discussed in chapter 14.

Some scientists doubt that irrational ideas and faulty logic cause depression. Some doubters believe the sad feelings existed *before* the sad-helpless thoughts, i.e. that depressing genes or hormones or life events lead to our negative cognitive styles (Barnett & Gotlib, 1988). Other doubters, like Robert Zajonc, believe that emotion and cognition are independent systems and, furthermore, irrational behavior is based on emotions, not irrational thoughts (Cordes, 1984). In spite of criticism, cognitive explanations are the most accepted explanations of depression among psychologists today.

Unreasonable thinking and faulty conclusions

Depressed people are prone to think in several ways that may produce sadness and pessimism. If things have gone badly in the past (depressed people are past-oriented), there may be a tendency to conclude that the future will be awful too. Actually, depressed people usually don't think much about the future. The future is depressing precisely because it has little meaning or no purpose for them... or is threatening. The erroneous belief that things will not get better may lead to suicidal thoughts. This hopeless vision of the future is based on a general global perception that their problems are huge, innumerable, and insolvable. A depressed person may have only a vague notion of wanting "to be happy," "to put my life back together," "to find love and happiness," etc. Of course, without the problems being definable, objective, specific, manageable, and circumscribed, depressed people don't have specific plans, i.e. doable, clear-cut, self-help steps in mind for attaining realistic goals. Without plans for changing, they have no hope and no motivation. They feel like victims, not masters of the situation. That is unreasonable. They can change.

Depressed people seem to reason poorly in several other ways. Examples: they are concrete thinkers and have difficulty generalizing (e.g. after being taught to be assertive with his/her boss, he/she doesn't think of being assertive with his/her spouse). They see nothing illogical about giving credit to luck, other people, God, fate, etc. for the good things and blaming themselves for the bad things in their lives. While depressed people focus on the bad happenings in their lives, some of them tend to deny the "bad" emotional parts of themselves, such as anger, violent, and selfish urges, etc. Others see only the bad. And, their "solutions" for their problems are often unrealistic, such as a person with two children and an unhappy marriage who wants to have another child "to improve the marriage" or a floundering overly critical student decides to drop out and live with his/her father although they have never related well. We can't cope well without thinking straight; this includes having a purpose and a plan for living (see chapters 2 & 3).

There is still more wrong with the depressed person's thinking processes. Therapists and scientists studying the brain have contended that a part of our mental make up compels us humans to explain everything (see attribution theory in chapter 4). Some of us, hating uncertainty, need an immediate, simple, "it's for sure" explanation; others of us need lots of data, time to weigh different opinions, and careful thought about the issue before we arrive

at an explanation. This reflects the difference between simple "black-and-white thinking" (dichotomous thinking) and complex "tolerance of ambiguity." Depressed people grab hold of immediate, clear-cut but pessimistic explanations; that is their "explanatory style," namely, "it's my fault" (happy folks blame the situation or someone else), "my weakness messes up everything" and "it will never change, so why try?" Wow, what a prescription for depression! Reality is: you aren't entirely to blame, the supposed fault won't mess up everything, and the situation--including you--can and will change. Depressed people must learn to think differently.

We need to understand why some depressed people are such rigid and poor thinkers. It is critical knowledge for working with suicidal patients. The closed-mindedness of depressed people is amazing. Yapko (1992) describes counseling a patient who recently had a heart attack and a quadruple bypass. This man wouldn't talk or open his eyes during the first hour of therapy; he quietly cried while his wife told his story. When the patient finally talked in the second session, he only said, "I'm going to die!" and sobbed. He could do nothing and think of nothing but dying. In contrast, Viktor Frankl survived the brutal conditions of a Nazi concentration camp, while many died, by intensely desiring to live so he could be re-united with his wife. He had a purpose and thought there was some chance if he could stay alive. We must use our rational mind to find those rays of hope and to develop realistic plans to make our future better.

Self-critical withdrawal

If we are sad, we respond more slowly and avoid ordinarily pleasant (it may not be pleasant to the depressed person) and unpleasant events. Indeed, there is evidence that depressed people are especially sensitive to pain and even mildly irritating situations (Carson & Adams, 1981). Perhaps because of this sensitivity, some depressed persons have developed unique ways of reducing pain or stress in addition to avoiding or withdrawing, namely, by making self-critical or self-hurtful remarks (which may reduce criticism from others or, in some masochistic way, reduce the stress). This sounds a lot like the story of Sooty Sarah below. The outcome could be a miserable recluse.

We need to understand why some depressed people are such rigid and poor thinkers. It is critical knowledge for working with suicidal patients. Forest and Hokanson (1975) did an interesting study supporting the notion that self-punishment could be rewarding, i.e. an escape from conflict with someone else. In this study an aggressive partner was permitted to shock depressed and non-depressed subjects. Then those who were shocked were given the choice of shocking their partner back, shocking themselves, or making a friendly gesture to the partner. If the depressed subjects elected to shock themselves, their autonomic responses (stress) declined more rapidly than if they were aggressive or friendly. Non-depressives got relief only by shocking the other person, not by self-punishment or being friendly. For most of us, it seems astonishing that anyone would hurt

themselves more after being hurt by an aggressive SOB. Well, there seems to be some relief--a payoff--for depressed persons if they punish themselves instead of attacking the aggressor. Maybe sadness is partly a self-punishment (and/or substitute for aggression). This needs to be understood better and may also be involved in the next odd-sounding theory.

Anger turned inward

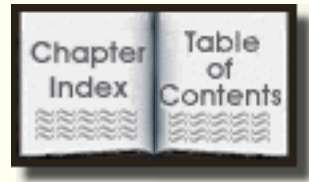
Psychoanalysts have long believed that anger towards others gets turned against ourselves. Our anger converted into self-hatred causes depression. Karen Horney (see Monte, 1980, or any theories of personality book) wrote that the basic problem starts with neurotic parents who are inconsistent (both overindulgent and demanding), lacking in warmth, inconsiderate or openly hostile, or driven by their own needs. The child resents these things. But parents are powerful and a child's only means of survival. So, because of fear or love or guilt, the child represses the anger. The child, being small, alone, confused, and helpless in an unpredictable, hostile world, is, of course, scared. How does the child protect itself?

The child, aware of his or her weakness, the criticism of others, and his or her own hostility and fears, develops a "despised" self-concept. Also, the resentment of others has been turned against the self: "I am unlovable, a bad person." At the same time, the child starts to develop a notion of an "ideal" self--what he/she *should* be--in order to survive and get the love and approval he/she wants. This ideal self, trying to compensate for weakness and guilt, sets up impossible demands, called neurotic needs. These needs are unconscious, intense, insatiable, anxiety-causing, and out of touch with reality. For instance, if one has a neurotic need for affection, it becomes urgent to be loved by everyone, all one's peers, all the family, teachers, the paper carrier, etc. Horney listed several neurotic needs, primarily needs for perfection, power, independence, and affection. All are attempts to handle the primitive hostility from childhood. So, how do we get depressed?

In extreme cases, some people become so self-effacing, i.e. compliant, unselfish, and modest, they almost do away with their "self." Suffering, helplessness, and martyrdom are their ideals. They need to be loved, liked, approved, important, but taken care of. Their "solution" is: "If you love me, you will not hurt me." But beneath this saintly, goody-goody surface sometimes boils the old anger, rage, and strong urges to be aggressive and mean. Besides, love never runs smoothly--remember everyone must love them--so these kinds of dejected people may turn against themselves, becoming very self-critical and unhappy. Often they have also become bitter because the unwritten agreement was broken, namely, "I'll be nice and not hate you, if you will love, respect, and care for me always." People striving for sainthood often suffer because others will not always put them first.

[← Back a page](#)

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THEORIES ABOUT THE CAUSES OF DEPRESSION

Warning: Some words in this story may offend you. Skip it if you are sensitive about "dirty words."

Sooty Sarah: A fairy tale

Chapter One

Once upon a time there was a poor little girl who couldn't do anything right. She lived with a wicked queen, her stepmother, in a cold, gray castle. Sooty Sarah knew she never did anything right because no matter what she did, the wicked queen (who had had an evil spell put on *her* by an old witch) always found something wrong with it. (You need to know that the old witch had slipped a pair of shit-colored glasses on the queen, but she didn't know they were there because they weighed nothing. Since Sooty Sarah had never seen the queen without the glasses, she never asked about them. She just thought the old queen hated her which wasn't necessarily so. But back to the story.) Things went on this way for some time. The little girl trying to please the queen and the queen continually finding fault with her. Then, one day, when the little girl was older, she noticed the queen looking very pale and sick. "What is the matter?" she asked. "My, aren't we nosy!" said the tired queen, "Well, if you must know, I have to stay awake nights thinking of things to criticize you about. You're a very difficult child to criticize, you know." Sooty felt very badly and said, "Oh, I'm sorry, I'll try to make it easier." Being a good girl, she started to do all sorts of stupid little things. Actually, things went well for a while--the girl misbehaving, getting the queen's attention, and the queen criticizing the growing girl loudly. Everyone was miserable but satisfied. But all good things must come to an end. The queen's health began to fail again.

Chapter Two

The little girl noticed right away, but she couldn't think of any new ways to be bad, so

she thought and thought. Finally, she had a plan and ran to tell her stepmother right away. "I have it," she cried, "I know how you can get all the sleep you need. I'll criticize myself!" "That may be a good plan," said the queen, "it may be the best idea you ever had." Sooty Sarah was overjoyed, finally she had done something right. "You can still criticize me if you like, but I'll take over the real work," she said and rushed off to study hard at finding fault with herself. (As she got better and better at it, two things started to happen. Little glasses started to grow over her eyes too and a wall, one stone at a time, started to build up around her. The wall was always there; it went with her. Like a chimney, the wall hid and protected her from the world, which was scary because by now Sooty Sarah was not only finding fault with herself but with everything in the world as well.) Sooty Sarah found lots of faults--bad thoughts and feelings the queen could never have found--and the queen slept happily ever after.

Chapter Three

While all of this was going on, there was an ugly frog nearby who was firmly convinced that he was the most despicable creature on earth. But a wandering wizard happened to meet him one day and whispered a magic spell into his ear. All of a sudden the frog turned into a handsome prince.

Chapter Four

One warm, sunny day, the prince noticed a strange-looking stone chimney with a few peep holes in it. Being curious he looked in and, to his surprise, found a beautiful princess. "Hello, princess," he said, "how did you get trapped in there?" "Who are you talking to?" said Sooty Sarah. "You, of course," he said. "You are out of your mind," she answered, "I'm a dirty, stupid, mean little girl, not a princess--but since you mentioned looks, I don't mind telling you, you look shitty."

"Ah, I know what's wrong, you're under an evil spell," said the prince. "You're crazy," she responded, "and if you don't leave me alone, I'll really tell you what I think of you." "Your words don't hurt me, I'm going to stay and try to help you break your spell," he said. "Spell, Schmell," she shouted, "I hate you bastards who look at everything through rose-colored glasses!" "But, I'm not wearing glasses," he answered.

Chapter Five

"Hum, you're not are you!" Sooty Sarah said, "OK, if you're so smart, mister prince, tear down this wall, break my so-called spell, rescue me, big boy!" "I can't do that," he answered, "Only you can do those things." "Some prince!" she scoffed, "You couldn't prince your way out of a paper bag!" The prince was patient and said, "I just know that if I tried to do it for you, the walls would get stronger and the glasses dirtier and you'd end up

criticizing yourself more. You have to do it. I know a counter-spell but you have to have the courage to use it. If you do, it will turn you into a princess so we can be married and can live happily ever after." "Good line, mister, but it will never work," Sooty Sarah said softening a little, "I don't deserve to be happy!" "Yes, you do," said the prince, "I know because the old wizard told me so." With surprise, she responded, "Did he really say that? (the prince nods) Then please help me if you can. You don't know what's it's like to lie awake nights thinking of terrible things about yourself--it's awful!" "I do know," he said, "before I learned the counter-spell I was an ugly frog!"

Chapter Six

"No foolin'?" she said. "It's true," he replied. "Then please, please help me. Tell me the magic words and I'll say them--I'll do anything," she pleaded. The prince leaned over very close to her and whispered the words in her ear. "Oh, no! I can't say that!" she gasped, "That's terrible!" "I didn't say it would be easy, did I?" said the prince, "But that's not the hardest part--you've got to keep saying it over and over, louder and louder until the spell is broken. If you weaken and quit, it will make things worse--you would end up even more hurt and angry than you are now. Is it worth the risk?" Quietly she said, "I'll try." "Good, you're half way home," smiled the prince, "But there's another part of the spell I can't tell you. You must figure it out by yourself, then the spell will be over."

Chapter Seven

"Now, recite the magic words," urged the prince. Sooty Sarah felt scared, she hesitated, then she whispered so softly he could barely hear her say, "Go to hell, Mother." "Louder," he said. "I can't," she said, starting to cry. "But you must," he said, "do it for me, we can't stop now. Say it again!" Trembling, she spoke the counter-spell again: "Go to hell, Mother!" and again louder, "Go to hell, Mother!" Inside her heart there was a terrible wrench; she thought she would die. It was the old queen waking up and her voice from within screeched, "How dare you! You awful child! I'll get you." Sooty Sarah yelled back, "I just want to be happy!" "Say it again," encouraged the prince. "Go to hell, Mother!" screamed the girl. "You terrible child!" shouted the queen in fury, "I'll destroy you." "Go to hell, Mother!" "Good, keep it up," said the prince. The raging queen thundered, "Look at the misery you've caused me. You don't deserve to be happy! Whoever said you should be happy?" "The prince did," said the girl. The queen smiled. "Who says so?" asked the prince. "The wizard says so," said Sooty a little uncertain. The queen laughed. "Who says so?" repeated the prince patiently. "I, I, *I SAY SO!!*" she shouted, "I say I deserve to be happy, so Go To Hell, Mother! **GO TO HELL, MOTHER! GO TO HELL, MOTHER!**"

Chapter Eight

Then a miracle began to happen. Every time the girl said the words, the wicked queen began to shrink. She shrank down and down way inside the girl until she was hot like a tiny coal. And she glowed red hot, down dark inside, tiny, but very angry red. Sooty Sarah knew she had not won yet. "But what can I do?" she begged the prince, "What's the rest of the spell? Please!" "You've got to figure it out yourself...and it isn't easy...and half is something you must tell your step-mother...and they are words you have never spoken to anyone in your life," he said and then added, "You must be quick--it's now or never."

Chapter Nine

The poor little girl thought and thought--what could she say to herself and her mother that would be words she had never spoken before? The coal inside her stomach was getting redder and redder. Time was running out. At that moment the prince leaned over, touched her hand and said, "I love you." Suddenly, like a flash of lightning, she knew what to say. "Oh, Mother," she cried, her tears falling down inside her onto the coal, "I know what to say! I'm OK!" Then she screamed:

**"I'M OK and YOU'RE OK!
I'M OK and YOU'RE OK TOO, MOTHER!"**

Now it seemed so simple. The minute she said it, she knew it was true--she really was a princess! And the wall vanished. The glasses fell away--and she knew she would never have to criticize herself again for her mother's sake. And she knew that *if* she could only know her step-mother's needs and suffering and sorrow, she would understand her criticism and not be angry with her. And she knew that no matter what she ever did, she would always feel OK about herself.

Chapter Ten

So, she married the prince. And it was a beautiful world.

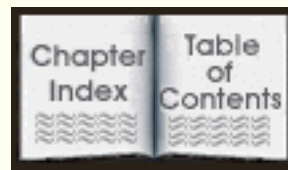
The Sooty Sarah story, except for a few modifications by me, was given to me by Paul Shriver, a colleague of mine. Some readers are so distracted by the "dirty" words and hostility towards the mother that they miss the main points. First, self-criticism may be learned by modeling the mother *or* via negative reinforcement (avoids the mother's criticism) *or* by being praised and reinforced by the mother *or* by the above-mentioned reduction of stress by self-punishment. Second, the story shows the long interpersonal history behind Sooty's self-criticism, something the learning and cognitive therapists could not do because they don't collect information about childhood. Thirdly, the fairy tale fits nicely with Karen Horney's theories about hostility turning inward and resulting in neurotic

needs (too high expectations or too critical a view so that one is never satisfied). Also, the story illustrates psychoanalytic repression of violent emotions which can be uncovered with insight and removed by expressing the emotion, called catharsis.

Finally, the tale has a Transactional Analysis (see chapter 9) theme. Sooty started with a "I'm OK; You're OK, Mother" attitude. That changed to "I'm not OK; You're OK" when she adopted her mother's views and became self-critical. Then to "I'm not OK and neither is anyone else." Later, when the prince's insight enabled her to see how the old queen's need to put her down had led to her hating herself, she started to hate her mother: "I'm OK; You're not OK, Mother." Eventually, to break the spell (of irrational, ain't-it-awful thinking), Sooty had to understand and accept that both she and her mother behaved "lawfully," i.e. there had to be reasons for the old queen's put downs, cynicism, and unhappiness (maybe the queen's mother was critical, maybe Sarah was prettier and smarter and a real threat to the queen, maybe...). By accepting and understanding herself, her mother, the past, and all human beings, Sooty Sarah was freed from irrational thinking and could now become her highest potential--an accepting, happy, beautiful princess.

[← Back a page](#)

[Forward a page →](#)



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THEORIES ABOUT THE CAUSES OF DEPRESSION

Guilt

Depression-prone people are super aware of their wrong doings--and feel especially guilty. Mowrer, et al (1975) does not believe this guilt necessarily involves some highly immoral behavior, such as intense hostility or vile impulses, but rather could be the accumulation of many ordinary "sins." We all do inconsiderate things: selfish acts, hurtful comments, just not thinking of others, etc. Our society encourages us to look out for #1 first or "do your own thing." As Mowrer observes, since the Protestants protested confessing to a priest 500 years ago, the Protestant religions provide no authorized way to confess our sins and atone. And, because we hold inside "real guilt" for what we have done, we become depressed and may have other neurotic reactions. (Other theorists say it isn't guilt as much as being ashamed of not trying harder.) Mowrer's solution was to form "integrity groups" (modeled after the small early Christian congregations) in which understanding, permanent friends listened to our shortcomings (our "sins"), forgave us, and then helped us make up for the harm we have done.

Regret for things we did can be tempered by time; it is regret for the things we did not do that is
inconsolable.

-Sydney J. Harris

Guilt isn't always the result of *doing* something inconsiderate or immoral. Often it is just not doing what you think you should--"I should never have let my son go out with that crowd," "I should have known they weren't telling me the truth," "I should have kept better records for taxes." In this case, you may be assuming too much responsibility for whatever happened, setting impossible (perfectionistic) standards, and/or engaging in irrational thinking (see #6 and #7 above). Your mistaken views of the world and your unreasonable expectations of yourself may cause guilt. Guilt may cause depression. Or there is another possibility: whoever makes us feel guilty is resented. In the case of guilt or regrets, you

make yourself feel badly; thus, you become angry at yourself, and that anger is assumed by analysts to be the cause of depression. Handling guilt and regrets is dealt with in the next section.

Unmet dependency

Some psychoanalysts and interpersonal therapists have looked into the history of depressives and found over-protective, indulging, overly involved or over-controlling, restrictive parents. The child grows up with an "oral character:" dependent, low frustration tolerance, and so desperate to have people like them that they are submissive, manipulative, demanding and so on. Before becoming depressed they are described by therapists as "love addicts in a perpetual state of greediness...sending out a despairing cry for love" (Chodoff, 1974). Their self-esteem depends on the approval of others. When their dependency needs are not met, they become depressed and cry, just as they did as infants.

Moreover, it usually makes us mad when we feel weak and dependent. So, an over-dependent depressed person may resist help ("You can't make me be productive and happy") and become hostile ("I will pay you back for not loving me"). Thus, the loss of love is a triple threat to a dependent person prone to depression: (a) sadness and panic occur because our vital, life-long struggle for security has been lost, (b) low self-esteem and hopelessness occur because "I have lost everything" or "I do not deserve anything" and (c) anger and resentment occur because "they have deserted me, a helpless child" (Zaiden, 1982). So, it isn't surprising that research confirms, especially for very needy people, the old saying, "you can't live with them; you can't live without them." Relationships (marital problems and stress with children) are the most common stresses associated with depression in women. And, relationships (good, caring, intimate ones) are the best protection against depression (Brown & Harris, 1978; Klerman & Weissman, 1982). See sections below on loss of a relationship and loneliness.

These interpersonal, psychodynamic, and psychoanalytic therapists would say that explaining depression as a result of negative thoughts or a lack of social skills is superficial and foolishly ignores the life-long, internal struggle for love for survival. Likewise, this theory sounds very similar to the currently popular feminists' description of social pressures put on traditional women to give up their individuality ("be nice," serve and accommodate others, put your needs last) in order to be "loved." Evidence is accumulating for this kind of theory (Barnett & Gotlib, 1988), including relying on others for one's self-esteem (see chapter 8).

Impossible goals or no goals

Overly demanding parents who are critical, perfectionistic, and harshly punitive tend to have anxious, withdrawn, and sometimes hostile children who have an "I'm not OK" attitude (like Sooty Sarah). Perhaps they adopted the parents' impossible goals. On the other hand,

Coopersmith's (1967) work suggests that uninvolved parents, who do not discipline consistently and/or do not provide moral guidelines for living, tend to have children with low self-esteem (and higher risk of depression).

Losing one's goal or values may lead to depression too. Hirsch and Keniston (1970) studied 31 drop outs from Yale during the late 1960's--during the time of the drug counter-culture, hippies, flower people, anti-war demonstrations, etc. They did not flunk out; they just weren't interested. Indeed, nothing interested them very much. They seemed mildly depressed. But there had been no losses, no big stresses. Yet, one experience was common: loss of respect for their fathers. They had once idolized their fathers, but now could not accept their fathers' values. Middle-class materialism, money, and the country club weren't for them. They felt lost, unsure of what they wanted, and a little bored with it all. Thousands dropped out of school and traditional society during the 1960's and early 70's. This condition has been called "existential neurosis." Existential therapy aims to restore the person's sense of freedom and responsibility for his/her choices now and in the future. To do this, life must have meaning and purpose. (Note: the dropping out stopped in 1973-74 when we had a recession causing people to start worrying about making a living. The drop outs would be 45 to 50 years old now and have 20-year-old children.)

Shame: feeling ashamed of yourself has to be depressing.

A critical problem with several previous theories is that the origin of the depression is not clear, i.e. where exactly does the helplessness, the negative views, the irrational ideas, the faulty thinking, the self-criticism, the low self-esteem, etc., come from? The shame theory can not be faulted in this way; it identifies the origin as early childhood experiences. Shame is feeling you are inadequate, inferior, lacking, not good enough, "ashamed of myself." In contrast with fear which involves external threats, shame is when we feel disappointed about something inside us, our basic nature. Shame is an inner torment: feeling cowardice, stupid, unloved, worthless, "a bad person." We hide in shame, i.e. we "hang," turn, or cover our heads, we lower our eyes, we isolate ourselves. (There is a related dimension--shyness or bashfulness--but here we are dealing with self-loathing or feeling ashamed of oneself.)

The great concern with addictions in the last 15-20 years has resulted in a new body of literature about the dysfunctional family, toxic parents, the inner child, codependency, adult children of alcoholics, support groups, etc. There are 100's of relevant books: Kaufman (1989, 1992), Bradshaw (1988, 1989), and Beattie (1989).

The origin of shame is usually assumed to be in our infancy or childhood. Shaming is used for control by parents, by friends, by society. Some of the most hurtful discipline consists of shaming comments: "shame on you," "you embarrass me," "you really disappoint me when...." We say insulting things to children that we would never say to an adult: "stupid," "clumsy," "selfish," "sissy," "fatty," "it's all your fault," "you're terrible," "you're

hateful," "stuck up," etc. Many adults vividly remember the sting of these comments. Siblings and peers are cruel: mocking, laughing at, teasing, calling names, etc. Children are slapped and whipped, overpowered and humiliated, their "will" broken. All of this may make a child feel ashamed (depressed) of him/herself.

Even in adolescence we feel watched and judged (mistrusted); we are "shamed into" giving up crying and touching; we are looked down upon if we aren't successful, attractive, independent, and popular. We feel ashamed if we are poor and dress poorly, if we are over or under weight, if we can't express ourselves well or use poor grammar, if our grades are low, if we have few friends, etc. Some shame and anxiety may serve useful purposes, but it can be devastating.

There is some data to support the shame-based theories. Andrews (1995) found that "deep shame," not just dissatisfaction, in women about their bodies (usually breasts, buttocks, stomach or legs) was powerfully related to suffering severe depression. If a female is physically or sexually abused as a child or as an adult, it increases the likelihood of depression four or five times! Only childhood abuse caused shame about the body in women, however. See Lisak (1995) for an impactful discussion of the effects of childhood abuse on males.

The memories of our past--our childhood and adolescence--form our identity or our basic sense of self. Because we have shame-based families and cultures, shame gets connected with many things, such as our basic drives, interpersonal needs, feelings, and life purposes. Examples: much shame is attached to sexual drives (witness the uneasiness we feel about masturbation, not to mention homosexuality) and to hunger drives (witness the feeding problems of infants, the fights over food with children, and the eating disorders of young people). We are deeply hurt and made ashamed of our needs for closeness and security whenever a basic bond is broken by rejection, abuse, neglect, divorce, or smothering overprotection and overcontrol. Sometimes shame is connected with our bodies, our lack of competence, our life goals (witness others' reaction to someone wanting to be a popular singer or a girl wanting to be a mechanic or a boy wanting to be a nurse). Also, emotion-shame connections ("Don't cry!" or "Don't feel that way!" or "Stop sniffing or I'll spank you") are made and we become ashamed of crying, anger, fear, self-centeredness, even joy sometimes. And, in extreme cases, you can become ashamed of everything you are--of your entire self--"I am worthless." Shame is a powerful force but we can understand and overcome some of its sources.

There seem to be several natural defenses used against self-attacking shame:

- Striking out at others. Attacking others by being critical, sarcastic, or abusive are ways to repair a wounded ego and to protect our vulnerable weak parts from exposure. Acting superior and having contempt for others are other ways to sooth a hurting self.

- Striving for power and being perfect. The wish of a child would be to make up for our weaknesses by becoming powerful and being perfect.
- Blaming others. What better way to deny our weaknesses than to blame others for our problems or for the world's problems?
- Being an overly nice people-pleaser or rescuer or self-sacrificing martyr. If you feel unworthy, your hope might be to compensate for it by being "real good." Being super nice often means pretending or lying about our feelings and true opinions, presumably because we are ashamed of our real selves.
- The self can withdraw so deeply or shut off the outside world so completely (denial) that shameful actions or events just don't upset our self, in this way the self can't be hurt.

Obviously, a person feeling shame but using these defenses would inflict shame on others; that is, wounds of shame are passed from parent to child. This is done by parents in a variety of ways: (a) verbal, sexual and physical abuse, (b) physical and emotional abandonment (the child may even be expected to take care of the parent's emotional needs), (c) thinking of children as insignificant inferiors to be dominated and blamed *or* as persons to be controlled by threats of rage, disapproval, and withdrawal of love *or* as persons to be taken care of excessively, and not told the truth because they are needy, fragile, and "can't understand" *or* as persons to stay emotionally enmeshed with because they are perfect, wonderful, can meet your needs, and may be the only ones that care for us. So, shame begets shame.

What are the consequences of a shame-oriented family? Self-blame and criticism (like Sooty Sarah). Constantly comparing yourself with others and coming up short. Depression--we may dislike and disown parts of our self and even feel disdain for our self as a whole. The shamed person may engage in compulsive disorders--physical and sexual abuse, drug and alcohol addiction, anorexia-bulimia and obesity, workaholism, sex addictions, addictions to certain feelings (rage, being shamed and rejected), intellectualization, anti-social acting out, and other personality problems, including multiple personality. The list is long. Some of these "sick" behaviors, like addictions, help us hide our shame; some, like workaholism, try to make up for our weaknesses; some, like abuse, adopt the harmful behavior that was imposed on us; some, like criminal acts, reflect fear and hatred of the shaming techniques used against us. Shame operates inside all of us...it is a voice inside our head. The voice usually sounds like our parent. Sometimes the voice of shame is healthy and helpful; sometimes it is unhealthy and self-defeating. Nathanson (1995) should help you understand this complex emotion.

Shame-based families often have unspoken but well understood "rules," such as: Don't have feelings or, at least, don't talk about them. Don't try to make things better--leave the

family problems alone. Don't be who you really are; don't be frank and explicit; always manipulate others and pretend to be something different, such as something good, unselfish, and in control. Always take care of others, don't be selfish and upset others, and don't have fun. Don't get close to people, they won't like you if they know the truth. Rules such as this keep you weak, hopeless, immature, hurting, and unhealthy--depressed and maybe addicted as well.

Discouragement is simply the despair of wounded self-love.

-Francois De Fenelon

Treatment, according to this theory, involves uncovering the sources of shame and recognizing the oppressing controls placed on you by internal voices of shame, family rules, and cultural-gender restrictions. Getting free may mean taking care of the hurt, scared little boy/girl inside, and building your self-esteem (see the later section on shame in this chapter and method #1 in chapter 14).

Lacking self-control causes depression

This explains why single women with little education and low income are the most likely to be depressed; they lack support and control over their lives. Also, dominated women report feeling they have "lost themselves." They are in a relationship in which they have lost the option of expressing their feelings openly, lost faith in their own ideas, lost reliance on their abilities and skills, lost their self-respect, and even lost their right to express anguish and despair (Jack, 1991). One can see why they must suppress their very being to keep their last shred of "love." Somehow these suppressed parts of our inner self must regain some control and learn to express themselves again.

Rehm (1977) said the lack of self-help skills, i.e. not knowing how to get better, caused depressed people to over-emphasize the negative, set too high standards, and give too little self-reinforcement. Pyszczynski & Greenberg (1987) contended that depression is the inability to avoid focusing on one's self. D'Zurilla & Nezu (1982) claimed that poor interpersonal problem-solving skills cause depression; the skills depressed people often lack are (a) the ability to see alternative solutions, (b) the ability to develop detailed plans for reaching a final goal, and (c) the ability to make decisions. A sense of self-control is basic to these three skills. This way of viewing depression expands beyond the helplessness theory, which focuses on a pessimistic attitude; it *emphasizes the importance of skills and cognitive techniques*, which increase our ways and means of self-control as well as our optimism.

This "explanation" of depression says much more than "take responsibility and heal

thymself." To all of us, whether we are now depressed or not, it says that more research must be done. Miserable people can't learn what they need to know if wise people and science haven't uncovered the knowledge yet. It is a scientific necessity to laboriously test the effectiveness of each promising anti-depressive self-help method. There is already considerable evidence that some self-control methods work, but there are thousands of ordinary, everyday methods still to be tested with many different kinds of depressed people (maybe 100 years of research--let's get going!). Consider these complexities which need to be clarified: married people have more support, thus, less depression. Okay, but *if* women have more support than men, why are they more depressed? (See discussion of gender differences above and in chapter 9.) Moreover, we ordinarily think support is gotten by talking to someone, but Ross & Mirowsky (1989) reported that talking *increased* depression. How could this be? Perhaps talking (without problem-solving) drives others away and/or involves self-handicapping more than garnering support. For instance, research has shown that depressed people more than nondepressed people will actually fail a task (then talk about how awful they feel) in order to avoid doing more of a simple task (Weary and Williams, 1990). Like the motivated underachiever in chapter 4, some depressed people seem motivated to do poorly, have little self-control, and be depressed; depression may sometimes provide convenient excuses to ourselves and to others.

This last explanation of depression emphasizes how uninformed the depressed person is about self-control and how much more science needs to learn about what helps and what harms depression.

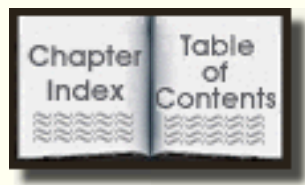
Summary of the Causes of Depression and How to Use Them

These 14 theories give you ideas about how depression develops. Each theorist tends to assume that his/her explanation is *the* major cause. But, as you know, I don't think life is simple. I suspect that any one person's depression may have many causes. For instance, you might have a genetic propensity for depression. Then, you grew up in a shaming family who had a critical, pessimistic attitude. Feeling rejected anyway, you sensed and resented the hostility within the family, which lead to your gaining a lot of weight at puberty. All these factors together resulted in your having serious social problems and low self-esteem; you not only disliked yourself, you felt your family had caused a lot of your emotional problems--and told them so. The family had never been emotionally supportive anyway and honestly thought "if you are fat, stop eating" and "if you are unhappy, get happy--and drop all this psychology crap about parents being responsible." Being unable to deal with these personal problems, when your lover of two years, who you depended on greatly, decided to dump you, the depression was more than you could handle. You become lonely and sad all day, nothing seems fun any more, you gain more weight, feel tired and listless, become more self-critical and guilt-ridden, are unable to see anything good in your life now or in the future, and even have some thoughts of ending it all if your lover doesn't come back. The history is complex. You have serious depression and need professional help; it is too late to depend on will power alone. Yet, you must also learn about and help yourself. That's real life.

You need to understand and consider how true each theory is of you--perhaps you need to read more or talk it through with a relative, friend, or counselor. Clearly, understanding the possible causes (in *your* case) helps you work out a possible solution. Consider the five parts or levels of any problem--behavior, emotions, skills, cognition, and unconscious factors--and then plan your attack, based on the rest of this chapter and chapters 11-15. Keep trying to climb out of the darkness until you feel better. Even if the depression is mild to moderate, get help if your self-help efforts don't work within a month or two. There are medications that relieve many people's depression; don't be foolish and reject drugs if psychological approaches don't work. Keep your hopes up.

[← Back a page](#)

[Forward a page →](#)



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SAD TIMES OF OUR LIVES

There are specific situations that especially depress us (see the index at the beginning of the chapter). Understanding those times and knowing some of the available resources can be helpful. Of necessity, the coverage of these topics will be brief, but there are valuable references listed here.

Death

All of us must die. If you have a long life, you will experience the death of your grandparents, your mother, your father, your aunts and uncles, your spouse, most of your friends, your brothers and sisters, and maybe some of your children. These will be the saddest times of your life. Death is, however, an experience most of us avoid thinking about as much as possible. No matter if we believe in an afterlife or not, almost all of us fear and dread death. No matter if we are miserable and our condition hopeless, most of us want to postpone death until the last possible moment. But this isn't always true; indeed, some of us invite death (see next section).

Death involves intense emotions. Elizabeth Kubler-Ross (1975), a psychiatrist, has helped us understand the experience of our own death. She describes five common stages: (1) shock and denial, "no, not me," (2) anger, "damn it, why me?", (3) bargaining, "okay, but first...", (4) depression, "I'll lose so much," and (5) acceptance, "I'm not happy about it but it's time to go." We have different death-styles: a few of us realistically accept it, others deny it. Some feel helpless and just submit, a few seek death to avoid suffering. Some can serenely transcend death, others defy it and go out fighting (Bernstein, 1977). Understanding the stages and diversity in death may help, but the best advice I've heard is Leo Buscaglia's: "live your life so you won't die alone."

The clock of life is wound but once,
And no man has the power
To tell just when the hands will stop,

on what day or what hour.

Now is the only time you have,
So live it with a will.
Don't wait until tomorrow,
The hands may then be still.
-Author unknown

The most painful emotional trauma in life is the death of a loved one. Our society denies the seriousness of death; we sometimes think the grieving person should "get over it" and be back at work in a couple of weeks. The truth is the sadness lasts for years, flaring up on special occasions and anniversaries. One in six of us lose a parent before we are eighteen (Bernstein, 1977); such people have a 35%-40% chance of becoming depressed later in life. At the time of death, it may be even sadder when the dying person is young and has not gotten to finish living his/her life. But, in general, the closer we were to the deceased, the longer the grieving takes. There is a saying, "When your parent dies, you lose a part of yesterday. When your child dies, you lose a lot of tomorrow."

Facing a loved one's death is not only hard; it is complex. St. Augustine observed that grief is a mixture of sorrow and joy--joy that one is still alive and had shared one's life with the deceased and sorrow to have one's life diminished by the loss of the loved one (Grollman, 1974a). Lots of other feelings may be involved too: shock, denial of the death or obsessed with it, anger towards others even the deceased, self-criticism and guilt, abandonment, vulnerability, fatigue, confusion, embarrassment, difficulty talking to others, fear of going crazy (things may seem unreal and it isn't uncommon to think one has seen or heard the deceased), dread of our own death, relief in some ways, and so on. A grieving person may also have many of the symptoms of depression mentioned early in this chapter. These feelings are normal, but they must be "worked through."

We never really "get over" a death of a loved one. Indeed, about 25% of widows are still seriously depressed one year later. Even with a good adjustment, it is normal to feel a wave of sadness engulf us occasionally, e.g. when we see something that belonged to the deceased or on a holiday. We do get to the point that sadness doesn't overwhelm us and we carry on with our lives.

This "working through" of grief takes several weeks for some and months for others. One has to build a new reality, a new life. Experts suggest that you start by accepting reality--that the person is dead and never coming back. *Express your grief* if you can, avoid drugs, and avoid "throwing yourself into work," although keeping busy is a good idea. The Bible says, "Weep with those who weep." This is your grief work. Share your memories, good and bad. For some, however, it will be easier to remember and release their feelings alone. Get back into a routine. Break your ties and dependency on the deceased. Cultivate new

interests. Recognize that time heals. Read some sensitive and useful books (Rando, 1991; Bernstein, 1977; Grollman, 1974b; LeShan, 1976; Lifton & Olson, 1975; Shepard, 1976; Colgrove, Bloomfield & McWilliams, 1991). For a comprehensive coverage of many aspects of grieving, I recommend Fitzgerald (1994). Try to become active (unemployed widows had more difficulty overcoming depression than anyone else).

What kind of losses are hardest to handle? A sudden, unexpected death is usually harder to accept than an anticipated death for which we have had time to prepare. The death of a person with whom we had an intense but mixed relationship is often harder to handle, e.g. a loved one who was both loving and inconsiderate, hurtful, untrustworthy, selfish, etc. Or, perhaps you feel guilty because you were distant or unkind to them. In any case, having "unfinished emotional business" greatly complicates the grieving process. Also, the death of a person on whom we have enormous dependency is difficult to handle, especially if that dependency left us without a life of our own and incompetent to care for ourselves. Lastly, the effectiveness of our personal support system--family and friends--is an important factor in recovery from a death. Support for certain losses are likely to be especially weak: when we live away from family or have few friends; when the relationship is "secret" or "silent," such as a divorced spouse, a gay lover, a long-term affair, or a close co-worker; when the loss is an unborn or a just born baby; when the grief-stricken person is a child and "protected" from reality (Kleinke, 1991).



Go get counseling if months later
you are sleeping and eating poorly, socially withdrawn, or feel ill, or
you have shed no tears or can't talk about the deceased, or
you have an undiminishing sense of loss and continuing lack of purpose, or
you are unhappy, think of killing yourself, can't concentrate or work, or
you can't get rid of the resentment or the guilt about the deceased, or
you are very frightened, behaving oddly, or fighting with relatives or friends.



A few cultures *accept* death as part of life; many *defy* death by believing in "everlasting life;" others *deny* death by refusing to consider what dying is really like. Nuland (1994) sensitively helps us realistically confront the many physical processes of dying. On a spiritual level, enormous effort is invested by our society in convincing people of an afterlife and that death has great meaning. I hope they are right but suspect that death simply means it's the end of another life which was of great importance to the dying person, to his/her offspring, and, hopefully, to a few other people as well. When a person permits him/herself to believe that he/she may have only one life to live (and not eternity), it changes his/her plans. Our society has not thought that out very well; it's too busy denying and defying. For the moment, that's apparently the best we can do. Regardless of what we think happens after death, we should assure that every life ends with dignity and honor in recognition of a

significant life.

There are **many self-help books** in this area, even though research-wise we don't know a lot about coping with death. There are even self-help books for the dying (White, 1980; Huntley, 1991, for children), for people trying to understand death (Kramer & Kramer, 1994), for people wanting to die with dignity (Weenolsen, 1996), and for persons with terminal illness wanting to die quickly (Humphry, 1991). **Warning:** Some people with depression and no terminal illness have killed themselves in ways described in the latter book. Depression can be relieved; no depressed person should kill themselves without first trying extensive medical *and* psychological treatment. Mental Health professionals denounce Humphry's book also because it seems to neglect the consequences to relatives of a suicide. There are also books for the survivors (Caplan & Lang, 1995; Stearns, 1993; James & Cherry, 1989; Staudacher, 1987), including specifically widows (Caine, 1990), young children (Palmer, 1994), adults who lose a parent (LeShan, 1988), and for consoling the survivors (Zunin & Zunin, 1991). The death of a child is especially hard to handle, so see Donnelly (1982) and DeFrain, Ernst, Jakub & Taylor (1991). For those struggling with why God burdened them with a death, read Kushner (1981) who denies God's omnipotence in order to affirm that God is good and will help humans find the strength to bear great losses. Grief following a suicide is also very difficult to handle (see Neff & Pfeffer, 1990). Other books to aid the grieving are cited above.

Home health care and support groups may be especially helpful during a time of deteriorating health and grief. For home care, I recommend Deborah Duda's (1987) *Coming Home: A Guide to Dying at Home with Dignity*. For hospice care of adults, write The National Hospice Organization, 1901 N. Moore St., Suite 901, Arlington, VA or call 1-800-658-8898 or 1-703-243-5900. For hospice care of children, write Children's Hospice International, 700 Princiss St., Alexander, VA 22314 or call 1-703-684-0330. For self-help groups dealing with a loss of a child, write The Compassionate Friends, P.O. Box 3696, Oak Brook, IL 60522-3696 or phone 708-990-0010. For groups dealing with the loss of a spouse, write THEOS, 1301 Clark Building, 717 Liberty Avenue, Pittsburgh, PA 15222-3510 or call 412-571-7779.

Thoughts of suicide

Perhaps half or more of us have at some time considered killing ourselves. More than 28,000 Americans actually commit suicide each year, men three times as often as women. Over 200,000 attempt it, women three times as often as men. Men tend to use guns; women use drugs (70% are prescribed drugs). Suicide occurs more among college students than non-college, more among divorced than married, and more among physicians, lawyers, and dentists than other professionals.

There is an increasing risk of suicide between ages 15 and 25. The suicide rate in that age range has tripled in 30 years. Today, only accidents and homicide kill more than suicide

at these ages. A 1991 U.S. Center for Disease Control survey of high school students showed that 34% of girls and 21% of boys have considered suicide, actually *during the last year* 16% of high schoolers made a "specific plan," 8% "tried suicide," and 2% required medical assistance! That is appalling. Adolescents using alcohol and drugs are 30% more likely to attempt suicide than nonusers (25% had made multiple attempts), and the attempters reported much more loneliness, rejection, and punishment during childhood. It is interesting that less than 1% of these young people, who attempted suicide, called a suicide "hotline," one third of their parents never found out they made an attempt, and almost two thirds lived in a home where a gun or other lethal means was still available *after* attempting to kill themselves (Berman, 1990). Wow! How foolish can we get?

The rate of suicide is also high in the elderly (Leenaars, et al, 1992). Of course, deciding how to deal with a painful, discouraging experience is strongly influenced by whether you potentially have 50-60 or 2-5 years to live. Our society is gradually re-thinking the morality of suicide (or "dying with dignity") when one is suffering near the end of life with little realistic expectation of future happiness or usefulness. That seems healthy to me (See Quill, 1993).

Almost 80% of all suicidal persons have been depressed and 65% to 80% have "cried for help." However, most have mixed feelings about killing themselves. They just want out of their misery. They want a solution, but at the moment, they can't think of any other way out. Only an estimated 5% to 20% definitely or completely intend to die; yet, many are willing to run the risk of death. They yearn to be rescued. I once had a patient who took drug overdoses three or four times but always just before our appointments, partly to see if I would save her. These cries for help are telling others they are upset and hurting, that they need care and love. If you hear such cries (comments, hints, questions, and jokes included), listen and show your concern immediately. You don't have to solve all their problems; just a little help--a little relief from the pain--may save a life (Shneidman, 1985).

If *you* are crying out in pain (or want to), make it clear when you talk to people that you are very unhappy and need help now, don't just drop subtle hints. Keep saying it until you find a friend who hears you. It is especially important to look for a "professional friend" at the local Mental Health Center (1/2 of teenagers hurting so much that they try to kill themselves do not get any therapy after their attempt).

What are other warning signs? All the signs of depression. One in four suicide attempters have a family history of suicide. Alcohol and drug use. Sudden mood changes. Also, previous attempts (25%-40% have tried before), verbal hints ("You won't have to worry about me much longer"), *suicidal talk and especially specific plans*, preparing behaviors (giving away prized possessions, getting affairs in order), moodiness and withdrawal, mental problems, preoccupation with death, carrying weapons, taking risks, and doing poorly in school or at work are common. In many cases there has been a loss--health, economic, self-esteem, love, pride--or involvement in alcoholism, crime, homosexuality, or

divorce. 75% of teenagers attempting suicide report family problems; many have a psychological illness as well. For some reason, panic attacks and migraine headaches are associated with a greater risk of suicide. Almost any loss, conflict, or crisis increases the risk of suicide (Neiger & Hopkins, 1988; Lester, 1992). Don't be misled by common misconceptions. People who talk about it, do it! People coming out of a deep depression, do it! People who are smart and beautiful and seemingly have it all, do it! Don't take chances.

Predicting suicide is hard. But Lewinsohn, Rohde, & Seeley (1994) found that 73% of teenagers attempted suicide if they had 3 or more of these 6 signs: (1) previous suicide attempt, (2) suicide attempt by a friend, (3) suicidal thoughts, (4) depression, (5) low self-esteem, and (6) born to a teenage mother.

One especially sad thing about suicides is that they are often responses to the current situation--which will change or be viewed differently later. But, once dead, you will never know that. The experience of Mental Health professionals is that suicidal persons, who are saved, are frequently happy to be alive a few days or weeks later. One study of 515 people prevented from jumping showed that only 25 killed themselves later (Colt, 1984). That is my argument against the notion that "it is a person's choice." I believe the considerate and loving thing to do is to *prevent* the suicide any way possible, provide maximum psychological help plus support from family, friends, themselves, and professionals, and carefully observe the suicidal person for a few months. Quinnett (1987, 1992) urges the suicidal person to "hold on" and avoid using the fatal final solution for a temporary problem.

An early researcher of suicide, E. S. Shneidman (1968), found three types: (1) the results of thoughts, e.g. for a social-political-religious cause, because of chronic physical pain, because of inner turmoil and mental illness. Examples: when the Christian church was young, many believers killed themselves to get into heaven. The church fathers' solution 1500 years ago was to make suicide a sin. Cause #9 above, anger turned inward, is another example of this type, but among suicides only 25% were known to be negative towards themselves (Sue, Sue, & Sue, 1981). (2) The results of interpersonal conflict. The self-destruction can be a way to strike back and cause guilt; it can be the only way to express the anger. Often these people need help in handling relationships; they need social-communication skills and better decision-making. For example, one study reported that 30% of all adolescent suicides were gay, lesbian, or bisexual youth. Our culture had, I assume, made them feel different, abnormal, and/or guilty. (3) The results of "dropping out" of life and feeling alienated, isolated, and futile. These people need a meaningful purpose. Like all other behaviors, suicide is caused in many ways (Lester, 1992).

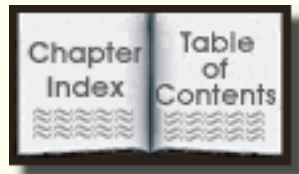
Other researchers describe two other basic kinds of suicide: direct, quick self-destruction and indirect, slow self-destruction. The first is when someone shoots his/herself or runs a car into a tree. The second is when someone self-destructs by being accident prone, refusing to get or follow treatment, abusing drugs or food, abusing his/her body, risking getting AIDS, etc. Most of these people deny they are killing themselves, but they are.

Unfortunately, some people believe the ancient Arabian idea that destruction or death is necessary before re-building or getting a new life at a higher level.

An occasional, fleeting thought about suicide is not uncommon in many, if not most, peoples' lives. But repeated thoughts especially about *how* you could hurt yourself is cause for alarm. *If "ending it all" is on your mind, you must take preventative action by getting professional help right away. Get psychotherapy, not just drugs from your kindly family physician, although anti-depressive medication may be important in quickly reducing the depression.*

You need to help yourself too: *make a list* of all the reasons for living--the people who care and the pain suicide will cause them (many people you know will think they are at fault), things you could do, talents you have, things you enjoy and will miss, etc. Realize you are of two minds; part of you doesn't want to die--strengthen that part. If you are self-abusing, visualize vividly the consequences. If you are self-absorbed, broaden your world--seek friends and look for ways to help others. Seek the reasons for your sadness--and plan to self-help yourself in those areas. Reduce your shame and guilt; build your self-esteem. Most important, get active--**DO SOMETHING!** Get started changing your situation and your outlook (see chapter 3). One therapist observed, "It's not keeping people from killing themselves, it's helping them find reasons to live."

If a friend or relative starts to rely on you when he/she is suicidal, you must be sympathetic to the pain he/she is suffering but *guard against becoming, in effect, his/her "therapist."* Insist that he/she see a therapist. Don't get caught in the situation of being repeatedly called when the friend/relative is depressed at 3:00 A.M. or drinking and crying at a bar at closing time. Your friend/relative needs professional help; if you rush to rescue your friend every time, you may be an "enabler" and actually interfering with him/her getting a therapist. It is hard to insist that they get therapy, especially when they say "you are the only one who can help me....," but you aren't the right person to handle this situation. Suicide of a loved one is hard to accept; it is shocking, it may make you ashamed, guilty, mad, relieved, or all mixed up. This is especially true if you have allowed them to depend entirely on you for help. See Rosenfeld & Prupas (1984) if you are troubled by a suicide. Be warned that about 10% try suicide again within 3 months. You must *insist they get professional help*, go with them if that will help; force them to see a professional, if you have to. If your friend does kill him/herself, you will probably need to read about it and talk about it with a friend, a support group, or a counselor (Hewett, 1980). Sue Chance (1992), a psychiatrist, describes how her family survived her son's suicide. Colt (1991) and Marcus (1995) cover all aspects of suicide--its prevention or coping with it.



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SAD TIMES OF OUR LIVES

Loss of a relationship

The second most intense life stress, after death, is divorce or loss of a love relationship. Most of us beyond 14 or 16 have felt the intense pain and anguish of being rejected by a lover. Many writers have dealt with marital problems and the long, distressful process of divorce. Kessler (1975) described seven stages of divorce:

Stage 1: **Disillusionment**

After the bliss of falling in love (with the ideal person for you), a new idea sneaks into your mind: your lover has some faults. You may begin "psychologizing," e.g. "he is very self-centered," "she is nagging like my mother," "he flirts with women to hide his sexual fears," "she gets a lot more involved with the children than she does with me," etc. If these feelings grow in either person, without being resolved, the relationship is in trouble.

Stage 2: **Erosion**

The disappointments and fault-finding reduce the love and attraction. They may not know what is wrong or what to say. If the relationship is becoming a little strained, this is the best time to have a good, straight talk or to seek marriage counseling. If no changes are made, a lot of destructive interactions may take place: put each other down, compete for attention, spend money carelessly, find new interests, watch each other critically, avoid each other, stop "confiding" or having sex.

Stage 3: **Detachment**

Each disappointment hurts. "Love dies a thousand deaths." Lovers pull away to avoid hurts and sadness. If the isolation continues, it becomes more and more difficult to return to being lovers. Sometimes only one person is in the detachment stage; that is enough to kill the relationship. In this stage, the couple share and talk little, imply that "I don't care"

even though they're hurting, and begin to think of other possible partners. They can't decide to leave or not. Often anger sets in--anger makes it easier to decide to separate.

Stage 4: Physical separation

Separating is a sure sign the relationship has failed. Before, you might say, "we aren't getting along; we're fighting a lot," but now the relationship is gone--lost. There are many reactions to separation: often it is a painful, crushing void, sometimes if you have wanted out for a long time it is a relief, usually there is loneliness, fear, and feelings of failure. There are many adjustments to make--new place to live, new routine, new people, etc.

Stage 5: Mourning and letting go

We mourn the loss of a partner, even one who has caused us pain. It is the loss of a dream, if nothing else. We rid ourselves of the "ghosts" of our past love, give up hope of reconciliation, and realize the ex-lover is gone forever. Usually there is a mix of intense emotions: sadness, anger, guilt, fear, hope. Often we spend hours reliving the old relationship--how awful he/she was, how it should have been, whose fault it was, etc. The person needs to "work through" these old emotions. Eventually, he/she will decide to get on with his/her life.

Stage 6: A new life.

The focus shifts from the past to the future. Sometimes there is even an obsession with a new interest or life-style--new clothes and looks, drinking, seducing and partying, or complete involvement with work and planning a new career or volunteering to help in some social-political movement. Some are eager to find love again, others hate the opposite sex, others are scared of emotional involvement. In some ways it's like being a teenager again.

Stage 7: Healthy adjustment

With luck, one emerges from a broken relationship wiser, tougher, stronger, and mellower. You have found some good friends and made reasonable plans for the future. You are no longer so worried you can't sleep at nights and, although life is hard, you are ready to move on to something better.

Each person is different. Some skip stages; some get stuck in a stage; some slide through the stages quickly and silently. Seldom do a divorcing couple start and go through the same stages at the same time. The earlier a couple attends to problems, the better. It is an unending task of true lovers to be sure the fun and affection outweigh the boredom and resentment. If you are stuck in stage 2 or 3 for a few weeks and can't work it out or get

your partner to seek counseling together, go by yourself. If you are still mourning a former relationship (that obviously had problems) after more than two or three months, seek some help with speeding up the recovery process.

I have counseled many young people in the depths of agonizing depression following a break up with a boy/girl friend. Many felt the situation was terrible, almost unbearable (see cause #6 above). Indeed, some had thoughts of suicide. Yet, in my classes three-fourths or more of the students have broken up with someone they thought at the time was *the best partner they could ever find*. But, when I ask if that expectation has thus far proven to be true (that they couldn't find anyone as good), less than 5% say yes. There is an inexhaustible supply of people to love. It is a cruel hoax to imply that there is only one person for us to love. So, should you leave a strained relationship without regrets and pain? No, there is another way to look at it.

Feeling terribly upset when losing a lover may be hard but desirable. After listening to the pain for hours, I have often asked a person who has just been rejected, "How would you rather react to such an important loss?" The point is: your sadness comes from your good traits--you were loving, devoted, caring, committed, trusting, and involved. You had given your whole self to the relationship. Isn't that the way you want to be? Isn't that the way you want your future partners to be? Would you really want to be so self-centered, so uninvolved that you could easily dismiss a love relationship? So, bear the unavoidable grief for a few weeks, then get on with building a future.

It is commonly said that the cause of a break up or divorce is shared, that it's 50-50. That isn't necessarily so. It may be largely one person's responsibility--their needs, personality, irrational ideas, or emotional problems. It may be neither's responsibility; they may simply have different interests, values, opinions, life-style, etc. which are no one's fault. You don't need to assign blame, but it would be wise to understand what happened so the same problems can be avoided in the future. (Young children often blame themselves for their parents' divorce, how sad. Shaver and Rubenstein [1980] suggest this results in self-doubts and shaky relationships many years later.)

How can you help yourself through the loss of love? Stearns (1984) deals with getting through a crisis. Many books specifically address marriage problems (see chapter 10) and divorce or breaking up (Fisher, 1981; Bloomfield, Colgrove & McWilliams, 1977; Gettleman & Markowitz, 1972; Kranitz, 1987; Krantzler, 1972; Krantzler, 1977; McKay, Rogers, Blades, & Gosse, 1984; Phillips & Judd, 1978; Weiss, 1975). Make use of one or two. Broder (1988) focuses more on coping as a single adult after a divorce. Books for children are by Gardner (1971), Franke (1983), and Richards and Willis (1976). Bernstein & Rudman (1988) review several books for children suffering through a separation or loss. The pain of divorce on adults and children is dealt with more extensively in chapter 10.

Some advice by parts of the problem

Level I (behavior): Find a friend or two to talk to; really pour out your feelings. Accept the support offered by friends and family. Immediately put away all visible pictures, cards, clothes, anything that reminds you of the lost lover. You don't need constant reminders.

If you are still "down" after 3 or 4 weeks of post-divorce grieving, find more things to do, go places, have some fun. Some people want to avoid the opposite sex for a while, but other people find that the best way to forget an old love is to go looking for a better love. When you are stronger, say 4 to 6 weeks after separating, take all the reminders of the former partner, even the out-of-sight ones, have a good cry, say goodbye to them, and throw or store them away permanently. It is time to start a new life.

Level II (emotions): See the last section of this chapter and chapter 12. Desensitization or a "depression chair" may lessen the pain of remembering the past.

Level III (skills): Social skills, assertiveness, and decision-making skills may be helpful (chapter 13).

Level IV (cognition): Challenge the irrational thinking that leads to possessiveness and awfulizing (see cause #6 above and method #3 in chapter 14). Often, one person has trouble letting go during the break up. It is true that through marriage vows and thousands of soft utterances we pledge our undying commitment. We intended to love our spouse forever, but we can not control all our feelings; love can turn to indifference or hatred in spite of all our pledges. This is a reality that every lover must know, face, and accept. In life, being loved is a wonderful experience but it is not a "right" we can demand. We are not in control of love. Thought stopping (chapter 11) can reduce painful thoughts and fantasies.

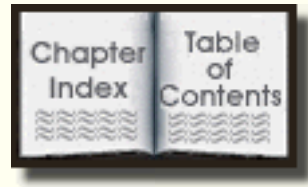
Faulty conclusions abound when falling in love and scrambling out of love. We make the partner into a saint, later the same person may be seen as an ogre. If you still think the departing partner is so wonderful you can't live without her/him, make a list of her/his faults or liabilities. If he/she seems to be awful, remember his/her good traits and realize there are reasons for his/her meanness. Each partner will benefit from considering the possibility of finding a better relationship. Gradually specific plans for a better life should emerge for both people. You have loved and been loved; it can happen again.

Level V (unconscious factors): During the emotional turmoil of breaking off a relationship, sometimes hidden traits (in both people) are openly exposed, e.g. possessiveness, fear of responsibility or intimacy, self-centeredness, self-put downs or criticism of others, sexual self-doubts, irritating or self-defeating habits, and so on. To

understand is to forgive. Insights into your own weaknesses can become self-help projects. The next relationship benefits from this growth.

[← Back a page](#)

[Forward a page →](#)



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SAD TIMES OF OUR LIVES

Loneliness

We humans are social animals. If we are abandoned as an infant or young child, we first protest by screaming, then we quietly withdraw, and finally after about two weeks we become detached and apathetic. Abandoned, we will joylessly play with others some but there is no emotional involvement (Bowlby, 1969; 1973). As Rene Spitz observed 50 years ago, infants may actually die if they are not played with, talked to, held, stroked, and "loved." Some species of monkeys also die when abandoned by their mothers. Even brief separation of infant monkeys from their mothers causes them two years later to cling more timidly and relate more poorly. Perhaps one can die of a "broken heart" (Lynch, 1977). Social contact is a powerful need. About 20% of us are feeling lonely at any one time (Ostrov & Offer, 1980). Almost all of us are lonely sometimes. But 1 in 5 Americans do not have a friend with whom they could discuss a personal problem.

A few years ago Bob Greene wrote a column about the cruelty of children and described a shy 12-year-old boy who was given a card by his classmates that said: "THE MOST UNPOPULAR STUDENT AWARD: __\ (his name)\ __." The kid was crushed. Mr. Greene got a tremendous response from his readers saying they remembered similar times in their lives 30 and 40 years ago. One man wrote, "...whenever I am feeling down, I realize that inside of me that little boy still lives: the little boy who sat alone at home because nobody wanted to play with him." Others recalled the deep hurt, intense pain, and self-blame that they felt when ostracized by more popular classmates. They felt so ashamed, they couldn't talk to anybody about it. Between 10% and 20% of all children and adolescents, especially the poor, are lonely a lot of the time, not just sometime during the month.

Loneliness is more than being alone. In fact, many if not most people enjoy solitude. Loneliness is missing and longing for some kind of human interaction (even if you are in a crowd or in an "empty shell marriage"). The kind of contact missed varies greatly, e.g. one could miss one particular person or one kind of social interaction (e.g. at work or old friends or emotional intimacy in a love relationship) or social activity in general. Indeed, some writers distinguish between *social loneliness*, which is not being part of a group of friends,

and *emotional loneliness*, which is not being intimate with or able to depend on anyone. Aloneness can also be *spiritual* --a feeling of separation from God--or *existential* --an awareness of our individual separateness. All these forms of aloneness contribute to depression.

However, the Existentialists believe, as did Thoreau, that aloneness is the human condition--we are born alone, we alone direct our lives, and we, in the same sense, die alone. Sure, lives touch and even join for a while, but you remain a separate person. These therapists say being alone is important for gaining perspective and growth (Moustakas, 1961). Thus, they distinguish between loneliness, which is wholesome, and the fear of being alone. It is this scary dread of being alone and the feelings of emptiness that we are dealing with in this chapter. Some people are people addicts (see chapter 9); they can't stand to be alone. We need to be our own best friend, but you only get to know that "best friend" when you are alone--and not playing social roles.



I never found the companion that was so companionable as solitude.

-Thoreau



Keep in mind the radical changes in our society since Thoreau's day or when your grandparents and great-grandparents were young. Our dependency on people has increased enormously. A hundred years ago most Americans lived on farms and were very independent, perhaps seeing a neighbor once or twice a week and going to town to shop every two weeks or so. In that situation, if the children were starving neighbors would give food, but if the children were beaten or kept home from school or "married off" at 13, no one would intervene. In those years the heroes were explorers, like Daniel Boone, and the pioneer settlers--rugged, self-reliant, "free" individualists. Today, no one is that independent. We are far more reliant on suppliers of goods, on governments, on service agencies, on police and courts, on social and church organizations, on schools, on friends, on TV and music, etc. As we become more and more dependent on other people, including on our families until age 22 or so, we are more needy and more likely to long for social contacts when none is available. We are unaware of our ever increasing dependency (see chapter 8). The struggle between the values of self-reliance (Republican) and governmental support (Democrats) continues to be a fundamental conflict in our political system. (I believe in self-help *and* in caring for needy others until they are independent, so which party should I support?)

About 26% of college students report feeling "very lonely" during the last few weeks; over 80% of adults have been lonely (Flanders, 1976). What feelings are involved in being lonely? Rubinstein and Shaver (1982a) found four kinds of emotions: (1) desperation (helpless, afraid), (2) depressed (empty, self-pity), (3) impatient boredom (bored, angry,

restless), and (4) self-criticism (I'm ugly, stupid, worthless). Loneliness seems to lower our self-esteem and low self-esteem seems to contribute to loneliness. It is circular... and both contribute to depression.

Why are we lonely? There are 100's of answers: we have lost a relationship; we feel unneeded and different from others; we are aggressive and bossy and drive people away; we are misunderstood; circumstances force us to be alone; we recently moved; we have unusually strong social or intimacy needs; poor family and peer relationships in childhood lead to loneliness; the discrepancy between what we want socially and what we get generates disappointment; a mobile society forces us apart; shyness, lack of social skills, and low self-esteem increase isolation; difficulty self-disclosing limits friendships; watching TV deepens loneliness; cultural values of competition and independence may isolate us; no close, personal relationship with God increases aloneness; the foolish but romantic belief that love solves all problems may increase loneliness. Let's discuss the last reason a little more.

Gordon (1976) thinks success in our society is defined in terms of having a "best friend" from 7-13, a "boy/girlfriend" from 13-23 or so, and a spouse ever after. In fact, our culture still encourages us to believe that romantic love and marriage will solve all our problems. Then, when we marry our "true love," we destroy our love by expecting too much of it. In the end, our partner can't meet all our needs, we have left our family and old friends behind, we have lost our dream and, now, aren't sure how to meet our needs. Research confirms that marriage isolates women (but not men) from friends, and men (but not women) from confidants (Fischer & Phillips, 1982). The isolation from friends and confidants causes unhappiness.

If you ask people, "What contributes most to your happiness?", married people say: (1) being in love, (2) marriage and children, (3) the partner's happiness, (4) a job, for men; personal growth, for women, and (5) sex. For singles it's: (1) friends and social life, (2) being in love, (3) job, (4) recognition and success, and (5) sex. Conclusion: human contact, in some form, is vitally important to our happiness.



To love and to be loved is life's greatest joy.



To do something about loneliness, you need to know the unique causes in your case. If a person says, "I can't make friends," what does that really mean? It could mean that no one is available in the current situation? Or, it could mean "I don't know how to do it--what would I say?" Or, it could mean "I know how but I just can't bring myself to do it--I'm shy and inhibited." Or, "I'm too nervous to do it--I'd fall apart and make a fool of myself." Or, "they aren't going to like me--I'm too dull and quiet." Obviously, these different answers reflect

different assumed causes and outcomes (the real causes and outcomes may be different) and suggest different ways of handling the loneliness. Some causes seem more treatable than others; certain attributions (explanations) provide more hope than others.

When lonely and non-lonely students were asked to explain their interpersonal successes and failures, the lonely more often attributed their failures to a lack of ability and *permanent* character traits ("I'm dull and uninteresting") rather than poor strategy, lack of effort, their mood, or other factors. Therefore, they feel there is no hope. When Horowitz, French & Anderson (1982) tested the actual social skills of the lonely and non-lonely, they found the lonely produced fewer and poorer solutions to interpersonal problems. So, the lonely may be right when they say, "I don't know how to interact." But they can learn social skills.

Remember that underachievers were thought to be motivated to fail in order to avoid scary future responsibilities. Likewise, some depressed people appear to fail in order to avoid people expecting them to do something in the future. Now, there is a theory that lonely people, who also have a low opinion of themselves (extensive research documents low self-esteem, shame, and self-blame), are strongly motivated to avoid contact with others. Why? *So they will not get more negative feedback*, i.e. to protect their already fragile ego (Rook, 1984). As evidence for this notion, look at the way lonely people interact: they over-comply (to avoid criticism?), they become cynical, mistrusting, and rebellious (to discount any negative feedback?), or they simply don't interact or disclose (giving no grounds for a negative opinion?). This suggests that the underlying problem is frequently a low self-concept or shame (discussed in cause #13 above) within the inner child (Chopich & Paul, 1990, 1993).

Lonely adolescents unwittingly adopt harmful ways of escaping the sadness, including: getting excessively involved with an idol, often a recording artist, film star, or a sports hero. Another unproductive coping mechanism is to deny any interest in socializing more or in relating more intimately: "I'm not interested in having a girl/boyfriend." Other young people deny that they feel lonely: "I really didn't want to go out." This self-conning reduces their motivation to change. Finally, rather than developing social skills and meaningful relationships, a person can find other forms of gratification or escape, such as drinking, drugs, partying, TV, reading, and other "fun." Gaining awareness of these escape mechanisms might help the person get motivated to learn social skills and build his/her self-esteem.

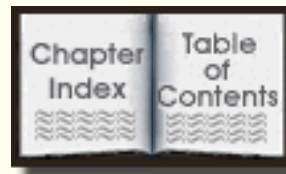
When people are asked "What do you do when you get lonely?", about 50% say: read, listen to music, and/or call a friend. Altogether, their responses can be grouped into five categories: (1) sad passivity (cry, sleep, watch TV, drink, take drugs, eat, do nothing), (2) active solitude (work, read, write, listen to music, exercise, involved with hobby), (3) spend money, improve appearance, (4) reason with one's self: "I have had friends," "I have good qualities," "It won't last forever," "What can I do?" and (5) call or visit a friend, help

someone, join support groups (Rubinstein & Shaver, 1982b; Rook & Peplau, 1982). The first category--sad passivity--is common for the lonely; they seem to be saying, "I'm sad and helpless; love me, take care of me." The other categories are pretty good self-help methods.

Peplau and her colleagues at UCLA (Peplau & Perlman, 1982) have observed how new students cope with loneliness. Several findings are of interest. First, the students who were still lonely after seven months had tried the same behavioral and mental techniques as the students who had overcome their loneliness. The main differences were these initial attitudes among the lonely: lower self-esteem, expecting less out of relationships, and blaming the lack of friends on their unchangeable personal traits. The same cognitive characteristics found by other researchers. Second, the people who overcame being lonesome had developed more friendships, not necessarily more dating relationships although dating helps. Third, overcoming loneliness wasn't so much how many friendships one had made, more important was the quality and depth of the friendships. So, skills at getting intimate may be more important than skills at meeting people.

[← Back a page](#)

[Forward a page →](#)



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SAD TIMES OF OUR LIVES

Self-help methods for reducing loneliness:

There are several helpful books that generally deal with loneliness (Hojat & Crandall, 1989; Burns, 1985; Beck, 1989; Jampolsky, 1979). Mental health workers tend to recommend Shahan (1981). Also, see references at the end of this section and review the section on shyness in chapter 5.

Before looking for self-help methods, it is important to get rid of your attributions that block your attempting constructive changes. If you are blaming your loneliness on something somewhat unchangeable, say your height or lack of education or money or some permanent personality trait, stop using these excuses and focus on the things you can and are willing to change. If you are blaming the other person, say their lack of interest or time, or the situation, find things that you can do to meet people, such as working on your shyness, learning where and how to meet more people, learning to be a better conversationalist and how to help others with their troubles, etc. You have to get over this stumbling block of hopelessness before you can optimistically attack the loneliness. Now, look for methods that appeal to you.

Level I (behavior): get active in pleasurable social activities (Lewinsohn, et al., 1986), increase your competency at work, school, and in other activities--able people have more to give others. If you are aggressive and domineering, see chapter 7 and use several behavior-change methods in chapter 11. If you are passive, quiet, and unassertive, see chapter 8 and take assertiveness training (method #3 in chapter 13).

Level II (emotions): reduce shyness and fears of interacting (see chapters 5 and 12), reduce hopelessness and depression (this chapter and 12), handle resentment of previous lovers (chapter 7 and 12) and dependency (chapter 8 and 13). Lonely men are more critical of new acquaintances than non-lonely men (rejecting others first?); you can't judge a person in just a few hours; more tolerance would help you avoid prejudgment (chapter 7). Chapter 10 might help you find a new love.

Every social person must learn to accept rejection, not every relationship works out and lasts forever, not everyone will like you nor will you like everyone. Lonely people make two big mistakes in this process: (a) when socializing they feel they are being evaluated. Thus, they start to worry about the impression they are making. This makes them uptight instead of relaxing and being fun to be with. (b) Because they think they have been evaluated, when someone rejects them it becomes "proof" that they haven't measured up, that they have failed and are unattractive or no good. These wrong conclusions must be corrected. Most people are just wanting to have a good time; they aren't spending their evening assessing all your strengths and faults so they can calculate your total worth as a person. Correct this thinking, get lots of rejections, and use desensitization to reduce the emotional trauma of rejection. Lighten up, stop expecting everyone to love you, stop being self-critical, take the initiative and bring up interesting topics, don't "play it safe" and hide in the crowd, focus on other people and their interests, help others have a good time, and be satisfied with your efforts. Practice, practice, practice social skills.

Level III (skills): See chapter 13 for several important skills: social and dating skills training for meeting people, assertiveness training for improving relationships, empathy and self-disclosure training for deepening relationships, decision-making and problem-solving training (self-help) for planning the future with others and alone. My experience has been that poor conversationalists benefit most from learning empathy responding. It provides a different-but-easy, highly effective, caring, genuine way of responding one to one. If you frequently don't know that to say, be sure to learn to empathize.

According to Richard Bootzin at Northwestern University, the people who handle being alone best have been encouraged by their parents to be independent, active, and self-sufficient. If being alone is difficult for you, desensitization should help and you will need practice enjoying being alone. Find some interesting and worthwhile activity, like get a part-time job interacting with people, read parts of this book, etc. It has been reported that once people learn to enjoy themselves alone, they can reach out to others more easily; they certainly look less needy.

Marital enrichment and therapy groups can help troubled relationships. Readings, social skills training groups, and self-help groups for the lonely, the separated, and the bereaved are important. Training groups have special advantages: modeling, practice (role playing), immediate feedback, and support or advice from the group for your efforts in real life.

Level IV (cognitive): Young (1979) developed a Cognitive Therapy approach to loneliness. There are many common irrational, problem-causing ideas or assumptions (and "automatic thoughts") associated with each stage from aloneness to togetherness: Do you think any of these thoughts?

Stage 1: Being alone

- Being alone is terrible. There's something wrong with me. It's better to be at home alone than go out alone.
- I'm ugly and boring. People only like beautiful people.

Stage 2: **With casual friends**

- I'll make a fool of myself. People will laugh at me.
- No one likes me. No one cares about someone like me.
- Better not trust anyone. People will take advantage of you.

Stage 3: **In a situation for mutual self-disclosure**

- I'm different; they wouldn't understand me. If I were honest, people would hate me. I'd better pretend to be different.

Stage 4: **Meeting a potential boy/girl friend**

- There's no one available. I always get hurt. There's only one perfect person for me. If you are attracted to them--if "the chemistry is right"--that is all that matters (no need to be any more selective than that).
- He/she won't like me. I can't approach guys/women. It would crush me to be turned down; I'd rather not approach anyone.

Stage 5: **Getting intimate**

- I always screw it up. I can't stand to be dumped again. If you're dumped, there's something wrong with you. If people really care, they have no right to leave.
- I can't relax during sex. I'm not a good lover. I'm fat. They will be judging every move I make. If the sex isn't good, it's my fault.

Stage 6: **Making an emotional commitment**

- I can't meet all his/her needs. I'll lose my real self if I fall in love. I should meet all his/her needs. It would be terrible if we didn't love each other equally.
- He/she will leave if I say what I really feel. I never get what I want. People should give me what I want without my having to ask them for it. If he/she criticizes me, he/she is about to leave.
- My partner won't change even if I ask him/her to. He/she is a different person now. Things should be done the right (my) way. If my partner won't change when I ask him/her to, he/she doesn't love me.

The first task is to identify the automatic, self-defeating thoughts you are having. Then

question if these thoughts are really true and do some experimenting to see *if* it's more pleasurable (less hassle) to stay home than go out alone, *if* others always consider you dull and boring, *if* you can learn to tell interesting stories and jokes, *if* there is evidence that others are constantly evaluating you, *if* a friend can be trusted with your personal feelings, *if* it would be crushing to be rejected, *if* classrooms yield different partners than bars, *if* personal traits might be more important than looks, *if* there is a "middle ground" between saying nothing and complaining frequently, and on and on, until your thinking becomes more realistic and helpful and less depressing.



A friend is a person who, when you have made a fool of yourself, doesn't feel you have done a permanent job of it.



Several writers have suggested finding solace, instead of misery, in solitude (Andre, 1990; Storr, 1988). That's changing the situation by looking at it differently or reframing.

Level V (unconscious factors): Jules Henry (1971) observed, "People are lonely because they are vulnerable and they are vulnerable because they are alone; they are vulnerable when they are without love and they are vulnerable when they have it." Almost everything that threatens us makes us aware of our aloneness. Example: the more we need others for protection (and the more we distrust our protectors), the lonelier we feel. So if we are threatened by an economic depression, by a collapse of our government, by the failure of Social Security, by war, by unemployment, we feel alone--we fear abandonment. Splitting with others over political, economic, social and other issues increases our aloneness. This may seem abstract, but Henry points out that we are vulnerable to failure every day. The fear of failure confronts us in school, at work, in sports, in love, etc. When we face failure--like taking a test--we are alone and we feel needy. When we run away from stress, we usually run alone.

Most psychologists and sociologists see loneliness as a result of the environment (as in the last paragraph). Taking a different viewpoint, Ben Mijuskovic (1980), like the Existentialists, regards aloneness as the basic nature of humans, not a result of our childhood or our circumstances. He says loneliness is not an illness to be "cured" or treated with social reform; it is an unavoidable human condition to be faced. As we recognize our aloneness, we struggle desperately to find something more stable than ourselves to depend on. Death is not horrifying to us because it might be the end of everything, i.e. no awareness whatsoever, but rather because our consciousness might continue and we would be all alone. It is interesting, indeed, that all conceptions of an afterlife involve being with God and others or returning to life in another form, i.e. a way to reduce loneliness.

Thomas Wolfe in *Look Homeward, Angel* wrote about one of his characters: "He

understood that men were forever strangers to one another, that no one ever comes to really know any one... Which of us has known his brother? Which of us has looked into his father's heart?... Which of us is not forever a stranger and alone? ...we escape it (aloneness) never, no matter what arms may clasp us, what mouth may kiss us, what heart may warm us. Never, never, never, never, never."

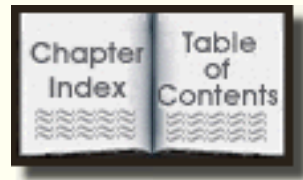
Mijuskovic says we try to keep ourselves occupied with studies, work, chores, social activities, what others are doing, TV, music, reading, etc. to avoid recognizing our aloneness. We may try sometimes to be our unique selves, but that only highlights our aloneness and we are driven back into the warmth of our family and friends and social-moral causes, all of which falsely reassure us that we are not alone.

According to Mijuskovic, the lonely, frightened, needy human race, with remarkable facilities for creative imagination, created God. For humans, God is an invention to cope with fears and loneliness. God is a kindred but omnipotent being who is always there, always watching, listening, caring, and loving us. God is our reassurance that we are not alone, that we are not helpless, that we will not have lived in vain (uselessly), and that we will have everlasting life. We really feel alone in those fleeting moments when we doubt God. Yet, it is surely possible that the human mind created God, rather than God creating humans.

Do not miss Mijuskovic's point about aloneness: it is the nature of humans. A belief in a personal relationship with God may lessen that loneliness to some extent, regardless of whether God exists or not, but it can not "cure" or change human nature. Nevertheless, it is my opinion that religious involvement is an excellent approach to loneliness and sadness *if* it draws us emotionally closer to others, *if* it helps us feel loved and lovable rather than guilty, and *if* it actually increases our goodness rather than our self-serving interests (La Haye, 1976). Likewise, a government that encouraged and helped each of us to personally help others, in whatever ways we could, rather than just forcing us to pay taxes (a cold, impersonal, unappreciated act) to do good, would greatly reduce our alienation and lack of purpose.

The more aware, thinking, questioning, insightful, and autonomous we are, the more we decide our own values and responsibly run our own lives, the more we are true to our real and good selves, then we can relate to others better, like ourselves better, and overcome loneliness. But we will always be lonely because we need and want more from others than they can give.

One of the more specific and practical sources of help with loneliness is Brassell (1995). Several other books will help with loneliness and intimacy: Lerner (1988), Burns (1985), Rubin (1983), Bach & Deutsch (1970), Beck (1989), and Buscaglia (1984).



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SAD TIMES OF OUR LIVES

Failure And Disappointment

The world is filled with obstacles and critics. When we try and fail, we feel sad. Failure is often a defeat--a loss of status in the eyes of others and/or a loss of a wish or self-respect. The more ego-involved we are, the more bitter the loss. Generally speaking, if you don't try, you can't be defeated or feel defeated--you haven't played the game. Also, any life challenge or test has to be reasonable before we feel like a failure, e.g. most of us could fail a test in advanced calculus today and say, "So what?" It isn't reasonable to expect us to know calculus without the course.

Disappointment means falling short of achieving one's goals or wishes. This is clarified by William James's 1890 formula:

$$\text{Happiness} = \frac{\text{Accomplishments}}{\text{Expectations}}$$

If you get about what you expected, i.e. accomplishments equal expectations, you will be happy. But the formula also suggests that unhappiness may result in two ways: (1) failing to reach reasonable goals (accomplishments) or (2) setting unreasonable, impossible goals (expectations). The latter is a complex problem. Our society encourages aiming high--"try to be the best." Many people want to be better than average, certainly not be "below average." Yet, by the nature of mathematics, exactly half of us must be below average in intelligence, looks, and income as well as height. No wonder some of us "below average" people withdraw from the competitive "rat race." Sometimes it's wise to lower our expectations and avoid unreasonable demands, but when?

It isn't a simple matter of lowering our sights so we never fail and, consequently, become blissfully happy. First, some accomplishments (relative to your potential) are

necessary for self-esteem (see chapter 14). Second, some people take satisfaction from having a dream--some inspiration--and striving for it day by day, even though they never reach their goal. Others have a lofty dream--being president, an astronaut, a professional athlete--but neglect the detailed, daily work of accomplishing that dream. Having the dream provides some payoffs. Dreamers run the risk of being disappointed and self-critical later.



Fred Astaire was told "he can only dance a little;" Beethoven--"hopeless as a composer;" Caruso--"he can't sing;" Disney--"has no ideas." Great talent may often go unrecognized.



Other people have argued that the focus of James' formula, happiness, is of secondary importance. Garcia (1971) contends that happiness should not be life's main goal. He claims accomplishments--seeking knowledge or helping others--are far more important goals and more realistically satisfying in the long run than happiness (see chapter 3). Fourth, the facts are that some unhappy people have given the world great accomplishments--Lincoln, Gandhi, Goethe, Luther, Van Gogh, Mark Twain, Beethoven, Michelangelo, and many others. If they had to choose between happiness and the accomplishments they gave us, which do you think they would choose?

How we handle failure is critical. An achiever acquires confidence and pride by taking on challenging life goals, by using good models and methods for getting there, and by putting in the time and effort to make the accomplishments meaningful. In contrast, a low achiever (see attribution theory in chapter 4), preoccupied with avoiding failure, will either choose an extremely easy task or a very difficult one. Neither task puts him/her to a test, both the very easy and the impossible are cop outs.

The achiever is "mastery-oriented;" the low achiever is "performance-oriented," i.e. he/she is most concerned with avoiding failure and looking good, not with learning or mastery. In contrast, the mastery-oriented person welcomes tough challenges because he/she is most concerned with learning something worthwhile, not building an image. After a failure, such a person would say, "Okay, I didn't win but what a learning experience! I'll practice another approach and then try again."

To the extent that more effort and learning better skills would significantly improve our performance, it is important to take control of the situation, rather than blaming our poor performance on factors that are not under our control. In short, to manage our life we have to take responsibility for it--take charge. It is the reason we give ourselves for the failure that determines how we feel:

Explanation for Failure	Feeling	Solution
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"I need more practice"	Confident, motivated	Gain skills, try again
"I can't do it"	Inadequacy, hopeless	Work harder, learn more skills, or accept situation
"I didn't work hard enough"	Self-critical	Try harder, use better methods & time management
"It was too hard for me"	Inadequacy, sad or mad	Develop better skills or strategies; lower goals
"It was _____'s fault"	Anger, unfairly treated	Assertiveness, demand justice; be responsible
"I had bad luck"	Disappointed, surprised	Look for other reasons & try again

After a disappointing performance, it is important to ask yourself, "Honestly, now, what were the causes? What can I do about each of those causes?" A wise person will guard against assuming unchangeable factors are the sole causes of his/her problem and learn instead to concentrate on the factors (causes) he/she is able to change. Almost no complex behavior is totally caused by fixed factors, such as heredity, innate ability, physiological factors (height), etc. Most behaviors can be improved. Don't discount the importance of learning in any performance. Remember how many hours goes into making an outstanding star in any sport, often 4 to 6 or more hours a day for years, starting at 6 or 8 years of age or younger. If any of our current "stars" had an identical twin who had never played their sport, no doubt the twin, like you, would say, "Wow, I could never *skate or dive or shoot or hit* like that." Humans can learn a lot more than they think they can (I didn't say easily). Most failures don't prove a lack of ability, they reflect a lack of effort or learnable skill. In most areas we will never know our limits because we will never push ourselves to the limit.


It is obvious that some of the "reasons" above are excuses for our failures. Self-handicapping is a similar process, except it occurs *before* the performance rather than after. Common excuses arranged in advance for a poor performance are: I'm very tired, sick, drunk, anxious, unprepared and so on. In these situations, the person is using the old TA "Wooden Leg" game, "how can you expect me to run fast when I have this wooden leg?" Self-handicapping excuses do reduce some immediate anxiety and disappointment after failure, but in the long run they usually lower our self-esteem and increase our fears. Why? Because we haven't performed very well in the past and because a part of us knows we are deceiving ourselves and others. Pride is primarily felt when we truly "do our best." See the discussion of underachievement in chapter 4 and self-handicapping in chapter 5.

In summary, sometimes we are too hard on ourselves, expecting too much, and sometimes too easy, not expecting or trying to do our best. You may be too uptight about achieving your dreams; you might not be uptight enough to achieve them. Ideally, I suppose,

one would be inspired by his/her ambitions and visions of the future, but down-to-earth enough to accept (for the moment) whatever he/she actually accomplishes. All of us need to ask, "How can I do better?" It reminds you that you are in control and don't have to do poorly. Review the sections on self-efficacy and optimism in chapter 14.



Success is getting what you want; happiness is wanting what you get.



Low Self-Concept and Feelings of Inferiority

Alfred Adler, a student of Freud's between 1900 and 1910, had been a sick (rickets and pneumonia) and weak child. He had seen a younger brother die and been close to death himself several times. He overcame his fears, became a model youth, and went to medical school. His early medical practice was in a poor area that included a circus. He found that many of his patients were strong and skilled circus performers who had overcome and over-compensated for some physical weakness. It is understandable that Adler gave the concept of "inferiority complex" to the world (Monte, 1980).

Children see their parents as powerful and able. In comparison, they feel weak and inferior. Life becomes a struggle to make up for our frailties and to put up a front of strength and superiority which will hide our feelings of inadequacy. Adler came to believe that all people yearn for mastery and perfection. We all struggle to find our place and adapt better and better to the world. He saw this striving to overcome inferiority as humans' basic drive; he saw humans as basically good, in contrast to Freud.

As mentioned in the theories sections of the last chapter and this one, certain parenting practices may cause excessive feelings of inferiority: over-critical, over-demanding, over-protective, over-controlling and probably others. Anyone with a negative self-concept based on these childhood experiences needs to start afresh honestly re-evaluating themselves. Professional help should be considered.

Freud spoke of the "success neuroses" consisting of four motives: a need to achieve, a fear of success, a fear of failure, and a desire to fail. The fear of failure can cause us to be nervous (and not do well) or to give up; it can also cause us to work very hard, just like the need to achieve. You may doubt that there is a fear of success and a desire to fail. Some women report feeling reluctant to beat males at tennis or to appear too smart. Supposedly men's egos are fragile; they are thought to dislike losing to women. Tresemer (1974) found about 50% of both men and women exhibited negative feelings toward achievement--or assumed other people had such feelings. As you can see, the fear of success and the desire to fail get all confused with (a) opposition to the traditional pressure to succeed and (b)

reluctance to accept additional responsibilities following success.

Clinicians frequently see people who have an acceptable record in school or on the job and are ready to graduate or be promoted but then they mess it up or drop out. Carl Menninger (1956) wrote a book, *Man Against Himself*, about such self-defeating behavior. Cudney (1981) suggests that self-defeating behavior is caused by our reluctance to face reality. By failing (while pretending to be trying to succeed) we deny our responsibility for what is happening. That way our goof-ups can continue but "they aren't my fault."

If you are working on a task you really don't want to do (e.g. a college major that was pushed on you by a parent), it seems plausible that your resentment might result in your failing. Failure can serve other purposes: keep you dependent, get sympathy, frustrate or disappoint others, and confirm your belief that you aren't any good at _____.

Because we try to hide our self-doubts, it is not easy to tell what others feel or even what we feel. Indeed, feelings of adequacy and inadequacy may co-exist or change frequently. Gilmer (1975) lists six signs of inferiority: (1) over-reaction to criticism, (2) tendency to feel criticized, (3) avoidance of others, (4) an excessively positive response to flattery, (5) inability to lose graciously, and (6) urges to put down others. Perhaps these will help you identify your feeling more clearly.

A hallmark of depression is pessimism and self-criticism. If you expect to fail, that increases the chances you will fail or not even try. But the depressed person's self-appraisals are frequently too low. They were found in one study of problem-solving ability (dealing with interpersonal, intrapersonal, and emotional problems) to be *more capable than they think they are* and *just as capable as nondepressed people* (Blankstein, Flett, & Johnston, 1992). So, honestly testing their abilities may remove unhealthy doubts.

What other self-help techniques could be used against feelings of inferiority?

Level I (behavior): Do a behavioral analysis (method #9 in chapter 11) to find out what initiates and reinforces the negative thoughts or self-defeating behaviors or self-put-down comments. For example, do you get attention? Do people rescue you? Do you avoid difficult tasks? Do you upset anyone? Develop more positive, adequate behaviors.

Level II (emotions): Since feelings of inadequacy become associated with specific situations, just as fears do, we can break those associations with desensitization. That is, we can become more tolerant of our weaknesses (this may be our only choice if an actual inadequacy can't be overcome, such as a speech defect). Or we could simply face our weakness, if it is remedial, and compensate--make up for--or over-compensate for it by becoming highly competent in our weak areas or some other area. This may not require any special skills, just lots of practice.

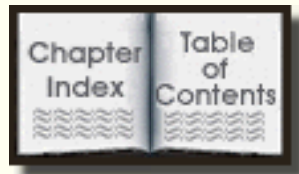
Level III (skills): The most straight-forward way of overcoming feelings of inadequacy is to *be adequate!* For most of us, that means acquiring new skills, especially if we want to become *highly* competent. Example: if making conversations is hard for you, there are many skills that would be helpful, e.g. reading and learning various viewpoints about interesting topics of conversation, practicing in fantasy different ways of expressing those views, learning more about being persuasive, etc. In some cases, it may be more practical to become highly competent in another area, not your weakness. For instance, the poor conversationalist could become an excellent writer and build his/her self-esteem in that way. Many ego-building skills are available in chapter 13.

Level IV (mental): Self-efficacy and confidence in changing behavior or fears were discussed in chapters 4 and 5. In this chapter, we refer repeatedly to feelings of helplessness which could be counteracted with faith in self-help (or an external source of help). And, we have seen how Rational-Emotive and Cognitive therapies address the self-pity involved in "awfulizing" when things go wrong and you feel low. Building self-efficacy and a positive self-concept are dealt with by methods #1 & #9 in chapter 14.

There are several good popular books for increasing self acceptance; read some (Dyer, 1976; Ellis & Harper, 1975; Greenburg & Jacobs, 1976; Jampolsky, 1979, 1985; Newman & Berkowitz, 1974). Be sure to review methods #1, #3, and #4 in chapter 14. Many people are saddened by their physical appearance, always wanting to look better; Cash (1995) offers practical advice specifically for the 35% of us who don't like our bodies.

Level V (unconscious): Like Sooty Sarah, it might help to understand the source of one's low self-appraisal, not so one can hate the source but so one can see that self-criticism is *your* choice and is not needed. Driscoll (1982) gives several reasons for self-criticism: (1) to motivate ourselves to do better, (2) to keep ourselves humble, (3) to avoid doing something challenging, (4) to avoid disappointments, i.e. when you fear failure, (5) to discourage others from criticizing us, (6) to encourage others to admit their faults too, (7) to avoid responsibility--"don't expect much from me," (8) to imply we have superior standards by saying our behavior was beneath us, not reflective of our true abilities, (9) to get sympathy and reassurance, (10) to express other feelings indirectly, such as anger or guilt or a need to be in a subordinate position within the family. It takes a keen, careful observer to detect these motives.

If there are reasons to believe you are too self-critical, avoiding success, or seeking failure, surely understanding your underlying needs and false assumptions (usually the need to hurt yourself or others) would be helpful. Talk to a friend or a counselor about what might be "going on inside you." See references above, especially under level IV.



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SAD TIMES OF OUR LIVES

The worrier and the perfectionist probably learned this kind of thinking as a child from a parent. The perfectionistic parent feels badly if his/her child fails, then pressures the child to make no mistakes and to be a "little angel." The child learns that making mistakes leads to the loss of love but doing something perfect means "I'm OK." Since the child's self-evaluation is based on what others think of him/her, it becomes important to be perfect all the time. As the child gets older, the standards are set higher and higher, increasing the chance of failing.

Are you perfectionistic? Consider these questions: Do you try to do the best you possibly can in almost everything you do? Do you avoid doing things you can't do well? Do you get upset and criticize yourself when you make a mistake? Is being average embarrassing to you? Do you expect to be outstanding if you work hard enough? Are you sacrificing your personal life for your career? Do you think people will think less of you if you don't do well? Do you value being precise and logical, and distrust your intuition and emotions? Do you over-emphasize the importance of what you say or do, or of your work? Do you often feel that one little flaw ruins the whole thing? Do people call you nit-picky or a control freak? Do you expect to be a superparent or to please everyone? Do you often feel guilty? Do you expect a lot of others too? If you are answering "yes," you are a perfectionist, maybe overly controlled and a workaholic too. Mallinger & DeWyze (1993) is a good reference for a compulsive perfectionist.

In general (there are exceptions), worriers with impossibly high standards are *not* better decision makers and more productive than people with more reasonable standards. Perfectionists also tend to be over-demanding and have lower rather than higher self-esteem, poorer rather than better relationships (they expect perfect partners too), and less stick-to-it-iveness rather than more, according to David Burns (1980). Perfectionists strive for the impossible; they say to themselves "I must...should...ought to," rather than "I want...wish...would like." They are slavishly avoiding failure, not eagerly pursuing excellence. They think the same illogical ways depressives do (see theories above); they set unreachable goals, then judge themselves to be failures. In addition, constant worry causes health problems. It is impossible to be perfect. You can change the way you think; you can overcome excessive regrets about the past (Freeman & DeWolf, 1989). But it may not be

easy; perfectionists often fail to improve much in therapy.

There are seven steps in the *treatment for perfectionism* proposed by Burns: (1) *list advantages and disadvantages* of striving to be perfect, which should encourage the person to give it up, (2) *rate the expected and actual satisfaction* with several activities, which will show the person that he/she doesn't have to be perfect to enjoy an activity, (3) try for an entire day to *rate many things as either perfect or not perfect*, proving the world isn't black (imperfect) or white (perfect) although he/she may think that way, (4) *record* for a day *each self-critical thought* and consider what would be a more reasonable and self-tolerant viewpoint, (5) design an experiment to *test the idea that people won't respect you if you are not successful* (actually many will like you better when you mess up occasionally and admit it), (6) *learn to handle criticism* by role playing (see chapter 13), and (7) *experiment with different standards*, i.e. try for an "average" meal, a "below average" essay answer, a "poor" appearance one day and "a little above average" the next, etc. Bring a little variety into your life, not just perfect, perfect, perfect... Loosen up, it's more fun that way.

Another self-help book (Elliott & Meltsner, 1990) also shows how to tell the subtle but important differences between seeking excellence and demanding perfection of yourself. Striving to do your best is very different from insisting on being perfect and better than everyone else. One is free, the other is a slave to an impossible standard. One welcomes challenges, the other dreads the task because he/she may not be perfect this time. One faces the reality that people and things are not perfect, the other lives a lie, believing everything has to be done well. Elliott and Meltsner identify four types of perfectionists and, like Burns, suggest ways to stop driving yourself crazy. People who can't tolerate uncertainty--and who insist that the world be the way they want it to be--are likely to be worriers.

There are, of course, payoffs for being a worrier (worrying is also discussed in chapter 5, both under worries and obsessions). Examples of payoffs: in many instances, moderate worry will motivate us to work harder and create better solutions but *excessive* worry interferes with careful thinking and is usually harmful. Yet, we often have the illusory believe that worrying a lot will help prevent something bad from happening. Besides, if the outcome is bad, we feel less guilty and disappointed if we have worried and fretted over the matter. Also, if we worry a lot, people will think we are trying hard, e.g. a worried parent thinks this proves he/she is a good parent and assumes others will see him/her the same way. Worriers make mountains out of mole hills; that may get them attention. Moreover, if you worry and exaggerate the awfulness of some possible event, if and when it actually happens, you experience the event as less scary than if it were a surprise.

It may also seem safe to become like your own parent who was a worrier. We may falsely attribute good fortune to worrying; thus, a person who worries about being assaulted, and never is, may think the worrying has paid off. Worrying about the outcome of a project may actually interfere with its completion; an unfinished project avoids failure (it can't be perfect). Worry often diverts attention away from the real concern: a young person worrying

about being assaulted in the big city may actually be more afraid of leaving his/her parents or the mother worried about her children may be more concerned about her marriage. Certainly, no one enjoys feeling a little mistaken, not quite a "10" in looks, a little irresponsible or criticized by their parents, but perfectionism, self-criticism, and worry seem to yield benefits, many of which are self-deceptive. By honestly understanding the reasons why we have useless unpleasant worries, perhaps we can learn to stop the excessive internal critic.



A tourist approached three men working with huge blocks of stone and asked, "What are you doing?" One said, "Bustin' my butt cutting hard stone." "Earning only five dollars a day," frowned another. "Building a great cathedral!" said the third with a smile.

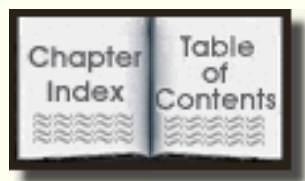
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Likewise, by understanding the development of our perfectionism, perhaps we can come to grips with it (Adderholdt-Elliott, 1988). Were your parents strict and punitive? Did you feel you needed to do real well to make up for weaknesses? Was being perfect a way of avoiding punishment or getting attention and praise as a child? Did you become very anxious and self-critical when you didn't do well in school, sports, games, or chores? Did trying real hard help you relax? If the reasons for your becoming perfectionistic become clear, you may realize that you no longer need to make impossible or difficult demands on yourself. Get on with living. Uncertainty is a part of life. You can handle whatever happens.

[← Back a page](#)

[Forward a page →](#)



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SAD TIMES OF OUR LIVES

Guilt and Regret

Healthy, useful guilt is the feeling we have when we do something we rationally judge to be morally wrong or unfair. Just having the thought or urge to do something bad can cause guilt. That's good if it keeps us from doing something inconsiderate. Healthy guilt is our reasonable, fair conscience. But there is *unhealthy* guilt too. That is when we establish unreasonable standards for ourselves, i.e. we expect perfection, we want to accomplish the impossible, we feel responsible for misfortunes in other people's lives, we believe we are "good" only if we faithfully follow all the rules and do more than our duty. The unhealthy guilt does not allow for mistakes; we expect too much from ourselves and others.

There are two uses of the word shame. Some writers use it to denote the pressure we feel from others to act a certain way, i.e. a certain discomfort if we do not have the approval of others. Shame, in this sense, is the feeling of remorse and embarrassment when we believe our actions have brought discredit to ourselves or to others. Of course, peer and family pressure is a powerful motivator, but we can avoid this shame just by concealing our unapproved actions, thoughts, or feelings from others. The more recent use of the word shame has to do with self-disapproval, i.e. considering one's self as being inexcusably inadequate or defective. This is independent of other people's opinions of us and, thus, there is no way (without treatment or self-help) to avoid this destructive negative self-evaluation. Guilt is regretting our *actions* because we now consider our behavior to be unfair, immoral, or selfish; shame is a negative evaluation of part or all of our self as a person. I try to use shame only in this last sense. Shame is discussed in the next section.

Both guilt and social pressure are vitally important: they are of help in controlling "the beast within"--our greed, anger, and lust. They also help us fulfill our responsibilities--our work, studies, care and concern for others, taxes, show of love, etc. Our guilty conscience is vital in helping us be good.

On the negative side, excessive guilt (and shame) can create terrible suffering, even make life not worth living. Almost 80% of adults attempting suicide had histories of guilt

(and/or shame). Among 3 to 14-year-old children who had tried to kill themselves, 25% were seeking to be punished for masturbating or wishing someone were dead (David, 1977). A guilty conscience can change our social lives, dampen our enjoyment of life, cause fears and worries, and create a heavy load to carry emotionally.

Some writers have made a meaningful distinction between "real" guilt and "neurotic" guilt. Real guilt is feeling badly about something you did that was truly morally wrong. Neurotic guilt is when you haven't done anything wrong or what you did doesn't warrant the amount of guilt felt. Real guilt may be expressed through neurotic guilt, however. An example will help. Suppose a depressed 18-year-old becomes obsessed about having stole another girl's underclothes when she was 14. That's neurotic guilt. It seems likely that the real guilt involves something else, not just old underwear. A psychoanalyst would suspect primitive infantile urges were causing the real guilt--e.g. closeness to one parent and resentment of another parent or a sibling. Other therapists would look for the source of guilt in more recently repressed guilt-producing acts or thoughts--e.g. anger at a parent or sexual temptations. Neurotic guilt frequently substitutes for real guilt (it helps hide what we are really guilty about).

Guilt or feeling immoral can result from having "bad" thoughts and wishes (even unconscious ones according to some therapists), not just overt acts. This is a great moral argument. Some people think thoughts and feelings, no matter how inconsiderate or destructive (like killing someone), are not immoral because they hurt no one. Yet, some great religions and thinkers have taught that "the thought is equivalent to the deed." Jesus said, "whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart" (Matthew 5:27-28). Hinduism teaches that one is judged by his/her motives and desires, not just actions. Buddhism says, "All that we are is the result of what we have thought." Similarly, Freud's basic notion was that urges and fantasy, not just actions, shaped our character and determined our fate (Fingarette, 1971). Even recently, the pervasive cognitive movement in current psychology contends that thoughts influence emotions and actions. So perhaps we can't say "thoughts don't matter." But surely immoral thoughts, never acted on, should not generate intense guilt like an immoral act itself. Thinking of hitting you is not the same as hitting you. You will have to decide for yourself if immoral thoughts are okay (if still resisted), inconsequential, or bad (see catharsis in chapter 7).

It would be nice, perhaps, but impossible to be "pure" of heart (emotions) and mind. However, to the extent you use your thoughts and values to resist or diminish your immoral-inconsiderate emotional urges (as defined by you and/or society), you could be considered good and moral. Indeed, there is evidence that a stern conscience which carefully monitors our thoughts and urges is more likely than a weak one to stop us from being immoral (David, 1977). So, maybe evil thoughts and feelings aren't morally bad unless they start to overpower (or slip around) our conscience. Thus, the weaker our immoral impulses and the stronger our healthy guilt (or moral character), the safer we are

from "sin" or unhealthy guilt.

Guilt may also come from comparing your living conditions to others and from not living up to our own standards. Many adults feel some guilt for living better than their parents. Some people feel unworthy of their successes. Some men and women in their forties, fifties, and sixties are now experiencing guilt about not serving in the military service in Korea and Vietnam. How can over 50% of us Americans go to fantastic colleges, while millions of children around the world get little or no education at all (*one billion* people are illiterate), without feeling some guilt underneath the denial and rationalizations? It's healthy and reasonable to have some guilt.

Where did your conscience come from? According to Erikson, in the first year of life you learned to trust or *distrust* people depending on how well your needs were met. If trust developed with someone in your first year, then during your terrible two's, when you were learning to eat with a spoon, to walk, to talk, to use the bathroom, and so on, you were able to develop an emotional relationship with someone. If from the caretaker you learned that you were capable, that you have limits but you're okay as a person, that you could test the limits, explore, get mad, etc. and still be loved, you acquired *healthy shame*. On the other hand, if during your 2's and 3's the caretaker was critical, impatient, mean, or humiliating, you would probably doubt your ability and feel defective or *shame* as a person. The "I'm defective" self-concept learned at such an early age makes it especially hard to handle the subsequent stages of development (see stages of development in chapter 9).

From ages 3 to 5 you were learning to do lots of things: communicate, eat without making a mess, ride a tricycle, throw a ball, ask lots of questions, etc. If you already had experienced love, developed trust and self-acceptance, and were continuing to receive encouragement and praise, your self-confidence and self-concept developed further. But, if you were further ridiculed and told "you can't do anything right," you learned to feel self-critical, guilty, and insecure. Remember, according to Freud and Erikson, at ages 5 or 6 you normally would start to identify more with your same-sexed parent, automatically and unthinkingly incorporating his/her values and moral thinking in the process (see chapter 5).

As your world expands, relatives, siblings, religion, teachers, friends, TV, and books start to influence your morals. If you aren't an unusually "thoughtful" or "questioning" child, much of your guilt may be a result of hand-me-down values, not moral principles you have carefully studied and chosen (see chapter 3). You can hardly be in charge of your own life unless *you*, as a thinking adolescent and adult, have decided your own goals, purposes, and values.

Although some of the passed-on morals, like honesty and fairness, have stood the test of time and the challenge of intelligent questioning, certainly some of our guilt comes from fallible people or social tradition and religious beliefs which may need to be reviewed

occasionally to see if the values are still valid in today's world. For example, in my classes sometimes I ask the students to anonymously write a secret--something they would be afraid to tell us openly--on a piece of paper, knowing it will be read in class. Then the class responds to each "secret," usually with a lot of acceptance, understanding, and empathy. About half of the secrets are about sex: "I've had sex with someone I didn't love," "I've had sex with someone of the same sex," "I masturbate," "I'm attracted to well developed women/men," "I'm not a virgin" and so on. None of these acts are inherently harmful to others but our society has a lot of sexual taboos that produce guilt.

I remember a young and attractive but distressed coed who sought counseling after a date with her new boyfriend who pushed for sex. Neither had a means of birth control so she masturbated him. That seemed a lot wiser to me than having intercourse, but her priest was harshly critical at confession because masturbation is an "unnatural act." Her guilt resulted from the same religious condemnation of sex that had resulted in religious rules in the sixteenth century against married couples having intercourse on more than half of the days of the year (see Taylor, 1954, or Tannahill, 1982, to understand why the church fathers have been so concerned with sex).

Some of our guilt is almost totally irrational. For example, some married couples feel guilty about any sexual caressing that occurs outside the bedroom even though no one can see them. Many young children of divorcing parents feel it is their fault when the children were in fact a binding force, not the cause for friction between the parents. Maybe the child had wished one parent were not around. But, more likely, the child simply misunderstood his/her role in the conflict between his/her parents. Other examples of unreasonable guilt are when a young adult decides to handle sex differently than his/her friends (see the woman who was ashamed of her virginity in chapter 10) or decides to support a different political party or religion than his/her parents follow. Many of our sources of guilt need to be reconsidered. Remember, some of this guilt comes from the 5-year-old inside us with hand-me-down ideas.

What to do about Destructive Guilt

We have all done inconsiderate things or neglected to do considerate things. So, some guilt is justified; we wouldn't want to lose it. It's wonderful when we have the decency to feel appropriately guilty! We need a lot more of that guilt, in my opinion. But, the question here is: **What can a person do about excessive, destructive, or unneeded guilt?** What about regrets?

As indicated above, begin by exploring the reasons for your guilt. What have you done or failed to do? Should you feel guilty? What moral principles have you violated? Are these moral principles valid and reasonable (or worn out hand-me-downs)? Was it just an urge or wish or did you act? Were the circumstances partly to blame? Ask yourself if just

because you did something bad, does that make you a bad person?

Are you making unreasonable demands on yourself? For instance, do you expect yourself to never get mad and impatient with parents, children, lovers, friends, and others? Do you expect yourself to like your body and be sexually excited by your lover's body but, at the same time, find nothing at all appealing about any other human body in the world? Do you live according to your values and life-style or according to current fashion or someone else's wishes? Are you a perfectionist? If you have done something immoral but there is no way to make up for it (be honest, don't cop out), do you keep on worrying about it (more than needed to keep you from doing it again)? Think about these issues. If useful, discuss them with others--parents, friends, ministers, counselors.

In this process, you are really checking the validity of your attributions (your explanations of your behavior). This is an area in which self-serving distortions abound, so review the ways we humans are frequently irrational (methods #3, #4, & #8 in chapter 14) and check out your own rationalizations for being inconsiderate of others in chapter 7. Consider this: Depression often involves feeling helpless, i.e. I'm-responsible-but-I-have-no-control over my life. Examples: "I'm a disorganized, rattle-brained person and I can't keep a job" or "Women see me as a nerd; the truth is I am dull and I can't change that." In contrast, truly feeling *guilt would seem to require "I'm-responsible" and "I'm-in-control" attributions*. Examples: "I had the time and I should have studied but I didn't" or "Oh, God! Why didn't I use a condom, it would have been okay." Guilt can be reduced if the attributions are changed to "I'm not totally at fault" or "I can make up for my mistake" or "I'm not in control" or "I'm responsible and I can and will change in the future." See Kaufmann's suggestions below. Frankly, while it is very commendable to feel self-responsible, to reduce excessive guilt there are special times you may need to blame someone else, your background, your circumstances, chance, or anything but you (see method #4 in chapter 14).

If your expectations of yourself seem to have been unreasonable, decide what are reasonable and fair expectations and tell yourself that your feelings of guilt have been excessive and harmful. Remember, how bad you have been in the past is not nearly as important as how good you are going to be in the future.

Kaufmann (1973) says, first, *it is impossible to know what is just or fair*. Then, second, he says that unless you know or feel certain that you justly deserve to be punished (which is impossible), there will be no guilt. Thus, he reasons, since few people can be certain they deserve punishment, there is no justification for guilt about past deeds. This seems like a weird notion to most people, but think about it. Kaufmann recommends we replace the useless, harmful guilt we have about the past with a keen sense of social responsibility for the present and the future. That makes sense. Note the difference:

**Past-oriented
(guilt)**

**Future-oriented
(responsibility)**

my guilt=my badness vs my fault=my responsibility
remorse=self-torture vs regret=wish to change things
contrition=anguish vs humility=ambition to do one's best
"It should have been" vs "It can be better in the future"
wallowing in past sins vs planning future improvements

This is a powerful argument for focusing on planning a responsible future, instead of dwelling on your (or anybody's) guilt of the past. It is a way to atone. Don't use it as a way to cop out and forget your transgressions, because this will encourage you to be immoral again.

So far as science knows, *there are reasons for everything*. All behavior is potentially understandable (if we knew all of the cause and effect laws). A determinist would say that all behavior (thoughts, feelings, *and* acts) is the natural, inevitable, "lawful" outcome of past experience, environmental influences, and inherited or physiological factors. Thus, *if* all behavior, no matter how saintly or how evil and including our "awareness," our "cognition," our "will," and our "choices," is determined by historical and outside influences, how can we--our conscious selves at the moment--be totally responsible for everything we think, feel, and do? If we (our conscious selves) aren't totally in control, then we aren't entirely responsible or guilty.

Imagine someone else was "in your shoes," i.e. had your body, your family background, your memories, your knowledge, your needs, your dreams, your friends, and environment, would they do, think, and feel as you do? I think so, just as you would be them if you were in their shoes. ("There, but for the grace of God, go I.") You are uniquely you because of all these historical, environmental, and physiological differences. The laws of behavior are the same for everybody; only our experiences, environment, and bodies vary. At any one moment in our lives, we can't change our past experiences. We can change (modestly) our future experiences, however. I think determinism, although it may seem weird to you at first, has a lot to offer the overly guilty and the overly critical person--see method #4 in chapter 14 for more.

Suppose you decide you have done something immoral--something inconsiderate and hurtful. It is possible to regret that action, to believe it was ethically wrong, without feeling terribly guilty. If, as Kaufmann suggests, however, you assume responsibility for your mistakes (no one else can), you can now plan the future so that you make up for your wrongdoings. As in 12-step programs, you can atone; you can right the wrongs (see Mowrer, 1975). There are some cautions: guard against doing things that would re-open

old wounds in others, just to relieve your guilt. Don't "confess everything" as a way to get punished or to "get it off your chest," if the information could seriously hurt others. Don't assume there is no way to make up for the past. Even if the person you hurt is dead, you could make an appropriate sacrifice to someone or to society as a substitute.

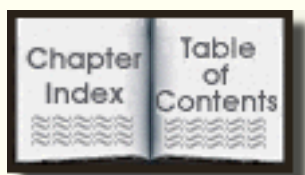
If your excessive guilty feelings are associated with remembering what you did with certain people, one could use desensitization to reduce the guilty response, just as if it were an unwanted fear response. See chapter 12.

Suppose, as will often happen with unhappy people, you feel bad or sad or unworthy but can not pinpoint any particular immoral behavior (or thoughts) that might have caused your negative mood. The big "sins" in our society are anger and sex (see chapters 7 and 10). Look there first. Next, look for anger or guilt towards the people, usually parents, who may have taught you to dislike yourself. Also look into old relationships in which you hurt someone or were hurt, especially divorce or infidelity. Remember that many women cry instead of allowing themselves to feel rage. So, if you cry a lot, look for repressed anger. Next, look inward for guilt about not helping others in need (chapter 3). Lastly, as discussed in the section on self-criticism, check to see if you could be using guilt to manipulate others. And, ask if others might be laying a "guilt trip" on us. Increased awareness of all these possible factors could help you understand your guilt and cope with it.

Useful readings about guilt include Madow (1988) and Preston (1989). Freeman & DeWolf (1990), Freeman & Strean (1995), and Klein & Gotti (1991) help us handle regrets of our past and fears of doing something in the future we will regret. Don't forget to atone and ask others for forgiveness (see chapter 7). Don't forget to forgive yourself (Flanigan, 1996).

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
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SAD TIMES OF OUR LIVES

Shame

As discussed in cause #13 of depression, shame is one part of our self evaluating the other parts of our self and concluding that we have serious faults, so bad we should be ashamed. You judge yourself to be inadequate or unworthy or defective. You feel defective in a way you wouldn't want anyone to know about, so you hide your defects by pretending to be different; you create a false self to show the world in place of the embarrassing true self. Alice Miller calls it "soul murder" because you kill or disown a real part of you and start hiding behind a mask, fearful your faults will be "found out." If we can not accept what we really are, we are driven into a lifetime of deception, self-rejection, and suffering. Many serious psychological problems are caused by this kind of self-destructive, *unhealthy* shame.

Toxic shame screams at us that we are worthless; *healthy* shame gently reminds us of our limitations and faults. With healthy shame we aren't happy to have these embarrassing weaknesses and defects but this awareness is healthy. It keeps us in touch with reality--and it keeps us humble. A modicum of self-doubt also keeps us open-minded and searching for better understanding. In this section, we are concerned with the more serious unhealthy or toxic shame.

Toxic shame comes from toxic parents, according to Forward (1989). For instance, if a child is forcefully told that his/her anger is bad, a terrible way to behave, really shameful, disapproved of by God, etc., that child is going to learn to inhibit anger because toxic shame is felt every time he/she gets mad. Eventually the anger is disowned and denied; the child doesn't even reveal the angry feelings to him/herself; it is repressed. Yet, the child, like everyone else, is still frustrated and disappointed. The anger still exists within the alienated or hidden parts of the self and generates energy. This loss of part of the self and the presence of denied (unconscious) emotions must create a very confusing experience for the child, no wonder he/she feels helplessly out of control. More and more of the self (needs, emotions, actions, thoughts) become shame ridden, even contemptible. You feel more and more flawed. The self feels it must escape from itself, this is done by creating a false self.



A guilty person fears punishment and wants to make amends. A shame-based person wants to be punished.

-John Bradshaw



John Bradshaw (1988) points out that the false self will be different from the true self but in either a positive or a negative direction, e.g. you may begin to develop a self that is very neat and tidy (perfectionist?) or go in the direction of an untidy slob, you may come to see yourself as the family hero (caretaker) or the family scapegoat (black sheep), you may start heading towards "religious-prudish" or "rebellious-crude" roles, you may shift your anger to being an aggressive, domineering leader or to being a passive doormat, or you may develop a false self of a highly successful achiever or a worthless addict. Thus, Bradshaw says there may not be much difference between the obsessive workaholic CEO and the alcoholic in the alley. Both may be addicts suffering from toxic shame; both have created a false self to hide some awful "hole in their soul."

Unhealthy, destructive shame is the cause of many kinds of addictions and compulsions. Because we feel defective, we seek something that will make us feel better--many of these activities become destructive compulsions in the long run. Examples: *drinking* temporarily helps us forget, get courage, and feel better; *working hard* diverts our attention from pain, reduces our anxiety, and produces results; *over eating* relieves many unpleasant feelings and occupies our time and mind; *sex addiction* provides a preoccupation, challenges, and "fun;" *over spending* feels good until we get the bill, etc. In short, there is a cycle: (1) I'm defective and unlovable, (2) since no one could love me as I am, I must be different or I need something--the addiction--to make me feel better, (3) Wow! This works (getting drunk, making lots of money, fixing a great meal, picking up a hot date, etc.), (4) paying the price (hangovers, being divorced, getting fatter, getting AIDS, bankruptcy, mental breakdown, etc.), and (5) I was right, I am a terrible person--back to (1) again and start over.

Exercises for understanding and reducing shame

If you think about it, you can see that for an addict, the problem is not really the "acting out" or addictive behavior. In fact, the addiction is the addict's *solution*. As the alcoholic says, "my best friend is the bottle." For the addict, the eating, spending, working, using drugs, drinking, orgasming provides relief from the inner emptiness--the "hole in the soul"--and escape from facing the shameful defects felt by the 4-year-old inner child. The addict vaguely (and erroneously) senses his/her problem is his/her being inherently, unavoidably defective; thus, there seems to him/her to be no solution (except for his/her "habit"). And, in line with this defeatist notion, AA teaches "I am powerless against my addiction; I must turn to a higher power."

Is there no solution for toxic shame or for compulsive habits or addiction? Bradshaw says, "...there is no way to change your *being* by your *doing*." He means that you can be highly successful--rich, president, an Oscar winner, etc.--but the toxic shame, the inadequate feelings, the "I'm bad" feelings, the "hole in the soul" will remain the same. So, what will fill the hole and reduce the shame? Bradshaw is certain it involves sharing your faults and feelings--all those things you've had to hide--with accepting and supportive others. That is exactly what happens in therapy, support groups, and 12-step groups. In groups or some other way, we have to remember the hurts and re-live the "original pain" that made us feel ashamed. Self-help methods might help too.

One emotional technique Bradshaw uses is *writing a letter to your parents telling them what hurt so much when you were little and what you needed that you didn't get*. As part of the uncovering and grieving of our childhood, we come in contact with our "inner child" (the 4 or 6 or 8-year-old inside each of us). Another powerful technique is to go back (in fantasy) as an adult to your childhood and find and get re-acquainted with your hurt, scared, needy inner child. Then tell your inner child you are going to take him/her away from the hurts of the childhood home, that you will always take care of him/her, never hurt or leave him/her alone, and always attend to and love him/her. Then, *do these things* for your inner child; this is starting the process of accepting and taking care of your true inner self. Group acceptance also reduces our shame; recognition and acceptance of our shamed inner child by ourselves and by others help heal the hurting inner child.

Within individual or group therapy, many other techniques are recommended. Examples: we need to own our disowned parts (or "voices"), i.e. to become aware of and accept all our previously rejected emotions, wants, and needs. One way to do this is to think of the 6 or 8 people you most dislike--they often represent your own disliked parts! You have probably over-identified with the opposite traits, i.e. if you dislike a pushy, rude person, you are probably prone to see yourself as being and try hard to be a nice, polite person. As a child, you may have disowned the pushy, rude jerk part of yourself. So identify the traits you dislike in these 6-8 people and consider if you think of yourself as similar or different from them in these ways. Since you may be using lots of energy keeping the disliked internal voices quiet, have a silent conversation with each of your 6 to 8 disliked parts (based on the people you dislike) and get the views and reactions of each. For instance, see what your pushy, rude part has to say about your overly nice, quiet, passive, mousy, doormat part. For you as a 4-year-old, the demanding rude part was probably a problem; try to see how you handle it now. If you can get in touch with a negative part and it feels like it might be part of you, accept it back, get in tune with it, and learn from it. Don't act on the pushy, rude part necessarily, just realize the brash, self-centered, demanding, tactless part still exists inside. Make yourself whole again by becoming aware.

Bradshaw also suggests using self-esteem building techniques (chapter 14), self-acceptance (chapter 14), assertiveness and communication skills (chapter 13), desensitization and visualization to reduce shame (chapter 12), cognitive methods to stop

irrational ideas and false conclusions (chapter 14), dream analysis (chapter 15), and others. I agree that those methods might help.

Bradshaw's dilemma is that he says that more than half the people in the world have a compulsion or addiction involving eating, drinking, achieving, being perfect, intellectualizing, sexually relating, shopping, trying to look attractive, cleaning, rescuing, or some other habit. Many of these people suffer from shame. But, supposedly, according to Bradshaw, shame can't be cured without years in a 12-step program *plus* long-term Psychoanalytic psychotherapy in which (a) an emotional bond is established, (b) the old hurts and repressed parts are uncovered, (c) the inner child is nurtured and protected by the adult, (d) false beliefs and irrational ideas are challenged, (e) the images and voices that convince us that we are weak and unworthy must be replaced with optimistic ideas, and (f) we must have a "spiritual awakening." That is a lot of therapy for two billion people or so. Bradshaw is, nevertheless, right to emphasize the importance of preventing shame (see *Bradshaw On: The Family* on PBS). And, although the psychoanalytic theory sounds good, we need to look for more efficient and effective therapies.

Perhaps (it is an empirical question) some or much of this therapy can be done by ourselves. Pollard (1987) recommends "self-parenting" which consists of learning how to support, nurture and love your "inner" child. Another of the early and more original writers about shame, Gershen Kaufman (1992), says that an effective antidote to shame is caring, warm relationships. People bothered by shame need to be loved and accepted, *and* they need to give to, care for, love, and relate warmly with others. Helping others is good self-therapy too.

Boredom, apathy, and tiredness or exhaustion

Boredom, a lack of interest, tiredness, and the "blahs" are signs of silent depression. Millions of us are bored with work, school, marriage, etc. Why are we so bored? First, maybe we just aren't doing anything interesting or challenging. The Greeks defined happiness as doing one's best and using all of one's potential. That seemed like the problem for Judith Hennessee, a popular writer, who has described her discovery of boredom. She was an active wife and mother, busy in community activities. One day she noticed all her days were alike. She wondered if this was all there was going to be to life. Then she suddenly realized, "I'm bored out of my mind and don't even know it." It seemed like she was missing her life. It was terrifying. She had always wanted to write, so she started. She felt happier and more fulfilled. We all want to do what we are good at doing. Second, even demanding work can be boring if you have no autonomy and simply "follow the rules" made by someone else. We need to feel "in charge" of something; we need to be flexible, adapting to the situation; we need to use our judgment. Third, even challenging work involving decision-making can be boring if we do not consider the work worthwhile and commendable. Life must have meaning. Otherwise, we burn out. Cherniss (1995) studied burnout during the first 12 years of being a social worker, teacher, therapist, nurse, or

lawyer. He shows how these professionals sometimes recover from it.

Therapists frequently ask their clients what he/she see him/herself doing in one or five years. Or, what would you do if you had only three days to live? These ways of asking people about their ideals or dreams can be consciousness-raising experiences. We need to believe there is a connection between our activity today and our hoped for payoffs in the future.

How is it possible to get bored in a complex, intriguing world? There are some theories: if you add positive and negative feelings together, the result sometimes is "nothing"--an indifferent, blah feeling. Examples: after living with a lover a long time, the positive and negative emotions may combine to produce "no feelings" or a "taken for granted" feeling. A rebellious person may combine the pleasure of expressing anger with guilt and feel indifferent or "I don't care." A student may like some parts of school and dislike others and feel apathetic. In short, apathy may conceal intense and disturbing feelings. Schaefer (1973) illustrates this further: a dying person welcomed boredom because it made life seem longer. Another person, although prudish, was persuaded to watch two friends having sex; her reaction, "I was bored." Each feeling needs to be recognized and dealt with, not denied or repressed. Most of the time, though, we're bored because "there ain't nothin' to do," as we see it.

Another interesting observation is that we become bored *at* something: "the lecture is boring," "I'm bored with reading," "we are bored with each other," "my work is boring," etc. One implication is that "I'm not responsible for the boredom, I'm the victim." Another is that "someone else is doing this to me," and things would be okay if I could get away from them. This certainly hints at both anger and helplessness.

Almost one quarter of Americans report being fatigued for longer than two weeks. It is among the top 5 complaints to doctors. Stress and burnout make us tired (and harm our health). Some people respond to sudden challenges with extreme surges in blood pressure; medicine can help. Most tired people need rest, sometimes with an intimate other and sometimes completely alone. Comfortable companions--friends, dog, cat, or therapist--are usually soothing. If one can avoid hostile, demanding people, it will help. Likewise, reading, exercising, watching TV, conversing, bathing, and doing anything fun will lead to inner peace. If you can't merely walk away from the stress, you can change your view of the situation: meditate, realize "it ain't awful," "I can handle it," etc.

One of the more debilitating disorders is chronic fatigue syndrome because the lack of energy and tiredness can become overwhelming. Half a million Americans feel seriously fatigued all the time. Sometimes this fatigue is combined with some serious physical problem--arthritis, colitis, multiple sclerosis--and must have medical attention. Sometimes it seems to be more a psychological reaction which can be helped with therapy or self-help. There are several good references for chronic fatigue syndrome, including Friedberg (1995),

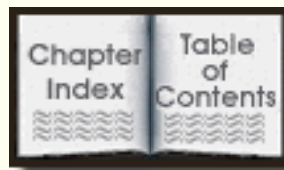
Lark (1996), and Berne (1995).

Finally, some therapists (Cammer, 1969) think the body just runs out of energy, causing us to feel depressed. Maybe all feelings are repressed along with the painful depression, producing a lack of interest in anything. Furthermore, lethargic disinterest means we don't have to try new things, take risks, meet challenges, or express feelings. Like all other behavior, apathy has its payoffs. Hoffman (1993) attempts to explain and correct "feeling tired all the time."

Considering all the good one can do and all the fun one can have, it seems sad to live life bored. Make your work into play (Csikszentimanyi, 1975). Most of the techniques for depression would work on boredom, but specifically try these ideas: make some changes in your life, find something valuable and important to do (volunteer to a hospital or a school), take an interesting course, exercise, use your brain to think of self-help projects to do, get active--DO SOMETHING. If there is some irritation with the person or situation boring you, with a little tactful ingenuity you can probably change the situation. Examples: turn the mundane chore into a competitive game, simply tell the other person you are bored (they probably are too), or figure out what is irritating you and change the situation or your thinking. Most of the time, the solution is not just finding some way to fill one afternoon but finding a worthwhile, exciting purpose for your life (chapter 3) and developing self-esteem and self-efficacy (chapter 14).

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR COPING WITH DEPRESSION

We have seen that sadness, hopelessness, loss, low self-regard, loneliness, guilt, and shame are complex conditions or processes. The causes are complex and so are the solutions. It is hard to pull yourself out of a sinkhole of misery, sometimes impossible. When you feel most like doing nothing, you need to **DO SOMETHING!** When the future looks most bleak, you need to face it with some hope. When hating yourself, you need to accept what you have been and work on being better. So you may need help--therapy, medicine, family counseling, and/or religious faith. But, eventually, no matter which "cure" you take, you will have to help yourself; there is no effortless, magical cure.

No one should be ashamed of being depressed. But we are. As Kathy Cronkite (1994) points out, people who openly discuss going to Betty Ford's Clinic for alcohol abuse will carefully conceal their depression. About 1 in every 10 of us will be seriously depressed sometime in our lives. Baby boomers are having even more episodes of depression, perhaps because the high hopes of the 1960's were crushed by the economic troubles of the 1970's and beyond. Remember, there is **serious depression** which is beyond ordinary sadness; in this condition you may have no appetite, no pleasure, no energy, no hope. And, there is **being "down" or in a bad mood** for a few days; it may involve crying, social withdrawal, being irritable, having no ambition, being pessimistic, etc. These two conditions are probably two different things. Both should be treated but the really severe major depression must be *taken very seriously*; 15% kill themselves, many more attempt it. Depression is not your fault; you are not a terrible or hopeless person. Unfortunately, 70% of people suffering depression never seek treatment. Please be among the 30% who go for help *and stay with it*. Depression is one of the most treatable emotional problems--psychotherapy can help you, drugs can, and you can. Cronkite's (1994) book offers hope by interviewing many famous people who have overcome the disorder--Dick Clark, Joan Rivers, Mike Wallace, Rod Steiger, Jules Feiffer, and many others.

Note If your depression is *serious* (disabling or suicidal), seek professional help *immediately*. If you are in therapy or a group, be sure to tell the therapist how much you are hurting. If not in therapy, call a therapist or your mental health center. Do not delay by trying to treat yourself or by hoping you'll get better. Serious depression and manic-depression seem to have genetic,

hormonal, and/or chemical aspects that are activated by stress and upsetting life events and thoughts. Thus, when the depression is serious, you always need to be evaluated by an MD, who will decide if you need medication. You also need to get psychotherapy.

If your depression is primarily chemical, psychological coping techniques are useful but not sufficient. Likewise, if your depression has psychological causes, drugs may be useful but not sufficient. There is usually no way to tell if your depression is chemical or psychological, so consider both.



If you've read parts of the chapter relevant to you, you probably already have some ideas about how and why you have responded with sadness. Therefore, certain self-help methods in this section will seem more appropriate for you to use. Fine, try two or three and see if they work. If not, try something else. In general, gaining some optimism about getting better, having an easy going disposition, and utilizing family support, along with selected self-help methods, will lead to a better recovery from depression.

The methods for depression are arranged by levels in this section. Quickly read or skim the entire list of methods before you select a few to use. This is a preview:

1. Behavior--increase pleasant activities, avoid upsetting situations, get more rest and exercise, use thought stopping and reduce your worries, atone for wrong-doings, seek support, and use other behavioral changes,
2. Emotions--desensitize your sadness to specific situations and memories, vent your anger and sadness, try elation or relaxation training, etc.,
3. Skills--learn social skills, decision-making, and self-control to reduce helplessness,
4. Cognition--acquire more optimistic perceptions and attributions, challenge your depressing irrational ideas, seek a positive self-concept, become more accepting and tolerant, select good values and live them, and
5. Unconscious factors--read about depression, learn to recognize repressed feelings and urges that may cause guilt, explore your sources of shame (perhaps even going back to childhood).

Level I: Behavior (see chapter 11)

Lynn Rehm (1981) has developed a self-control treatment program for depression based on Kanfer's model of self-monitoring, self-evaluation, and self-reinforcement. The first five steps summarize Rehm's methods:

Self-observation

Although depression frequently seems (to the depressed person) to come from nowhere, i.e. isn't related to daily events, that isn't true in most cases. The Lewinsohn research has clearly shown that positive events or activities lead to positive moods; negative events to depression (Grosscup & Lewinsohn, 1980). The depressed person must become aware that this is true in his/her life too. So rate your mood on a 1 to 10 scale (see chapter 2) *and* keep a log or a diary every day of positive events and activities. It is likely that your mood will reflect what is happening in your life.

As we have seen, depressed people tend to focus on negative events and overlook positive ones. They don't know they are doing this. So, it is important that they "give careful recording a try and see what happens." Look for and record all pleasant events and activities, even small, trivial, seemingly unimportant pleasant events. It is vital that you learn, again, to see the beauty, feel the warmth, and smell the roses. Don't forget ordinary things: a cup of coffee, a walk, seeing a bird, reading a book, helping someone, watching kids go to school, watching the news, reading an advice column, going shopping, listening to music, making yourself attractive, visiting a neighbor, completing a chore, calling a friend, daydreaming, playing with children, expressing an opinion, getting a long kiss, getting or giving a compliment, etc., etc. Record in your diary (3 or 4 times each day, otherwise you'll forget them) a brief description of these pleasant events.

After about a week, plot your daily mood rating and number of pleasant events for that same day on the same graph (see chapter 2). See if your mood doesn't go up and down according to how many pleasant events occurred that day. If so, this is a powerful argument to *increase the number of pleasant events* in your life and to appreciate the nice things that happen.

This is a simplified version of a "behavioral analysis" (method #9 in chapter 11) in which one would look for the antecedents and consequences of good and bad moods. The objective is to find cause and effect relationships that can be used to increase happiness and reduce sadness. I would recommend a behavioral analysis because it explores the causes of the depression as well as the sources of satisfaction.

Look to the future

Like procrastinators, when we become depressed we tend to focus on the past or to see primarily the immediate consequences, not the long-term results of what we are doing now. We hurt, so we focus on immediate relief, disregarding activities that might be stressful but very important to our future, like getting training for a new career. To increase your awareness of the effects of your activities, do one "*outcome analysis*" each day of some activity, i.e. estimate the short and long-term, both positive and negative, outcomes. Examples:

<u>Activity</u>	<u>Effect or Outcome</u>	
	<u>Immediate</u>	<u>Delayed</u>
Watch soaps on TV	+Distracting. Fun. +I can tell others about show. -May upset me.	-Shows won't be remembered -I wasted valuable time.
Take a hard class	+Interesting. +Meet people. +Get ideas for current job. -Stressful. -Takes time & money.	+Career advancement. +Adds hours toward a degree. -May be unemployed so class wouldn't help.

The objectives are (a) to encourage realistic, long-range planning, (b) to see the lasting consequences--or the wastefulness--of certain daily activities, and (c) to make some important but uncomfortable activities more tolerable today because they pay off tomorrow. This is important for all of us to do, but it is even more important and difficult for a pessimistic person with low self-esteem to do.

One small step at a time

Earlier we learned that global thinking (or end goal wishing), e.g. "I need to get better grades," overlooks the necessary details of how to get there. Also, unrealistic, perfectionistic expectations, e.g. "I'll get all A's," may lead to disappointment and self-criticism. Thus, it is important to learn to have a plan, to set realistic goals and sub-goals, and to have some success experiences. It is important to be satisfied with small gains. So, decide on some practical, possible, important self-help project--dieting, increased socializing, more detailed and prompt record keeping at work, learning to play tennis, spending more time alone with spouse, or whatever. Then, for each project goal, set several clear, explicit, attainable sub-goals (small steps), perhaps things you could do every day or every few hours (see goal setting in chapter 2). Schedule the time, give it priority, and be sure you are successful. Record your progress in a diary, along with the positive outcomes.

Self-evaluation

When discouraged, we feel at fault when things go wrong and "just lucky" when things go well. Rehm has an exercise to help you realize your contribution to success and reduce your responsibility for failure:

- Think of an important recent event and describe it.
- In what ways were other people, chance, luck (good or bad), or fate responsible for this event?
- In what ways were you (your efforts, skills, abilities, experience, appearance, etc. or lack thereof) responsible for this event?
- What percentage of the responsibility for this event was attributable to you? _____%

Do this for several events, including both positive and negative ones. You have almost always worked for positive events and against depressing events. So, if you do not think you are truly responsible for more than 50% of the pleasant events, reconsider your explanation of those events and see if you aren't causing more positive things than you thought. Factually based confidence in your self-control is a powerful antidote to pessimism and helplessness (remember depressed people underestimate their problem-solving ability).

Usually others or circumstances or just bad luck cause unpleasant events (the exception to this general rule is when our passive-dependency is the cause). So, if you see yourself as responsible for negative events--over 50% of the time--go back and see if others and chance aren't more responsible. If your passivity is the problem, see chapter 8. Ideally, you will come to believe (accurately) that *your* general, stable abilities and traits, e.g. intelligence, personality, organizational, and communication skills, etc., cause good things to happen and uncontrollable, temporary *external* factors that you are not responsible for produce the downers. (You are correct if you are thinking this fits better in level IV. See #29 below.)

Self-reinforcement

Self-deprecating people feel that giving themselves overt self-rewards--going out for dinner--is being selfish, and they think giving themselves covert self-rewards--"I really handled that well"--is shameful bragging. These attitudes become barriers to using some of the most powerful self-control tools, such as self-reinforcement and self-praise (see method #16 in chapter 11). Rehm recommended making a list of assets--true positive traits. Read it frequently and add accomplishments to it. Make another list of possible rewards, as in method #16 in chapter 11, and use them in self-help projects. Depressed people need more good things in their lives.

Get active. Actually, research has shown that we do fewer fun things when we feel low, but simply doing more pleasant activities is no guaranteed cure-all (Biglan & Dow, 1981). Yet, actions do change feelings. Increase your activity level, get out of bed (or your chair or house), find interesting, fun things to do but, more importantly, undertake profitable, beneficial activities that solve problems, improve your situation or future, and replace sad thoughts. Start with easier tasks, work up to harder ones. Reward your progress.

Several therapists recommend that every major activity on your daily schedule be rated for "mastery" (how well you did it) and for "pleasure." From these ratings we can learn a lot,

e.g. that we are getting more pleasure than we thought out of life, that we can do many things pretty well, that many activities are satisfying even though we aren't very good at them, and so on. You may have to push yourself to be active. A book by McGrath (1994), stressing converting depression's dissatisfactions into motivation to self-improve, could also prod you into constructive action. Examples: feeling like a victim may lead to correcting the situation, anguish about aging may encourage exercising, a poor evaluation may inspire us to learn more, etc. Deep depression makes it very hard to get active (in those cases medication may be needed).

Avoid unpleasant, depressing situations. Take a vacation, get complete rest and lots of sleep (just for a week or two--not for months). Our interpersonal situation powerfully influences our happiness and depression. Barnett and Gotlib (1988) found that introversion, loneliness, dependency, and marital problems often precede the onset of depression. Avoid losses and these conditions if you can (of course, it can be a joy to lose a lousy marriage).

Change your environment. Try to change your depressing environments --working conditions, family interactions, stressful relationships and so on. Our mood reflects our surroundings.

Reduce negative thoughts. Reduce the negative thoughts that characterize depressed people: self-criticism ("I'm really messing up"), pessimistic expectations ("It won't get any better"), low self-esteem ("I'm a failure"), and hopelessness ("There's nothing I can do"). How do you stop or limit these depressing thoughts, memories, or fantasies? Try using *thought-stopping*, *paradoxical intention* (massed practice) or *punishment* (chapter 4). Or restrict unwanted sad thoughts to specific times or places, e.g. a "depression" chair; then reduce the time spent in the chair (see McLean, 1976). Or reward stopping negative thoughts; replace them with pleasant fantasies (Tharp, Watson & Kaya, 1974).

Have more positive thoughts. Make an effort to have a lot more positive thoughts: satisfaction with life ("Living is a wonderful experience"), self praise ("I am thoughtful--my friends like that"), optimism ("Things will get better"), self-confidence ("I can handle this situation"), and respect from others ("They think I should be the boss"). Even if you don't feel like saying these things every hour, say them anyway. They will become part of your thinking.

Ask others to model for you how they control depressing thoughts and guilt producing ideas. What self-instructions do they use to "get out of a bad mood?" Practice talking to yourself out loud, then silently. See method #2 in chapters 4 and 11.

Become aware of any payoffs for depression or self-putdowns. Reduce these reinforcements: don't complain or display sadness, ask others to ignore your sadness (but interact with you more during good times). Remember excessive talking about your depression may sometimes make you more depressed (don't use this as an excuse for not

seeking help).

Act happier. Practice smiling more, speaking in a less whiny voice, standing up straight with chest out, dressing up more and expressing compliments, feeling self-satisfaction, and acting as though the future will be better. Acting happier can change our mood.

Become a better self-helper. Become a better self-helper as you work on a variety of personal problems (Rehm, 1981). Learning to master a life--*your* life--is not easy. Read self-help books. Use the steps in my chapter 2 to make some self-improvements. Prove to yourself that you can change your environment, your behavior, your mood, and so on. Recognize your increased ability...but know your limitations. Both knowledge of useful psychology and self-confidence are important. Feeling in control of life is an important part of enjoying life.

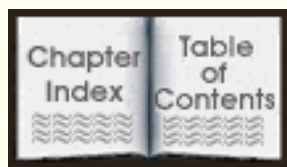
Atonement. Figure out a way to make up to others or to society for the things you have done wrong (see discussion of guilt above).

Develop marital contracts. Develop marital contracts that provide each partner with a reward for changing in ways requested by the mate. See method #16 in chapter 11.

Seek support. Self-Help or Support Groups, Marriage Enrichment Programs, Parents Without Partners, Integrity Groups, Singles Groups, Emotions Anonymous, The Compassionate Friends (for bereaved parents), Neurotics Anonymous, Recovery, Inc., Theos Foundation (for widows), Widowed Persons, encounter groups, group therapy, church groups, or local groups of people in similar circumstances. Use the phone book and/or Mental Health Center to find the appropriate group for you (see discussion in chapter 5).

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR COPING WITH DEPRESSION

Level II: Emotions (see chapter 12).

Even though tests for depression and anxiety correlate moderately (about .60), most depression treatment programs have neglected anxiety (Biglan & Dow, 1981). This is changing because going through high stress has been found to sometimes trigger the onset of depression. About half the time serious anxiety accompanies sadness and surely anxiety is almost always associated with guilt, shame, and low self-esteem. Biglan and Dow suggest that anxiety increases our tendency to withdraw when depressed. So, avoiding *stress* and reducing *anxiety* may help increase our activity level and decrease our chances of becoming depressed. See chapter 5.

Anger is also frequently associated with depression, especially with marital problems, guilt, shame, and dependency. Likewise, it is speculated that *dependency* and "love bonds" are especially important in women's depression (Scarf, 1979). Women are 2 to 6 times more likely than men to be depressed; they tend to be more lonely and dependent while men are more self-critical. So, chapters 5, 7, and 8 may help cope with sadness too.

Sorrow with his pick mines the heart, but he is a cunning workman. He deepens the channels whereby happiness may enter, and he hollows out new chambers for joy to abide in, when he is gone.

-Author unknown

Use relaxation, desensitization, meditation, and elation training to counteract sadness, worry, anger, etc.

There is clear evidence that high stress increases the risk of getting depressed. So, learning to cope with stress helps prevent depression. Also, if sadness, anxiety, anger, guilt or shame are associated with specific situations or memories, the unwanted emotions could

be reduced by desensitization. Example: if feeling sad about being rejected by a graduate school or for a job, one could remember the events leading up to the rejection and to the rejection itself while being very relaxed (see chapter 12). This should make the rejection less painful (especially if new exciting plans are also being developed).

Desensitization and stress inoculation. If the depressing event is anticipated, desensitization and stress inoculation could be used in advance to reduce the impact. Example: Suppose you suspect that you are about to be fired. Advanced planning of how to handle the situation could help, e.g. requesting that your work be evaluated by an unbiased outsider, offering to work for less, insisting that the decision be taken to the next higher level, or threatening to sue. Also, you can rehearse ways of calming yourself and responding to criticism. Planning or actually starting to search for another job might also be reassuring.

Whenever possible, anticipating, talking with a friend, and "emotionally working through" a loss in advance is usually a lot better way of handling the situation than pretending the loss is not going to happen.

Express feelings. Some feelings can be reduced by getting them off your chest--getting them "out of your system." A good cry can sometimes relieve sadness. Beating a pillow can release rage.

Get plenty of rest. Insomnia, especially waking up early, plagues many depressed people. Relaxation and stimulus control procedures have helped many people get the sleep they need (see chapter 5 and Bootzin & Nicassio, 1978, or Catalano, 1990, or Perl, 1993).

Pursue happiness. Overall happiness is *not* produced by occasional *intensely* positive events but rather by *frequent* mildly positive experiences. Many people feel those pleasant moments must be unplanned and spontaneous but the evidence is otherwise, namely, happiness can be self-generated. How? (a) Focus on achieving *emotional closeness with loved ones*. (b) Find things about *work* that you enjoy and want to work hard on. (c) *Help others*. (d) *Exercise*, doing something you enjoy. (e) Plan to do *new* fun things too. (f) Have lots of nice "moments," not just big highs (Diener, Sandvik, & Pavot, 1990).

Level III: Skills (see chapter 13)

For most of us, sadness is associated with increased isolation--we just don't feel like socializing--and with more anxiety when we do interact. However, some depressed and socially insecure people become social addicts, even sexual addiction is not unknown (Scarf, 1980). Since our social-emotional reaction during a downer varies so greatly, obviously different social skills are needed by different people. After assessing your social strengths and weaknesses, use your assets and reduce your liabilities by gaining new social skills. Which ones? Several are mentioned below.

In spite of massive social skills training research, relatively little has been done in this area with depressed persons (except for Peter Lewinsohn's work). Intuitively, social skills ought to certainly help with loneliness, low self-regard, and boredom. Communication skills (e.g. "I" statements and empathy responses), relationship contracts, greater tolerance, and counseling should also help with relationship problems.

Social skills training

Social skills training improves your talents at meeting people, conversing, telling stories, selecting a friend or partner, and having a good time. Social skills don't come naturally to everybody; many of us have to learn and practice good communication skills, often involving close observation of others, role-playing, and other methods. Research has shown that having good social support is beneficial if you are depressed and it helps prevent depression in the future (Bennett & Bates, 1995). So, how do you get more social support? By acquiring more social skills.

Depressed people may not talk much *or* talk too much about their problems. Neither makes friends. After about 5 minutes, the self-put downs, pessimism, dependency, and whiny helplessness of talkative depressed people becomes unpleasant to most people. Yet, most depressed people long for meaningful contact; therefore, they must learn to interact differently. So, give the potential friend "equal time" and be an empathic listener during his/her time. Let the friend know you are down but suggest doing some fun things together too. Do things for others. A friend is different from a therapist--he/she has to benefit from the interaction too. Practice making light conversation; use your sense of humor.

Assertiveness training

Assertiveness training has had mixed success with depressives (Biglan & Dow, 1981). The interpersonal skills should add to self-confidence and encourage standing up for one's rights, instead of being submissive. Assertiveness is not fighting, it includes disclosing and expressing emotions, like personal needs and positive feelings, and should deepen relationships. Don't prematurely over-disclose; don't become self-centered or pushy.

Empathy response training

Empathy response training is quite effective in deepening and improving relationships. Use empathy statements for helping someone else. Make "I feel..." statements to help yourself express your problems and concerns to another person who is, hopefully, a good empathizer.

Communication

Training in marital communication skills, fair fighting, conflict resolution, and self-

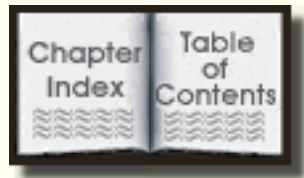
disclosure could greatly improve relationships. Intimacy and closeness, i.e. continued sharing of personal history, opinions, feelings, and dreams, could do wonders for one's attitude about life.

Decision-making

Decision-making and time management training may relieve depression, if one has neglected and made poor decisions or mismanaged his/her time. A series of mistakes can cause disappointment and a low self-concept.

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR COPING WITH DEPRESSION

Level IV: Cognitive Methods (chapter 14)

Build a more positive self-concept. More and more evidence is accumulating that positive self-esteem is an antidote to depression. Examples of helpful action: make more positive self-evaluations by noting your successes, abilities, good morals, traits, and actions (Homme, 1965; Vasta, 1976). This is especially important for the depressed people who have a severe internal critic. You must challenge and silence your unreasonable critic. Also, personal pride comes from believing that your successes are due to skills and discipline you developed and utilized to meet a challenge. Being successful because you inherited wealth or a good brain doesn't build the ego as much as "coming up the hard way."

If a person grew up in a non-rewarding, inattentive family, he/she may feel like an underdog and have little self-respect. Such people frequently drift towards "a bad crowd" and become antisocial because they gain some self-esteem in that way (Kleinke, 1991). They will probably need more than a shot of self-administered esteem-building cognition; they may need new social skills, educational-career-life plans, and a different peer environment. It takes courage to leave friends, especially if they are, for the moment, our only support system.

See method #1 in chapter 14 for an extensive discussion of building self-esteem. It is very important. Evidence suggests that self-esteem buffers us from the onslaught of anxiety, guilt, depression, shame, criticism and other internal or external attacks.

Challenge faulty perceptions, irrational ideas, automatic ideas, faulty conclusions, and excessive guilt. If your "automatic negative thoughts" slip by too quickly for you to notice (but they still cause sadness), try starting your search for the negative thoughts at the moment the emotions occur. Ask yourself, "What was I thinking when I got upset?" Or, "What was my view of the situation when I started to feel depressed?" These questions and the answers may help you uncover the well hidden self-blaming antecedent thoughts or interpretations of the situation. Write down your thoughts, then objectively ask:

- What is the evidence for this idea (that may be causing me to feel bad)? Is it true?
- Is there another way of looking at the situation?
- Even if my first thought were correct, is it really as awful as I feel it is (or is the situation just "lawful" reality)?

Examples:

Feeling	Unreasonable thought	Reasonable thought
Self-critical	I can't do anything right.	I messed this up, but I can do better.
I'm rotten	If they knew me, they'd hate me.	I'm not all bad; they'd see that.
I'm odd & ugly	I'm so tall, I'm a freak.	There are real advantages to being tall.
I'm lacking...	I hate being so flat chested.	I'm a beautiful & good person, so forget it.
I look old	My bald head looks awful.	My brain and personality will hide my baldness.
I'm stupid	I'm a terrible speller, I'm ashamed.	I can't spell but I'm a hell of a mechanic.

These methods, primarily from Beck and Ellis, involve detecting very primitive thoughts, checking their accuracy and replacing the harmful, inaccurate ideas with rational thinking (often based on observations of what really happens around us). Here are some more specific examples of methods:

Tolerance training (challenging your irrational demands). Learn that you don't have to get what you want and that you can't always avoid unwanted outcomes. Challenge the "tyranny of the shoulds" or the "musts." Examples: "Everybody should like me" (that's impossible!). "I must have a lover" (learn to enjoy being alone for a while). "They shouldn't lie to me" (they have their problems). There are reasons for everything; learn them and accept reality. This is discussed more in cause #6 above and in methods #3 & #4 in chapter 14.



"Whether or not it is clear to you, the world is unfolding as it should."

-Desiderata



Challenge false conclusions. The depressed person has been preprogrammed to think negatively and irrationally. This is not a conscious, intentional effort to come to negative conclusions; it is an automatic process. You just assume your negative thinking is right because you have always thought that way and no one has challenged your thinking. Now, you have to be your own challenger:

False conclusions

I forgot the assignment, I'm irresponsible.
(self-blaming)

John snubbed me, nobody likes me.
(over-generalization)

It's terrible if I can't be an MD.
(absolutism)

I'm a nerd, always will be.

I failed once, I'll always fail.
(irreversibility)

The teacher is mad because I forgot
to do the paper. (personalization)

After my accident, they'll never trust me.
(over reaction)

More reasonable idea

A mistake, I'll not do that again.

I'd better talk to John; others like me
because I'm so good to them.

What a downer. What is my next
choice?

I need some better social skills.

I'll learn and practice more next time.

Half the class is doing poorly, not
just me.

One mistake doesn't destroy trust.

If some relatively minor event (not like death or divorce) has gotten us down--and we have stayed down too long--we must examine our conclusions about that event. Remember that depressed people demand too much sometimes, get obsessed with a loss, blame themselves (no benefit of the doubt), let events get them down, and don't think they can do anything about the depression. That is the nature of depression and low self-esteem. They see no silver lining, no light at the end of the tunnel, no opportunity for growth in this crisis. They aren't thinking rationally (see cause #7 above).

Avoid assuming responsibility for bad events and feeling guilt on and on. Recognize that it is unreasonable to assume that you are responsible for just the bad things in your life and not the good. Try to reduce your focus on your faults that may or may not have caused some loss in the past; instead, focus on your strengths that could improve your future. Likewise, guard against dwelling on and re-living the bad events and overlooking the good. Refer to #4 above. Flanigan (1996) offers advice about putting the past behind us and find self-forgiveness.

Unlike Seligman's dogs, **challenge your assumptions that you are helpless**. Acquire *Learned Optimism* and the courage to "give it a try," and you are on your way to success, more friends, less depression, and better health (Seligman, 1991). In all the specific actions for coping with depression, optimism is important: to some degree, the effectiveness of all anti-depression methods is a function of how much the user believes in the methods (Kirsch, Mearns, & Catanzaro, 1990).



An optimist sees opportunity in every calamity; a pessimist sees calamity in every opportunity.

I am the master of my fate. I am the captain of my soul.

-William Henley



Are optimists born? Maybe (watch a 1-year-old trying to walk). Certainly optimistic parents are a fortunate beginning, but even with pessimistic parents there is hope...(an optimist sees how change is possible). Until we are about 8 years old, we tend to be optimists. By mid-adolescence our thinking style is either optimistic or pessimistic and it tends to stay that way for the rest of our lives, unless we are persuaded or choose to change. Hope and self-direction are critically important factors in the outcome of human lives. Please pay attention if you are a pessimist. It's hard to become an optimist, requiring careful attention to every thought. The keys seem to be learning that (1) *every failure is an opportunity to learn*, (2) *we can change*, and (3) *success depends on effort*.

If you do any of the following: set your goals too low (nurse's aide instead of MD), expect to fail or to be disliked, feel things aren't ever going to go well for you, believe you just don't have the ability or the personality needed to succeed, or have other pessimistic thoughts, then you need "learned optimism." How can you get rid of the negative, defeatist ideas? Well, you might be able to just ignore the pessimism. But if you have brainwashed yourself well, then you will have to question the validity of your pessimistic ideas. Most self-putdowns are wrong, especially in the sense that most people could accomplish a lot more than they do--they sell themselves short. So, attack those self-destructive thoughts by deciding to think clearly and objectively, like a wise adult, about your feelings.

Look carefully at the typical pessimistic message: everything is terrible, always will be, and I'm to blame. This is close to Murphy's Law: Whatever can go wrong will. This is harmful, depressing crap you are feeding yourself! Recognize that these thoughts are a "left over" from an earlier time when things were going badly or someone was stuffing you with pessimistic thinking. Times have changed; the situation is different; you can be different. Rather than "nothing works out for me," how about "I'll try something new today." Rather than "he didn't want to play tennis with me--no one really likes me," how about "maybe he

was busy," " maybe he isn't very good at tennis," or " I'll bet he'd like to do a lot of other things with me." For optimism it is important to have self-esteem and self-efficacy--faith in your ability to change things based on past experience (methods #1, #4 & #9 in chapter 14).

Whenever you have a self-defeating pessimistic thought, ask yourself these five questions: (1) *Is it really true that you are helpless in this situation?* How certain can you be that something unavoidable and awful is going to happen? Are you sure you couldn't get an A in math? Why couldn't you build your own house? What are the real chances of a catastrophe? (2) *Is there another way to explain this event?* Did he/she leave me for other reasons rather than my being boring? Find as many possible reasons as you can. (3) *So what, even if it is partly true? Must it last forever? Must it mess up everything?* Suppose he/she did think you were a little boring, there is a lot more to it than that. Besides, it won't be hard to become more interesting to someone else. (4) *Is this pessimistic idea doing me harm right now?* If so, put it aside. Of course, you must not hastily dismiss every pessimistic idea: it is wise to heed your negative feelings about many things, such as driving while drunk, getting into a fight, burning down your house for insurance, etc. In short, simply insist that the negative idea be rational and useful before it shuts down your life. (5) *What is the best possible outcome I can hope for in this situation?* Logically, what do I need to do to turn this crisis into an opportunity? Question the rational basis for your guilt (see guilt section above and method #4 in chapter 14).



Optimists, who try the hardest, believe *success depends on effort*, not on innate ability or luck or social class or looks. So, work harder and become an optimist. Be responsible and become proud.



Attribution retraining

The depressed person is prone to believe "this bad situation will never get better," "it will ruin my whole life," and "it's all my fault." If those views of the situation were accurate, the person has a right to be depressed. However, these pessimistic views are never accurate.

Changing your explanation of the situation can change your emotional reactions, obviously. If you shift your attributions so that you see yourself as less responsible for an unfortunate happening (divorce, failure, accident, thoughtless inconsiderate act), you should feel less guilty or depressed. If you change your attributions so that there is more hope of improving the situation in the future, even though you are held more responsible for the unwanted situation, you should feel less hopeless and more self-confident. For example, deciding "I'm going to have to work harder to succeed" is self-blaming for past failures, but it may be an accurate and hopeful assessment of the situation because you *can* work harder.

Likewise, starting to see an unpleasant situation as being caused by temporary or easily changed causes is hopeful (as compared with unchangeable causes). Example: "My grades were low because I had the flu... (or) I tried to study in the living room where there is TV, stereo, and lots of activity." Also, if the cause of an unwanted situation influences very few other things (vs. a cause that disrupts almost everything), that is a happier situation. Example: being six foot seven inches tall may only keep you from being a fighter pilot but a bad temper may destroy many jobs and relationships. Finally, depressed people use several attributions that may at first seem unchangeable (low ability, bad luck, they're against me), but these causes can be seen as modifiable (learn skills, change luck, avoid or disarm enemies). There are so many ways to make changes, we should almost never feel powerless.

For practice at changing your attributions (these are old thought patterns that don't change easily), try listing your weekly successes and explain them in terms of *your personal traits and skills* that are rather permanent and potentially useful in several areas of your life. This also keeps you from dwelling on your failures. Example: "My grades in math and social science went up because I learned to get myself organized every day, to enjoy studying these topics, and to use the SQRRR study method." (See #4 above)

Successful self-help projects build confidence in your ability to make your world better (see self-efficacy in chapter 14). Sounds simple but much is involved: you must select some meaningful life goals, then acquire knowledge, skills, and role models so you can achieve these goals, and finally exert considerable effort so the achievement of the goals creates pride. Just saying "I can help myself" is not nearly as impactful as actually changing yourself (sort of like saying "I care for starving kids" and doing nothing versus saying "I care" and actually taking a hungry child on your lap and feeding him/her).

Consider failure to be a sign you need to work harder or need more practice, rather than proof you are "a failure." Moreover, wise people have advised "learn from your mistakes" and "make mistakes--lots of mistakes--just don't make the same mistake twice." If we can take that attitude, i.e. "I'm just learning to master this situation," we could be much more tolerant of our failures. We don't have to succeed. Many great people have only made it by having the courage to face repeated failure: Lincoln, Van Gogh, Frank Lloyd Wright, Gertrude Stein...

Watch for and change your overly negative, unquestioned, self-blaming thoughts. Example: "I got a 'C' because I'm stupid" (no, because I didn't study enough or have good study methods. I can't judge my ability to do school work until I put my best efforts to an extensive and fair test).

Observe the relationship between your thoughts and mood; prove that "illogical thoughts cause my depression, not my stupidity, looks, or badness...and I *can* change those damned thoughts." Also note expectations and outcome: if you expect little or nothing of yourself, you'll probably do poorly. If you expect to do impossibly well, you'll certainly fail.

Your ambitions need to be challenging but realistic.

Guard against self-handicapping (discussed in chapter 4). This is where you claim to have a handicap, perhaps "I'm sick," "I was up all night," "I have test phobia," "I didn't prepare," "I'm nervous and shy," "I've had a bad experience," "I'm on medication," etc. These handicaps are designed to excuse a poor performance (if that is the outcome); thus, prepared-in-advance handicaps reduce our motivation to do well. It is true that no one will be able to tell how able or disabled we are as long as there is no accurate test of our ability. That's the real pay off. But there are costs: we never get to know ourselves, we are likely to feel inadequate (*we know we haven't tried*), and we get little pride from always being handicapped.

Guidance. If you have no purpose, if you are bored, if you feel worthless or guilty or irresponsible, you need a guiding, inspiring philosophy of life. See chapter 3 quick. A meaningful life needs to have a purpose that firmly guides what you do every day. Life's purpose doesn't have to be grandiose or religious, but it should increase the good in the world and reduce the bad; it should make you proud. Self-esteem and self-efficacy also involve wanting to learn, mastering challenges, and developing skills and competencies. Your 2 1/2 pound brain is a fantastic organ. Don't waste it.

Lowering your aspirations. Disappointments could be reduced by lowering your aspirations and/or just accepting reality ("that's just the way the ball bounced"). See 29b. Guard against frequent obsessions with personal faults, such as being only average in intelligence, being small and skinny, being tall, being "ordinary" looking, having ugly ears, being shy, not catching jokes, and so on. Many of these worries are not correctable or don't really matter; other worries can be changed, but they aren't solved by just feeling depressed about the problem.

Determinism or humanism. A deterministic view of how the world operates can make one more tolerant of oneself, more accepting of others, and more hopeful of the future (method #4 in chapter 14). Self-acceptance may also come from a humanistic viewpoint in which each person is intrinsically respected, valued, and loved. Each human is different and makes an important unique contribution to the world (Jampolsky, 1979; Buscaglia, 1972).

Religion. Finding comfort in a **religion** and acceptance in **support groups** has helped many people overcome depression. Every community has several religious communities. There are many self-help groups (or you can start one). There are also televangelists, many religious writers, and spiritually oriented psychologists, such as Jampolsky (1985) and Peck (1993). See the discussion of self-help groups in chapter 5 and religion in chapter 14.

Look to the future. Sometimes the heavy weight of today's burden is lightened by asking: What will life be like next month? in six months? in a year? in five years? in ten years? All things change. Given a more distant perspective, there may be less gloom and

more hope.

Talk yourself up. As with anger, we can learn to interpose positive thoughts or self-instructions between the disturbing event and our emotional reaction so that the sadness is reduced. For instance, as discussed in chapter 14, suppose you have just been told by your boy/girlfriend that they want to terminate the relationship. How can you reduce the pain and depression? The pain can't be avoided but it may be dulled and shortened a little. Look for positive aspects: "At least a decision has been made" and "It's good that I found out now about her/his being unsatisfied, rather than after we were married." Look for your good points: "I'm proud of how I handled the relationship" and "I didn't try to just be what he/she wanted; I want someone to love the real me." Look for support from others: "All my friends will support me; some didn't think he/she was a good choice for me any way." Look for a positive future: "I will be a better companion in the future and I know a lot more about what I want in a relationship."



What seems nasty, painful, or evil, can become a source of beauty, joy and strength, if faced with an open mind. Every moment is a golden one for him/her who has the vision to recognize it as such.

-Henry Miller

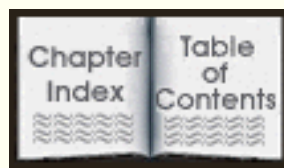


If a loss can be anticipated (like a death), realistically facing the situation, discussing it with others, and emotionally "working through" the loss can reduce the impact. Also, if the loss can be seen as less personal ("it's not my fault") and less catastrophic, it should be less depressing and you will probably have a quicker recovery.

Note: suggestions #1, #2, #3, and #10 above are partly cognitive in nature.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
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METHODS FOR COPING WITH DEPRESSION

Level V: Unconscious factors (chapter 15)

When you read the case histories of many depressed people, it seems unlikely that the above methods will cure the enormous misery they suffer. This is especially true of cases with abusive childhoods as described by therapists cited in the section on shame or by Susan Forward in *Toxic Parents* or Arthur Janov in *The New Primal Scream*. They all contend that it takes years to overcome the feeling that you are unwanted, worthless, disgusting and so on. It is my experience that some depressed people are helped with the behavioral-cognitive-skills methods, particularly those struggling with losses and mild depression. But those who were miserable as children, always feeling alone and shame-filled, never liking themselves nor truly trusting others, and remain profoundly unhappy, they are difficult to treat. It doesn't seem likely that some simple advice, like "think positive," is going to cure them (but it might help).

Although Freud would say, "I told you so 100 years ago," there have been several recent cases in which early childhood experiences of trauma and abuse have suddenly popped into consciousness. These insights are sometimes reported to be relieving--like a load is lifted. I believe some people do need to unload their emotional burdens, their "unfinished business." But, I don't believe every sad person was abused as a child. It is impossible, given our knowledge today, to know the true and original "cause" of a person's depression. I say this because the cause given for your depression depends on what therapist you see, i.e. most psychiatrists would say "chemical imbalance," Beck and Ellis would say "faulty thinking," Seligman would say "helplessness and pessimism," Bradshaw would say, "shame," etc. It is strange that each theorist only sees *his* kind of depression. We haven't put the elephant together yet.

Certainly, some traits related to depression, especially to shame, go back to the first few years of life. Indeed, many depressing attitudes have a long history: feeling inferior, helplessness, pessimism, guilt, self-criticalness, perfectionism, hypersensitiveness, shyness, dependency, socially neediness, hostility, and being without systematic values to guide our lives. Naturally, theorists are prone to blame parents for the weaknesses starting in

childhood. We should keep in mind however that just as the guilty, sad, self-critical, shame-filled person may have learned those things in childhood, the angry, degrading, neglectful parent developed his/her basic personality as a child too. You can't point the finger of blame at just one person; it's more complex than that.

If you could learn to understand the development of any of the just mentioned factors or if you became more aware of how these feelings show themselves in subtle ways, you might be in a better position to reduce their impact on your life. Example: suppose you grew up feeling that you were slighted by your parents and concluded it was because you did not deserve to be dealt with fairly and as a worthy person. If you understood the origin and irrationality of this low self-concept, you might stop your self-put-downs, start seeing your strengths, and begin to tactfully demand your rights with others, i.e. stop responding with self-put downs like you did as a 10-year-old. Here are some "insight" methods:

Read some insight-oriented psychological writings about depression, then **self-explore** and try to figure out your own dynamics. Assume the responsibility for getting insight into your life. Check your ideas out in a support group. You may have a thoughtful friend, if you are very lucky, with whom you can discuss the causes of your depression, but often you are on your own to "analyze" your psyche. I have already cited references in the specific areas of depression. General insight books include: Bass and Davis (1988), Miller (1983), Schaefer (1989), and Forward (1989).

Warning: Some writers (especially Bass & Davis, 1988) declare that *repressed* childhood traumas, such as sexual abuse, are the probable cause of specific adult problems. It is true that abuse can be repressed (forgotten). And, since remembered abuse is sometimes (not always!) associated with adult problems, it is quite possible that repressed abuse could cause long-term problems. *But* no therapist or book can or should state that *you* probably have been abused just because you have certain symptoms (assuming you have no memories or other evidence of abuse). On the other hand, *false* memories of abuse are sometimes developed. When this happens, false accusations of childhood abuse can cause great distress to others (and might the victim's depression worse). This is discussed in greater length in chapter 15.

Unconsciously motivated interactions. Read in chapter 9 about "**games people play**" according to Transactional Analysis. These are unconsciously motivated interactions with others in which we may goof up and/or get put-down, thus confirming our childhood beliefs that we are inferior and undeserving. Once we know that we are designing our own failures (and for "sick" reasons stemming from early childhood), we can use our Adult intelligence to stop these self-defeating games.

Anger and guilt. Depression is often associated with, maybe even concealed by, other emotions, especially anger and guilt. Research reveals that anger with the spouse is often the true source of depression. Therefore, the other emotions may have to be dealt with before the

sadness shows itself clearly. Then the depression can be deconditioned, attacked cognitively, or understood through insight. Remember, our guilt may be unjustified (see section above) and our anger is likely to be suppressed (see next chapter). Flanigan (1996) writes about forgiving yourself. Often we are very angry about how we have been treated, but we have been taught that it isn't nice to be hostile (and besides it may actually be dangerous), so we don't talk about it. Venting might help. Determinism too.

Shame. In some cases, for instance with shame, it may be necessary to **uncover the original early childhood pain** that made us feel inadequate. Then you can nurture the hurt, fragile inner child and build your self-esteem using more rational and mature methods. Several ways of reducing shame are described in the special section on shame above. Be sure to see John Bradshaw's books.

Our inner child. Chopich and Paul (1993) describe how our "inner child" may be abandoned and shamed by our own "inner adult." When this happens the inner child feels very negative about itself, including feeling bad, shame, fearful, and in need of addictions to numb the hurts. Their treatment (it could be self-help) involves encouraging our adult part to attend to, accept, protect, and **take care of our inner child**. A healthy, protected inner child is very valuable to us; it is intuitive, creative, passionate, full of wonder, playful, energized, sensitive, wise, and fun. Basically, self-help of an insight nature for depression involves getting to know our true feelings, i.e. understanding and accepting ourselves, including our inner child. Self-esteem results, in part, from our inner adult loving our inner child. Again, see the discussion of shame in the previous section.

Conclusion: Final words of advice

Don't let your computer get overloaded looking at all these methods. Remember just reading will not make you happy; you must **DO SOMETHING** with the ideas you read! You must change how you act and think. Find two or three methods that seem practical to you and give them an earnest try! If your first attempts don't work, try something else until you feel less depressed.

Don't assume that the psychological methods above will instantly change or overcome the ways you have been acting, feeling, or thinking for many years. You can't just plan one active, fun weekend and, then, expect the depression to lift forever. You can't try stopping depressing thoughts for two or three hours and, then, expect these upsetting ideas to stop forever. You can't just try for an hour to think of positive things about yourself and, then, expect to like everything about yourself ever after. It is a major undertaking to change yourself from a pessimist into an optimist. We are talking attending to details for weeks or months.



Note again: If your depression is serious or dangerous, get professional help immediately. Even if

your depression is not serious but a support group and/or your self-help efforts are not helping, get individual therapy from two experienced professionals--a MD and a psychotherapist. If medication has not helped, see a psychotherapist. If several sessions of psychotherapy has not helped, get medication from a MD and consider getting another psychotherapist.

I must repeat that **antidepressive medication** and PMS treatment are important sources of help. Scientists don't know exactly how the drugs work, but for some people antidepressants are a godsend. Strangely, many studies have shown that 30%-40% of depressed people improve when given a sugar pill for the depression, while about 50%-65% improve on an antidepressant. We don't know why placebos are so powerful with briefer and milder depressions. But for deep depression (including weight loss, early morning awakening, continuous sluggishness, total loss of interest and pleasure in life) antidepressants are necessary and far more effective than a placebo (Brown, 1995).

About half of all people evaluated by a psychiatrist for any problem are prescribed drugs! Over half of patients ordered to take drugs by psychiatrists are told to take antidepressive medication! And, *private* psychiatrists, the most expensive kind, prescribe about 70% of all anti-depressive drugs, not Mental Health Centers or family physicians or other *public* clinics (this may be changing as selected psychoactive drugs, such as Prozac, become popular and fashionable). As mentioned, the benefits of drugs can be life-saving for some people, so psychiatrists like Kramer (1993) strongly advocate Prozac for depression. Likewise, treatment for PMS helps many women avoid depression and tension.

Many depressed patients feel certain that their prescriptions are very beneficial. Yet, everyone shouldn't assume that drugs will be an easy, cheap panacea for them. Drug companies spend \$5 billion a year to promote drugs. Recent studies, however, using patient ratings and effective designs, have found that for many people antidepressive medication gave little relief from depression (Greenberg, Bornstein, Greenberg, & Fisher, 1992; Breggin and Breggin, 1994, and Fisher and Greenberg, 1995). Even psychiatrists admit that perhaps 30% of severely depressed patients are not "cured" by antidepressants. Nevertheless, the point is: millions of other people *have gained relief* by using prescribed drugs even though less than 20% of depressions have identifiable medical causes. Drugs should not be avoided, but the truth is that many people won't use drugs, and when they do, the drop out and relapse rates are higher with drugs than with psychotherapy. Effective drugs (which include placebos) should be used cautiously in conjunction with psychological methods (treatment and self-help).

A Special Caution: Many physicians prescribe antidepressants, especially Prozac, without recommending psychotherapy.

It is becoming common to prescribe Prozac (over 1 million prescriptions per month, mostly by non-psychiatrists). Because of the hype and few side effects, Prozac is considered a miracle cure for many things: eating disorders, obsessions, compulsions, shyness, unassertiveness, poor thinking, low productivity, weak personality, low zest, lack of confidence, lack of poise, etc. None of these "treatments" have been proven. Be careful when you take drugs. Prozac may be helpful with depression but its help with these other problems is questionable.

The effects of Prozac are enhanced by its popularity, i.e. a powerful placebo effect. In addition, Prozac seems to act as a stimulant, something like a mild amphetamine of the 1960's. These two factors lead many depressed patients to be convinced that their Prozac prescriptions are very beneficial, say the Breggins (1994). However, when drugs become a well advertised fad (like Valium a decade ago and Prozac recently), we "medicalize" our problems, i.e. we see our feelings as caused by uncontrollable biochemical factors permitting us to deny our history, our conflicts, losses, and stresses, and our morals or personal failings. Feeling better becomes the doctor's responsibility; we don't have to try to help ourselves.

Don't overlook the effectiveness of psychological treatment. Several extensive investigations conclude that psychological treatment, such as improving social skills, increasing pleasant activities, and correcting maladaptive negative thoughts, yields better long-term outcomes than drugs (Antonuccio, Danton, & DeNelsky, 1994). Both cognitive-behavioral and psychodynamic-interpersonal therapies work with depression (Gallagher-Thompson & Steffen, 1994; Shapiro, et al., 1994). So, don't think that psychology is just a cheap, second-rate source of help for depression; objective research says psychotherapy is the best treatment you can find but, like drugs, psychotherapy doesn't work for everybody.

Psychological methods aren't just for reducing depression; there is evidence that psychoeducational sessions can *prevent* depression. Gillham, Reivich, Jaycox & Seligman (1995) gave 5th and 6th graders 12 sessions covering some of the cognitive and social problem-solving skills mentioned above. Among those getting training, only about half as many (compared to an untreated control group) got depressed during a two year follow-up.

Don't forget **there are many sources of self-help with depression, especially books.** Some are excellent, especially both of Burns's books (1980, 1989) which give detailed instructions for a cognitive psychology approach to reducing depression. Recently, a rare evaluation of a self-help book showed that *Feeling Good* reduced depression (Jamison & Scogin, 1995). Mental health workers also recommend Burns highly (Santrock, Minnett & Campbell, 1994). Research says cognitive methods are the best we have today. Also, among the better books for general psychological self-help with depression are: Carlson (1994), Lewinsohn, et al. (1986), Preston (1989), and Ellis (1988). One of the more extensive packages for depression and manic depression involves two books and a video tape by Mary Ellen Copeland (1993, 1994).

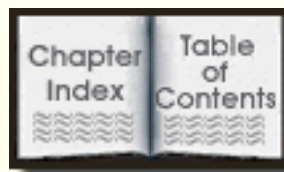
A man (Emery, 1988) and a woman (Braiker, 1988) have written cognitive therapy books for depressed women. A psychiatrist has addressed dysthymia, i.e. long lasting but moderate depression (Hirschfeld, 1991). Herskowitz (1988) gives advice to parents with a depressed child. Hipp (1996) writes for the teenager suffering through a loss--a death, a divorce and so on. For genetic factors in depression, see Arterburn (1993). Gold (1986) and Klein & Wender (1988) do a good job describing drug treatment before Prozac; Kramer (1993) tells you about Prozac but oversells it.

For coping with death, loneliness, perfectionism, low self-esteem, lack of hope and motivation, and boredom, see the sections above. For low self-esteem, see chapter 14.

For more information write for: *Depression: Awareness, Recognition, Treatment*, National Institute of Mental Health, Rockville, MD 20857 or phone 800-421-4211. The National Depressive and Manic Depressive Association, Box 3395, Merchandise Mart, Chicago, IL 60654 also provides information (phone: 800-826-3632). There is a Clearinghouse for Depression on the internet at <http://www.psycom.net/depression.central.html>. The Clearinghouse cites many references, including Mindstreet TM's *Cognitive Therapy* (8 hours of computer assisted psychotherapy) and Lewinsohn et al (1986) book which is available on line. For older persons, booklets (D14220 & D14862) are available from AARP Fullfillment (EE0713), P.O. Box 22796, Long Beach, CA 90801-5796. Also, a film is available (\$29.95) from Impact Resources, Murrieta, CA 92564-1169 or 1-800-333-6475. For depression oriented self-help groups, write Depressives Anonymous, 329 East 62nd St., New York, NY 10021 or phone 212-689-2600.

[← Back a page](#)

[Forward a page →](#)



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ANGER AND AGGRESSION

This chapter will provide (1) signs of anger, (2) theories about how and why aggression develops, and (3) means of preventing or coping with anger (in yourself and in others). The specific topics are as follows:



Anger and Aggression

- Introduction
- Recognizing anger
- Hidden anger
- How angry are you?
- A case of jealous anger



Understanding anger: theories and facts

- Innate, genetic, hormonal
- Response to frustration--displacement & catharsis
- Social Learning Theory
- Aggression and child rearing practices
- Self-hatred
- Self-reports describing anger
- Mental processes that generate anger/aggression
 - Disliking people who are different
 - Hating people for "no reason"
 - Pain leads to aggression
- Internal dynamics of aggression
 - Psychoanalysis
 - Anger-generating thoughts
 - Put-down games & psychological put-downs
 - Anger and anxiety, guilt, depression, dependency

- The effects of gender roles and cultural differences
- Psychological excuses for aggression; anger may pay off



Anger in intimate relationships

- Marriage
- Abuse of spouses
- Child abuse
- Parent-teenager conflicts
- Jealousy



Distrusting others

- How to become more trusting



Prejudice--how prejudice is learned and unlearned

- The authoritarian personality
- Integration: is it reducing prejudice?
- Self-help methods to reduce prejudice



Methods for handling our own anger/aggression

- Level I: change environment, learn new behavior, stop fantasies
- Level II: stress inoculation, desensitization, catharsis
- Level III: assertiveness & empathy training, "I" statements
- Level IV: stop irrational thinking, determinism, love & forgive
- Level V: avoid "games," find payoffs, look for history, read
- Suggested books for specific anger problems



Dealing with an aggressive person

- Recommended reading
- Reducing the other person's anger
- The angry child



If you are a victim of violence or bullying



Social-educational solutions to violence



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INTRODUCTION

How we deal with stress, disappointments, and frustration determines the essence of our personality. In this chapter we consider frustration and aggression. Anger may do more harm than any other emotion. First of all it is very common and, secondly, it upsets at least two people--the aggressor and the aggressed against. There are two problems: how to prevent or control your own anger and how to handle someone aggressing against you. This chapter attends more to self-control.

The overall effects of anger are enormous (Nay, 1996). Frustration tells us "I'm not getting what I want" and eventually anger is related to violence, crime, spouse and child abuse, divorce, stormy relationships, poor working conditions, poor physical health (headaches, hypertension, GI disturbances, heart attacks), emotional disorders, and so on.

Just how widespread is hostility? Very! *Psychology Today* (1983) asked, "If you could secretly push a button and thereby eliminate any person with no repercussions to yourself, would you press that button?" 69% of responding males said yes, 56% of women. Men would most often kill the U. S. president or some public figure; women would kill bosses, ex-husbands or ex-boyfriends and former partners of current lovers. Another survey of college students during the 80's indicated that 15% agreed that "if we could wipe out the Soviet Union, and be sure they wouldn't be able to retaliate, we should do it." That action could result in over 100 million deaths! The respondents seemed to realize the great loss of life because 26% said, "the United States should be willing to accept 25 million to 50 million casualties in order to engage in nuclear war." What an interesting combination of intelligence and mass violence in the same species. In light of the subsequent disintegration of the Soviet Union, this kind of pugnacious, arrogant, uncaring thinking is really scary. The problem isn't stupid thinking as much as it is self-centered mean-spiritedness.

Great atrocities are attributed to crazed men--Hitler, Stalin, terrorists, etc. But, several psychological studies cited in this and the next chapter suggest that ordinary people can rather easily become evil enough to discriminate against, hurt, and brutalize others. Likewise, Goldhagen (1995) has documented that ordinary Germans by the thousands

rounded up and executed Jews by the millions. It isn't just the prejudiced and deranged that brutalize. There is scary evidence that almost all of us might, under the right conditions, develop a tolerance or a rationalization for injustice. Even the most moral among us may look the other way (certainly the many murderers in Germany and Russia talked to priests, ministers, town officials, etc.). We strongly resist thinking of ourselves as potentially mean, but we have no trouble believing that others are immoral. Storr (1994) attempts to explain intense human hatred and cruelty to others, such as genocide and racial or religious conflict.

The crime rate soars in the U.S. and our prisons overflow; infidelity and spouse abuse are high; 1 in 5 women has been raped, 683,000 women were raped in 1990 (30% were less than 11!); our murder rate is several times higher than most other countries. We are prejudiced. We distrust and dislike others. Even within the family--supposedly our refuge, our safe place, our source of love--there is much violence. Between 1/4 and 1/2 of all wives have been physically battered which causes great psychological trauma too (Goodman, Koss, & Russo, 1993). Physical fights have occurred within 12-16% of all marriages during the last year. In 50% of these instances it is mutual violence, i.e. *both* try to beat up on the other. But children 3 to 17 are the most violent: 20% per year actually abuse their parents, 93-95% are a "little physical" with parents. In addition, last year 10% of children were dangerously and severely aggressive with siblings. Nearly one third of us fight with our siblings. About 25% of all murders are by teenagers. There are 1.2 million cases of child abuse per year. Pogrebin (1983) says we are a child-hating society.

One in eight high school students are involved in an abusive "love" relationship right now. 40% of youths have been in a fight in the last year; 10% were in four or more fights last year. 25% of young males have carried a weapon at least one day in the last month (of that 25%, 60% carried a knife and 25% a gun). Boys and men are much more likely to carry a weapon than a female, but don't assume that only men act violently. Recent studies suggest that college (not high school) women are more likely than men to kick, push, bite, and slap in anger, especially when they are jealous. Hostile, aggressive young people tend to come from broken, angry, violent homes.

We will study more about how anger develops. Is it innate? Certainly most three-year-olds can throw a temper tantrum without any formal training and often even without observing a model. Is it learned? Why are the abused sometimes abusers? Does having a temper and being aggressive yield payoffs? You bet. How do we learn to suppress aggression? How can we learn to forgive others?

Anger can be the result of hurt pride, of unreasonable expectations, or of repeated hostile fantasies. Besides getting our way, we may unconsciously use anger to blame others for our own shortcomings, to justify oppressing others, to boost our own sagging egos, to conceal other feelings, and to handle other emotions (as when we become aggressive when we are afraid). Any situation that frustrates us, especially when we think

someone else is to blame for our loss, is a potential trigger for anger and aggression.

So, what is **frustration**? It is the feeling we get when we don't get what we want, when something interferes with our gaining a desired and expected goal. It can be physical (a flat tire), our own limitations (paralysis after an accident), our choices (an unprepared for and flunked exam), others' actions (parental restrictions or torturing a political prisoner), others' motives (deception for a self-serving purpose), or society's injustice (born into poverty and finding no way out).

Anger is feeling mad in response to frustration or injury. You don't like what has happened and usually you'd like to get revenge. Anger is an emotional-physiological-cognitive internal state; it is separate from the behavior it might prompt. In some instances, angry emotions are beneficial; if we are being taken advantage of, anger motivates us to take action (not necessarily aggressive) to correct the situation. **Aggression** is action, i.e. attacking someone or a group. It is intended to harm someone. It can be a verbal attack--insults, threats, sarcasm, or attributing nasty motives to them--or a physical punishment or restriction. What about thoughts and fantasies in which we humiliate or brutally assault our enemies? Is that aggression? What about violent dreams? Such thoughts and dreams suggest anger, of course, but are not aggression as I have defined it here.

While aggression is usually a result of anger, it may be "cold" and calculated, for example, the bomber pilot, the judge who sentences a criminal, the unfaithful spouse, the merchant who overprices a product, or the unemotional gang attack. To clarify aggression, some writers have classified it according to its purpose: instrumental aggression (to get some reward, not to get revenge), hostile aggression (to hurt someone or get revenge), and annoyance aggression (to stop an irritant). When our aggression becomes so extreme that we lose self-control, it is said that we are in a **rage**.

Aggression must be distinguished from **assertiveness** which is tactfully and rationally standing up for your own rights; indeed, assertiveness is designed not to hurt others (see chapter 8).

Anger can also be distinguished from **hostility** which is a chronic state of anger. Anger is a temporary response, which we all have, to a particular frustrating situation; hostility is a permanent personality characteristic which certain people have.

This chapter will provide (1) signs of anger, (2) theories about how and why aggression develops, and (3) means of preventing or coping with anger (in yourself and in others).

Recognizing Anger

We know when we are very mad, but anger and aggression come in many forms, some quite subtle. Look inside yourself for more anger. This list (Madlow, 1972) of behaviors and verbal comments said to others or only thought to ourselves may help you uncover some resentments you were not aware of:

Direct behavioral signs:

1. Assaultive: physical and verbal cruelty, rage, slapping, shoving, kicking, hitting, threaten with a knife or gun, etc.
2. Aggression: overly critical, fault finding, name-calling, accusing someone of having immoral or despicable traits or motives, nagging, whining, sarcasm, prejudice, flashes of temper.
3. Hurtful: malicious gossip, stealing, trouble-making.
4. Rebellious: anti-social behavior, open defiance, refusal to talk.

Direct verbal or cognitive signs:

1. Open hatred and insults: "I hate your guts;" "I'm really mad;" "You're so damn stupid."
2. Contempt and disgust: "You're a selfish SOB;" "You are a spineless wimp, you'll never amount to anything."
3. Critical: "If you really cared about me, you'd...;"
"You can't trust _____."
4. Suspicious: "You haven't been fair;" "You cheated!"
5. Blaming: "They have been trying to cause me trouble."
6. I don't get the respect I deserve: "They just don't respect the owner (or boss or teacher or doctor) any more."
7. Revengeful: "I wish I could really hurt him."
8. Name calling: "Guys are jerks;" "Women are bitches;" "Politicians are self-serving liars."

9. Less intense but clear: "Well, I'm a little annoyed;" "I'm fed up with...;" "I've had it!" "You're a pain." "I don't want to be around you."

Thinly veiled behavioral signs:

1. Distrustful, skeptical.
2. Argumentative, irritable, indirectly challenging.
3. Resentful, jealous, envious.
4. Disruptive, uncooperative, or distracting actions.
5. Unforgiving or unsympathetic attitude.
6. Sulky, sullen, pouting.
7. Passively resistant, interferes with progress.
8. Given to sarcasm, cynical humor, and teasing.
9. Judgmental, has a superior or holier-than-thou attitude.

Thinly veiled verbal signs:

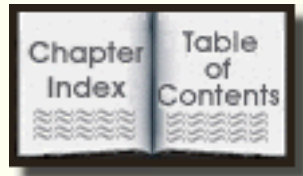
1. "No, I'm not mad, I'm just disappointed, annoyed, disgusted, put out, or irritated."
2. "You don't know what you are talking about;" "Don't make me laugh."
3. "Don't push me, I'll do it when I get good and ready."
4. "Well, they aren't my kind of people."
5. "Would you buy a used car from him?"
6. "You could improve on..."
7. "Unlike Social Work, my major admits only the best students."

Indirect behavioral signs:

1. Withdrawal: quiet remoteness, silence, little communication especially about feelings.
2. Psychosomatic disorders: tiredness, anxiety, high blood pressure, heart disease. Actually, college students with high Hostility scores had, 20 years later, become more overweight with higher cholesterol and hypertension, had drunk more coffee and alcohol, had smoked more cigarettes, and generally had poorer health (Friedman, 1991). See chapter 5 for a discussion of psychogenic disorders.
3. Depression and guilt.
4. Serious mental illness: paranoid schizophrenia.
5. Accident-proneness and self-defeating or addictive behavior, such as drinking, over-eating, or drugs.
6. Vigorous, distracting activity (exercising or cleaning).
7. Excessively submissive, deferring behavior.
8. Crying.

Indirect verbal signs:

1. "I just don't want to talk."
2. "I'm disappointed in our relationship."
3. "I feel bad all the time."
4. "If you had just lost some weight."
5. "I'm really swamped with work, can't we do something about it?"
6. "Why does this always happen to me?"
7. "No, I'm not angry about anything--I just cry all the time."



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HIDDEN ANGER

It is obvious from these "signs of anger" that anger is frequently a concealed or disguised emotion. And why not? Getting mad is scary... and potentially dangerous. One common way of expressing suppressed anger has been given a special name: **passive-aggressiveness**. It is releasing your anger by being passive or subtly oppositional. For example, such a person may be "tired," unresponsive, act like he/she "doesn't understand," be late frequently, exaggerate others' faults, pretend to agree ("sure, whatever"), be tearful, be argumentative, be forgetful, deny anger ("nothing's wrong"), procrastinate, and frequently be clumsy or sick (Hankins, 1993). Many of these traits and behaviors are listed above.

There is another related form of concealed anger: feeling like a victim. Feeling victimized assumes that someone or some situation has mistreated you. But a person who specializes in constantly feeling like a victim may not identify or accuse his/her abuser. Instead, he/she generally feels that the world is against him/her, that others vaguely intend to make him/her miserable. Victims usually feel helpless; therefore, they take little responsibility for what has happened to them. They think they were terribly mistreated in the past but they now seem unable to accept love and support, e.g. if you offer them help, they never get enough or if you try to cheer them up, it seldom works. A victim is much more likely to sulk, pout, look unhappy, or lay a guilt trip on something than to get angry. They play games: "Why does it always happen to me?" or "Yes, but" (no one's ideas or suggestions will do any good). The self-pitying, pessimistic, sad, jealous victim is surely sitting on a mass of hostility.

Both the passive-aggressive and the victim are likely to be aware of their anger, even though it is largely denied. In chapter 9 we will discuss "game playing" in which the aggressor plays "You're Not OK" or put down games without being aware of his/her anger. Anger expresses itself in many forms: cynic, naysayer, critic, bigot, etc. Potter-Efron & Potter-Efron (1995) describe ten different styles of expressing anger; this may help you identify your type and help you stop it.

How angry are you?

There are so many frustrations in our daily lives, one could easily become chronically irritated. Perhaps more important than the variety of things that anger us, is (1) the intensity of our anger and (2) the degree of control we have over our anger. That is, how close are we to losing control? About two-thirds of the students in my classes feel the need to gain more control over their anger.

How much of a temper do you have? Ask yourself these kind of questions:

- Do you have a quick or a hot temper? Do you suppress or hide your anger (passive-aggressive or victim)?
- Do you get irritated when someone gets in your way? fails to give you credit for your work? criticizes your looks or opinions or work? gives themselves advantages over you?
- Do you get angry at yourself when you make a foolish mistake? do poorly in front of others? put off important things? do something against your morals or better judgment?
- Do you drink alcohol or use drugs? Do you get angry or mellow when you are high? Research clearly shows that alcohol and drugs are linked with aggression. Drinking decreases our judgment and increases our impulsiveness, so watch out.

You probably have a pretty accurate picture of your temper. But check your opinion against the opinion of you held by relatives and friends. There also are several tests that measure anger, e.g. Spielberger (1988).

A case of jealous anger

Tony and Jane had gone together a long time, long enough to wear off the thrill and take each other for granted. The place where this was most apparent was at dances and parties. Tony was very outgoing. He liked to "circulate" and meet people, so he would leave Jane with a couple of her friends and he would go visit all his old buddies. This bothered Jane; she would have liked to go along. But what really bothered Jane was Tony's eye for beautiful women. As he moved around greeting his friends, he looked for the best-looking, relatively unattached woman there. Tony was nice looking, a good dancer, and not at all shy. He'd introduce himself, find out about the woman, tell some funny stories about what he had done, and, if it were a dance, ask her to dance. Eventually, he would excuse himself and come back over to Jane and her friends. He just enjoyed meeting new people and dancing or parties.

Jane resented this routine. She had told Tony how she felt many times. He told her that she was being ridiculous. Jane felt much more anger, hurt, jealousy, and distrust inside than she let show. She was usually quiet and "cool" for a little while but pretty soon she would dance with Tony and it seemed like she got over it. Yet, even the next day she would think about what had happened and cry. About lunch time she would wonder what Tony was doing. A little fantasy would flash through her mind about Tony calling up the woman he danced with and asking her out to lunch. That would hurt her too.

Understanding Anger

The nature of the organism?

Freud came to believe in a death or aggressive instinct because he saw so much violence, sadism, war, and suicide. Konrad Lorenz (1966) believed that species, both animal and human, survived by having an aggressive instinct which protected their territory and young, and insured only the strongest individuals survived. The sociobiologists, noting the frequency we go to war, also suggest that we have inherited an aggressive nature, a tendency to lash out at anything that gets in our way, a need to dominate and control.

Research has shown that stimulation of certain parts of animals' brains leads to aggression. Stimulation of other parts stops aggression. We don't know how this works. In 1966, Charles Whitman killed his wife and mother because "I do not consider this world worth living in...", then climbed a tower on the University of Texas campus and fired his rifle at 38 people. He killed 14 before being killed. An autopsy revealed a large tumor in the limbic system of his brain (where the aggression "centers" are in animal brains). In epileptic patients with implanted electrodes, in rare cases violence follows stimulation of certain parts. Abnormal EEG's have been found among repeat offenders and aggressive people. So, aggression may sometimes have a physical basis. Brain damage can be caused in many ways (Derlega and Janda, 1981).

Aggression may also have a chemical, hormonal, or genetic basis too. A large survey of adopted children has found that living with an adoptive parent who committed crimes is less risky than merely having the genes from a person who committed crimes (Mednick, Gabrielli & Hutchings, 1984). The power of human genes is discussed in chapter 4, but, obviously, within animals certain breeds of dogs, like Pit Bulls, are more vicious than others. More aggressive breeds can be developed, e.g. rats or fighting bulls. Maybe we should develop kinder, gentler, smarter humans.

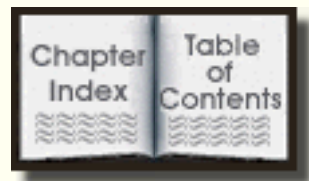
Other physiological factors seem to be involved. Examples: high testosterone (male sex hormone) is associated with more unfaithfulness, more sex, more divorce, more

competitiveness, and anti-social behavior. It is also known that a viral infection, called rabies, causes violent behavior. About 90% of women report being irritable before menstruation. Furthermore, 50% of all crimes by women in prison occurred during their menstrual period or premenstrual period. By chance only 29% of crimes would have occurred during those eight days. Hypoglycemia (low blood sugar) increases during the premenstrual period and it causes irritability. About 3 times in a 1000 a male inherits an extra X or Y chromosome, so they are XYY or XXY, instead of XY. At one time it was thought that XYY and XXY males committed more violent crimes. Now it appears that this isn't true but these males are arrested earlier and more often. So we can't forget our inheritance. There is so much we do not know yet.

In all of these possibilities--instinct, heredity, hormones, or brain dysfunction--the aggression occurs without apparent provocation from the environment (although there is almost always a "target"). According to some of these theories, the need or urge to be aggressive is boiling within each of us and seeks opportunities to express itself. There is also clear evidence that alcohol consumption and hotter temperatures release aggression, but no one thinks there is something in alcohol or heat that generates meanness. The socialization process, i.e. becoming a mature person, involves taming these destructive, savage, self-serving urges that probably helped us humans survive one million years ago but threatens our survival today.

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UNDERSTANDING ANGER: THEORIES AND FACTS

Frustration leads to aggression

Any observer of human emotions recognizes that certain circumstances and actions by others seem to make us mad. When we are intentionally hurt, insulted, cheated, deceived, or made fun of--all these things arouse anger and aggression (Byrne & Kelley, 1981) and distrustful people have more of these experiences. In each case we had hoped for more--for more consideration, more fairness, more understanding. We were frustrated, i.e. prevented from achieving some desired goal. Some theorists believe that anger just naturally results from frustration. This is called the frustration-aggression hypothesis.

Our frustration will be more intense if our goal is highly desirable, if we "get close" to our goal and expect to get it, if the barrier to our goal unexpectedly appears and seems unjustified or unfair, and if we "take things personally" (Aronson, 1984; Berkowitz, 1989). There are several physiological reactions that accompany frustration, including higher blood pressure, sweating, and greater energy. Psychosomatic symptoms, such as heart disease, occur more often in people who are cynics and distrustful but hold in their anger. Some of us explode, others swallow feelings. Our blood pressure sometimes goes up more when we explode, at other times it goes up more when we swallow the feelings, depending on the situation. The more physiologically damaging anger reactions seem to occur under two extreme conditions, namely, when we feel utterly helpless, or, the opposite, when we have overly optimistic expectations of reaching unreachable goals.

It is obvious that even though we are frustrated and feel angry, we may not become aggressive--not if such a response might result in our being injured or rejected or fired. Yet, if you think of anger as a drive, an urge inside striving for expression, then merely deciding to placate your boss or an obnoxious football player doesn't do anything to reduce your anger (indeed, probably increases it). We can learn to control our anger but as a basic drive it remains there seeking some expression. That's the theory (both Freud and Dollard and Miller, 1950).

There are two implications (both seriously questioned recently):

1. The unexpressed anger will spill out in other directions (displacement). For example, Dollard and Miller described a teenage boy who was unable to go on a trip because his friend had a cold. Not long after this he got into a big fight with his little sister. This displaced aggression is directed away from the real target and towards a safer target, called a scapegoat. This provides a partial release of the pent up frustration but the initial disappointment may never be admitted and experienced fully. Indeed, displacement can also be a defense against recognizing the real source of anger (see chapter 5). Displacement is referred to several times in this chapter, especially under prejudice.
2. When the angry feelings build up inside, presumably like pressure in a hydraulic system, it is thought by many therapists to be relieving to express the feelings and get them completely "off your chest." This is called **venting** or **catharsis**, a cleansing of the system. Early in Freud's career, psychoanalytic therapy depended heavily on catharsis--uncovering old emotional traumas and venting those feeling until we had some understanding of the internal stress and a thorough draining of the pent up emotions. It is a popular and common notion that feelings need to be expressed openly and completely. Clearly, when a child wants something he/she can't have, it is likely to cry, get angry, and even hit, i.e. vent feelings. We may not like it, but we see the frustration as an understandable reaction.

However, considerable recent research has been interpreted in such a way as to raise doubts about the value of trying to drain off our anger. First of all, it became pretty clear that watching violent behavior (films, TV, sports) carried out by others *increases* our own aggressive responses rather than draining off our anger (Bandura, 1973). It seems reasonable that seeing aggression acted out on the screen might provide a model and some encouragement to an already angry person. Certainly, watching a film is not the same as a catharsis in therapy, where a painful, personal experience is relived in full fury with the specific intention of emptying the person of toxic venom (anger).

Hokanson and others (Forest & Hokanson, 1975; Murray & Feshbach, 1978) have studied how to reduce anger arising from being shocked by an aggressive partner in an experiment. When given a choice among (1) being friendly to the mean partner, (2) shocking one's self, and (3) shocking the partner back, *only attacking back* (with shock) relieved the subject's emotional reaction (unless they were depressed--see chapter 6). However, in later studies, where the aggressive partner's behavior (# of shocks) could be modified by being friendly to him or by being self-punitive, both of these actions yielded a "cathartic-like" emotional relief without anger being released. So, there seems to be a variety of ways we can learn to handle our anger, including learning various means of controlling the aggressor.

Again, being "friendly" to someone who has hurt you and shocking yourself hardly seem to be the same kind of emotionally draining experience as a thorough catharsis or getting revenge (see next section).

Being aggressive and mean towards someone who has angered us does make us feel better but also makes us *more* inclined to hurt them even more later. Why is this? Probably because being hostile is easier the second time and still easier the 100th time; you've overcome your inhibitions against aggression; you've learned about aggression and its payoffs. But there are other reasons. Aronson (1984) points out that our negative feelings increase towards another person or group as we hurt them. The **snowballing effect** between thoughts and actions goes like this: "We are hurting them. We are decent people. Therefore, they must be bad." So we put them down more, justifying hurting them more, leading to more negative thoughts about them, etc. This mental put down-behavioral violence cycle occurs in abuse and in prejudice, which we will consider in more detail later.


Conclusions about catharsis

Is catharsis helpful or harmful? The problem is, as I see it, that catharsis can mean many things. Several scientists (Aronson, 1984; Lewis & Bucher, 1992; Bandura, 1973; Tavris, 1984) have sloppily accepted many diverse acts as being "catharsis" and prematurely concluded that all kinds of catharsis are ineffective or harmful. What the behaviorists call catharsis (almost any expression or even observation of emotion) is hardly therapeutic catharsis. For instance, Tavris clearly equates a dirty, abusive, vicious marital fight with catharsis. Unfortunately, this equation is naive and implies that therapists using catharsis might even advocate abusive violence.


What is catharsis in therapy? Well, most Freudians would say it was the expression of repressed (unconsciously held back) feelings that are causing problems. Sometimes the initial traumatic situation (often from childhood) is vividly relived, called an abreaction. Most non-Freudian psychotherapists would consider catharsis to be the intense expression (in therapy or alone) of conscious or unconscious emotions for the specific purpose of feeling better, gaining insight, and reducing the unwanted emotion. It doesn't involve watching a model of aggression; it never involves actually hurting someone.

Published descriptions of therapy provide thousands of examples of catharsis. Here's one. In the early 1880's, Josef Breuer, Freud's friend, was treating a bright, attractive young lady, Anna O. Among many other symptoms, she had a phobia of drinking water from a glass. She didn't understand the fear. Under hypnosis, Anna O. recalled being disgusted when she saw her tutor's dog (she hated both the tutor and the dog) drink from a glass. After Anna O. expressed her intense anger about the tutor, she immediately understood her rejecting the water (just like she rejected the tutor) and she could thereafter drink water from a glass. None of the current behavioral research has studied such a "cathartic" experience as Anna O's, probably because this kind of repressed experience can't be scheduled as a 30-minute lab assignment for Intro Psych students; it can be recorded in therapy, however. Furthermore, a straight-forward, easily controlled procedure for venting one's anger is available (see chapter 12) and could be researched readily. It focuses on reducing anger, not

learning aggression. The same process occurs when you feel better after letting off steam with a friend.



I was angry with my friend:
I told my wrath, my wrath did end.
I was angry with my foe;
I hid my wrath, my wrath did grow.



I suspect intention and expectation of catharsis are crucially important in determining the outcome, e.g. if you beat a punching bag an hour a day thinking how you will punch out people you don't like, I suspect you will become more hostile and aggressive. If you punch the bag thinking that at the end of an hour you will be completely exhausted and cleansed of your hatred and will have a better understanding and more willingness to forgive the irritating person, I suspect you will become less agitated and aggressive. That needs to be proven in the lab.

One final observation about catharsis: many violent crimes are committed by people described as gentle, passive, quiet, easy-going, and good natured (see Truman Capote's *In Cold Blood* in which the "nicest boy in Kansas" kills his family). Everyone is surprised. Likewise, many psychological tests describe persons who have committed violent acts as ordinarily being over-controlled, i.e. not emotional or impulsive and very inhibited about expressing aggression against anyone. Thus, it seems that they may "store up" aggression until it is impossible to contain and, then, they explode. Many of us, who have been parents, have had a similar experience, namely, holding our tongue until we over-react with a verbal assault on the child.

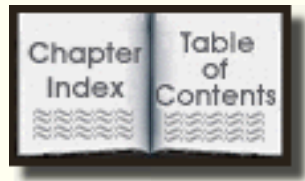
The research about hostility suggests that a safe, appropriate way of releasing our anger is badly needed. Athletics are supposed to serve this function for some people but the data is contradictory. Byrne and Kelley (1981) say athletes are less aggressive; Aronson (1984) says they are more. In fact, Walker (1990) says calls to domestic violence centers go up after the man's team loses (displacement?). So, watching certain athletics may increase hostility. There is much we do not know about anger, displacement, catharsis, and the means of controlling our anger.

At the very least, research psychologists and psychotherapists should more clearly define "catharsis." It is not playing or watching sports, writing stories about aggression, fighting in a war, shocking someone in an experiment, watching someone hit a Bobo doll, or watching TV violence. It is well documented that watching, fantasizing, or acting out violence increases the probability that you will be more violent in the future. In contrast, the end result of catharsis is, in some cases, peace and calm, not aggression. Averill & Nunley

(1993) say expressing emotions in therapy can change a person's view and interpretation of the situation. Also, expressing an emotion, such as anger, can result in finding ways to change the irritating situation. Once the released emotion is discussed with a therapist or friend, you are in a better position to make plans for coping with the feelings and the circumstances. Obviously, some people can calm themselves down, i.e. reduce their anger. Anger control and health seem to be related to *feeling in control* (see self-efficacy in chapter 14), *trusting and accepting* others or at least not seeing them as mean, selfish, and exploitative, and being able to *assertively* express our negative feelings (see chapter 13). These are skills many of us need to learn (Lewis & Bucher, 1992).

[← Back a page](#)

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UNDERSTANDING ANGER: THEORIES AND FACTS

Social Learning Theory's explanations of aggression

This theory denies that humans are innately aggressive and that frustration automatically leads to aggression. Instead Bandura (1973) argues that aggression is learned in two basic ways: (1) from observing aggressive models and (2) from receiving and/or expecting payoffs following aggression. The payoffs may be in the form of (a) stopping aggression by others, (b) getting praise or status or some other goal by being aggressive, (c) getting self-reinforcement and private praise, and (d) reducing tension. The Social Learning Theory also incorporates cognitive processes, like rational problem-solving, "trial runs" in fantasy to see what might happen if I did _____, and the self-control procedures of self-observation, self-evaluation, and self-reinforcement. Even children are able to control their aggression if they have some understanding of why someone else frustrated them (Mallick & McCandless, 1966). We have discussed Social Learning Theory in chapters 4, 5, and 6.

We all frequently face an environment that presents frustrating, unpleasant experiences as well as cues that suggest there would be certain payoffs for different courses of action. Inside us are various emotional responses, such as anger, various motivations and urges to seek certain payoffs, and complex cognitive processes for weighing the pros and cons for different alternative responses, including aggression or violence, passive withdrawal, depression, increased striving to succeed, reasonable "assertive" handling of the situation, and other possible responses. Eventually, the person chooses a response and acts, then the result of that response is observed and evaluated in terms of its effectiveness. If the response is reinforced, it is likely to be used again.

Tavris (1984), a spokesperson for this point of view, argues that anger is a social event, a way of saying "Hey, I'm hurting and you're in my way." She criticizes (a) the ethologists' instincts, (b) the Freudians' unconscious motives, (c) the clinicians' unresearched opinions based on sick people, and (d) the therapists' and pop-psych idea of expressing "built up" anger. She says all these views erroneously suggest that anger is beyond our control and overlook the real causes of frustration. Tavris believes in human

choice and self-control. She thinks we continue to use our violence because "aggression pays" and because the other theories provide excuses for being angry.

There is no doubt that aggression pays off. Parents who yell and threaten punishment get results. The child who hits the hardest gets the toy. The brother who is willing to be the most vicious in a fight wins. The teacher who gives the hardest tests and threatens to flunk the most students gets the most study time from students. The spouse who threatens to get the maddest gets his/her way. The male who acts the most macho and aggressive gets the praise of certain groups of males.

It is not necessary that the aggressor be especially mean to get his/her way. The slightest overt hint of anger can communicate. Suppose you and your boy/girlfriend want to do different things some evening. The brief frown, the "roll" of the eyes, the comment "Oh, all right" may clearly communicate, "okay, have it your way but I'm going to be pissed all evening." Such a message is a powerful threat--and often an effective one, proving once again that, unfortunately, "aggression pays off."

Human nature vs. learned behavior

I'm sure you recognize the old nature-nurture issue in these discussions. The difficulty, as I see it, is that both sides over-simplify and want to claim all the influence, i.e. on the one hand, the genes-instincts-hormones (biological determinism) theorists imply that hostility is "human nature." Indeed, 60% of Americans buy this idea, saying "there will always be wars, it is human nature." How sad that we are not better educated. No wonder the U.S. has used military force 150 times since 1850. There is, of course, a lot of fighting between countries, tribes, religions, spouses, and parents and children. But there is no evidence that we humans have inherited more of a tendency to dislike, fight, be violent, or to make war than to like, trust, be cooperative, or to make friends. Just because humans are biologically capable of being selfish and mean does not mean it is inevitable; we can control our lives. Too many people believe humans are violent because we are naturally and unavoidably aggressive. This widely held theory provides us with harmful expectations, self-fulfilling prophecies, and with excuses for being aggressive (Kohn, 1988).

On the other hand, the currently popular cognitive-environmental theorists emphasize that behavior is a result of a process of learning from observing what actions pay off, what works. This theory over-simplifies human behavior in another way, namely, by neglecting the biological-physiological aspects, the emotions and needs, the unmindful "thought" processes (traditions, habits, unthinking routines), the unconscious processes (perceptual distortion, childhood experiences, unconscious resentments, motives, defense mechanisms--like displacement), and perhaps other significant factors influencing our behavior. For instance, Berkowitz (1993) says sudden unpleasant situations automatically generates

negative emotions, including primitive anger feelings and hostile or flight impulses, even *before the person has time to think* about what has happened or what to do about it. Moreover, I am not ready to dismiss the many social-sexual needs that create conflicts for us as being purely "cognitive." And, I refuse to believe that the prejudice, violence, hatred, and greed that abounds in the world (and the love, acceptance, and altruism) are simply a result of our cognitive processes. How do you cognitively explain the raging parent who beats his/her 3-month-old infant to death? Nevertheless, cognitive theory is a very hopeful theory if not a complete one.

Sorry for making things complicated but you need to prepare for a complex world. The good news is that there is overwhelming evidence that humans can, in the right circumstances and with appropriate training, be kinder and gentler by using their higher cognition. But, thus far, we seem to be losing the battle against violence, as we will see in the next topic.

Child rearing practices

By the time we are five years of age, we have learned to be kind and caring *or* aggressive. What is associated with an angry, aggressive child? Four factors are: (1) a child with a hyperactive, impulsive temperament, (2) a parent who has negative, critical attitudes towards the child, (3) a parent who provides poor supervision and permits the child to use aggression as a means of gaining power, and (4) a parent who uses power-tactics (punishment, threats, and violent or loud outbursts) to get their way (Olweus, 1980). Once a peaceful or hostile way of responding is established (by 5) it tends to remain stable. Olweus (1979) suggests aggressiveness is about as stable as intelligence.

So, the best way to predict that a young adult will behave aggressively is to observe his/her early behavior. Aggression at age 8 correlates .46 with aggression at age 30! Children who were "pro-social," i.e. popular and avoid aggression, at age 8 were, 22 years later, doing well in school and at work, had good mental health, and were successful socially (Eron, 1987). Children who steal, aggress, use drugs, and have conduct problems with peers, family or in school, and then conceal the problems by lying, are the most likely to become delinquent (Loeber, 1990). Of course, many such children become good citizens, so don't give up. But society, schools, parents, and the children could prevent much of the later aggression if they made the effort to detect the problems early and offered help. It is crucial that we all learn "pro-social" (nice) behavior, starting early in life. *Physical punishment teaches that violence is an acceptable way to solve problems.*

Aggressive children often come from aggressive homes, in which not only are their parents and others within the family physical with each other but even the child's own aggressiveness has been harshly punished (Patterson, 1976; Byrne & Kelley, 1981). Research has documented similar aggression from grandparents to parents to

grandchildren. In addition, outside the family we learn more hostile ways of responding to frustration, such as in schools, on the play grounds, from friends, and especially from TV, movies and books. It has been demonstrated that we can learn to be aggressive by merely viewing a short film that shows aggressiveness as an acceptable response (Bandura, 1973). So, one doesn't have to have hostile parents or be subjected to noticeable frustration prior to becoming aggressive. One can just see aggression and then imitate it. That's why TV is so scary.

The impact of TV has been studied extensively; it makes us more aggressive (Geen, 1978; Singer & Singer, 1981). This isn't surprising considering the average child of 15 has seen about 15,000 humans violently destroyed on TV. Even though the bad guy (like the aggressive child) is often beaten up by the good guy (the parent), the implication is that aggression is acceptable if it's for a good cause (Derlega and Janda, 1981). So, we are all exposed to a myriad of responses to frustration, but in many ways the message, again, is: "aggression gets results." Examples: the handsome TV star is often quick and powerful with his fists; every night the news documents that the most powerful nations win the wars and that the giant corporations eliminate jobs or do whatever makes a profit.

Self-hatred and understanding

Theodore Rubin (1975) discusses self-hatred, defined as disliking any part of our selves. It involves all of our distortions of our real self, any self-put down, or any exaggeration of one's goodness or ability. When we distort or deny what we really are, it suggests we don't like ourselves. This dislike of self starts in infancy. Babies have all kinds of habits, needs, and emotions that parents prohibit: sloppiness, anger, greediness, jealousy, self-centered demands, etc. As a child, we all learned that parts of ourselves were bad. This self-hatred becomes automated in the form of depression, which both punishes us and drowns out other feelings too.

Parents who are rejecting, neglectful, overdemanding, overprotective, overly punitive, or overbearing increase the self-hatred in a child. "I'm not good enough" becomes a central part of the self-concept. Such a child may be a "good girl/boy" but fear and rage may exist within, even when feeling empty and lifeless. Sometimes the self-hatred is conscious but the connection between self-criticism and other problems (depression, anxiety, fatigue) is unconscious. Sometimes the self-hatred is unconscious and we feel badly without knowing why.

Self-reports about anger

James Averill (1983) views emotions as primarily a social phenomena. He studied self-reports about aggression: most people report getting mildly to moderately angry anywhere from several times a day to several times a week. However, the most common reactions to

irritating situations were (1) activities to calm themselves down (60%), (2) talking about the incident to the offender (39%), or (3) talking to a third party (59%) without getting angry. Only 49% got verbally aggressive with the person who made them mad; even fewer--10%--got physically aggressive (1/3 of these incidents were with children). So, anger doesn't lead to much actual aggression; indeed, in 19% of the cases it led to being "extra friendly." People feel like being verbally aggressive (82%) or physically aggressive (40%) but a wide variety of nonaggressive responses occur instead. So, your extra friendly co-worker may be angry about something!

Over half the time, we get mad at a loved one, relative, or friend, so anger has, in a sense, more to do with love than with hatred. What usually (85%) makes us angry is that we feel the other person has done us wrong. They are at fault; they are to blame for interfering with our plans, our wishes, or for offending or insulting us. So, what are the reported consequences of getting angry? Primarily positive outcomes! 76% of the "targets" of anger said they gained some understanding of their faults and 44% gained some respect (29% lost) for the angry person. 48% of the time anger strengthened the relationship (35% became more distant). No wonder we get angry so often. It certainly has payoffs; however, this research overlooks the misery of constant anger or constant suppression of anger.

Is aggression a result of mental processes in social interaction?

If we perceive and label another type of person or their actions as offensive or dangerous to us, then we are more prone to be aggressive towards that type of person. Just like a hungry person thinks more often of food, if we are angry, we see more signs of aggression and suspect more "enemies." It has been said, "a prejudiced person sees a Jew, a communist, or a 'nigger' behind every bush and beneath every bed."

Our society and our subcultures provide us with stereotypes that direct our resentment, prejudice, and discrimination towards certain types of people. Prejudice tends to grow: if we dislike someone, we are more likely to hurt them, and if we hurt them, we are more likely to come to dislike them even more (Scherer, Aveles, & Fischer, 1975).

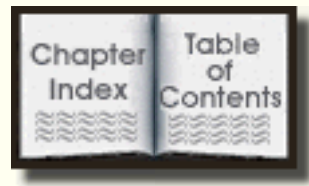
For example, prior to the shooting of students (4 killed, 9 wounded) by the National Guard at Kent State in 1970, students across the nation had referred to the police as "pigs" (i.e. stupid, coarse, and brutal) and the police had seen students as "hippy radicals" (i.e. long-haired, drug-using, sexually immoral, dirty, foul-talking, violent ingrates). A day or two before sending in 6,000 troops, the governor of Ohio had called student demonstrators "nightriders" and worse than "communists" and promised to eradicate them; President Nixon called demonstrating students "bums;" Vice-President Agnew commented, "we can, however, afford to separate them [student radicals] from our society with no more regret than we should feel over discarding rotten apples from a barrel." It is easy to see how the stage was set for violence. Furthermore, after the shootings, the National Guard action was

supported by many people who made comments such as these: "it's about time we showed the bastards who's in charge" and "they should have shot 100 of them" (Scherer, Abeles, & Fischer, 1975). Obviously, our thinking affects our feelings about people and our actions.

Any time a leader speaks in terms of a negative stereotype or we think in such terms, we are sowing the seeds of violence. Every time we demean another human, we increase the potential for aggression. Every human being has a right to be judged on his/her own merits, not on the basis of a stereotype. Prejudice is discussed more later.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDING ANGER: THEORIES AND FACTS

We dislike people who are different

Research has shown that, in general, we like people like ourselves and dislike people who are different (Byrne, 1969). We naturally like people who reward us and dislike people who punish us; and, similarity is rewarding. If groups are competitive, critical, and punishing of each other, the dislike and aggression between the groups grow.

Groups and cultures tend to create ingroups and outgroups. Thus, Hitler used the existing hostility against Jews to unite, motivate, and deceive the German people in the 1930's. Likewise, the U.S. and Russia used distrust of each other during the "Cold War" to unite each country into uncooperative, hostile but mighty nations. And each person is expected to conform to his/her group's beliefs. Imagine trying during the 1980's to defend communistic ideas among Archie Bunkers, businessmen, or the Moral Majority. Or try to defend blacks among whites or whites among blacks--and see the hostility quickly rise towards you. In short, ingroups are valued. Outgroups are devalued, stereotyped, and scapegoated.

Sometimes the minority that is discriminated against by the majority culture turns the anger inward, resulting in self-destructive behavior, such as low self-esteem, self-blame (like abused women), alcoholism, drug abuse, and passive-resistance to the dominant culture's ideals of what is success. Certainly for a white northern European culture to believe that African, Chinese, and Indian cultures and histories are unimportant and inferior, is to be ignorant and disrespectful. Being poor is enough to make you mad, but to have your ancestors deceived, neglected, and disgraced is too much. Let's hope conditions improve before the wrath is unleashed outward. More about prejudice later.

Hatred without justification?

Powerful forces within a group increase the likelihood of aggression. We feel compelled to believe and act the way our family or group does (see conformity in chapter 8). We want to be liked by our ingroup. We are taught to be obedient to authority. Finally,

if being in a group relieves us of the responsibility for our group's decisions and if we can act anonymously (without being singled out and punished), we humans are very capable of becoming dangerous and cruel. Every human being should be constantly aware of the potential injustice and maliciousness that lurks within ourselves and our groups. See the Milgram study in the next chapter or the Zimbardo study below if you think I am exaggerating.

In his famous "Prison Experiment," Zimbardo (1973) demonstrated how ordinary, well-adjusted college students could be transformed in just six days into authoritarian, brutal, sadistic "prison guards" who enjoyed their power to degrade and punish others. In another study, Zimbardo (1969) found that in secret normally "sweet, mild-mannered college girls" shocked other girls almost every time they could. He concluded, "it didn't matter that the fellow student was a nice girl who didn't deserve to be hurt."

It is not clear why we are or can be so cruel. In the Milgram study, cruelty was encouraged by an authority, but this was not the case in the Zimbardo studies. Likewise, Berkowitz (1983) believes violence comes from inside us, not from group encouragement. The evidence suggests that we may be mean by following the rules of a violent group *or* the orders of a violent person *or* the urging of a violent feeling inside.

Any pain leads to aggression--hatred for the wrong reasons?

If two animals are hurt when close to each other, they will frequently start to fight. This is so common and occurs across so many species, the pain-aggression connection may be unlearned. However, it is quite clear that past learning experience can modify the response--many animals prefer to run or to attack only under certain conditions (Berkowitz, 1983). Berkowitz suggests that all kinds of unpleasant stimuli lumped together, not just pain or frustration, give rise to impulsively aggressive tendencies in humans. An amazing variety of events seem to increase our anger: foul odors, high room temperatures, cigarette smoke, disgusting scenes, unpleasant interactions with others, fear, depression, unattractiveness or handicaps in others, expectation of pain, general discomfort, and merely thinking about punishing someone.

Even though cognition can stop an aggressive impulse (you don't punch out your dentist), much of the connection between unpleasantness and aggression escapes our awareness. We all experience pain, frustration, and lots of unpleasant events and, presumably, as we suffer, we are inclined to be indiscriminately aggressive. But we can recognize how unreasonable our anger is. We can recognize that all sources of unpleasantness contribute to our aggressiveness, making some of our hurtful, punitive impulses as unreasonable as the rat attacking an innocent cage-mate. Another example, given by Berkowitz, is when we are suffering from depression, we may become more hostile. Perhaps increased awareness of our irrationality will help us be less impulsive, less

inclined to blame the nearest human for our suffering, and more able to control our thoughts (away from revenge and irritating fantasies), our actions, and our group's aggression. I wonder if the pain-aggression connection helps explain our high rate of divorce, child abuse, and our national tendency to quickly replace an old enemy with a new one?

Internal Dynamics of Aggression

Psychoanalysis

Freud believed the *death instinct* sometimes gets turned outward, and then we hurt and offend others and go to war (the opposite of suicide). Rochlin (1973), another psychoanalyst, believes aggression is our way of recovering lost pride. Given the common human need to feel powerful and to think highly of ourselves, any threat to our self-esteem is taken as a hostile attack. When our pride is hurt, we often attempt to restore our status and self-esteem by hurting the person who offended us.

Toch (1969) found that 40% of aggressive prisoners had been insecure and needed some "victory" to prove they were something special. Other violent men were quick to defend their reputations as tough guys. We, as a militaristic society, need to know more about why our egos are so easily offended and how being cruel and violent can inflate a sick ego.

Erich Fromm (1973) defines *benign aggression* as a brief reaction to protect ourselves from danger. In contrast, *malignant aggression* is hurting others purely for the sadistic pleasure. Fromm believes people feel helplessly compelled to conform to the rules of society, at work, and to authority everywhere. This lack of freedom to make decisions and the inability to find meaning and love in one's life causes resentment and sometimes malignant, sadistic aggression.

How and where does this hostility show itself? Some people get pleasure from hurting, killing, and destroying; Hitler was a prime example: he killed 15 to 20 million unarmed Poles, Russians, and Jews. He reportedly planned to destroy his own country before surrendering. Fromm describes Hitler's life and says, "there are hundreds of Hitlers among us who would come forth if their historical hour arrived." In other cases, there is an underlying feeling of powerlessness which produces a need to be in complete control over a helpless person. Sadists and rapists are like this. Joseph Stalin, leader of Russia from 1941 to 1953, was a famous example; he enjoyed torturing political prisoners; he had wives of his own loyal aides sent to prison (the aides didn't protest); he enjoyed being deceptive and totally unpredictable. In milder forms, chauvinists may also be hostile, e.g. the male who puts down his wife and demands she attend to his every need; the angry, threatening, autocratic boss or teacher who enjoys seeing the worker or student break into

a cold sweat.

Boredom is another source of hostility, according to Fromm. When life loses its meaning because we are only a cog in a wheel, our reaction to the senselessness and helplessness is anger. We feel cheated; we had hoped for more in life; the powerlessness hurts. Hurting others or making them mad are ways of proving one still has power, a means of showing "I'm somebody."

Relationship of thoughts and fantasies to anger

In chapter 6, we saw how one might react to rejection with depression or with anger. Our own irrational ideas were the causes of these emotions (Hauck, 1974). It goes like this: I wanted something. I didn't get it. That's terrible! You shouldn't have frustrated me; you're no good! You should be punished; I hate you, I'll get revenge!

Hauck described a woman who had been insulted and abused by an alcoholic husband for 30 years. She hated him. He had wasted enormous amounts of needed money on drinks. He was self-centered. When she sought help from a Rational-Emotive therapist, he told her, "Your husband is sick. You are demanding that he change, but he can't." With the therapist's help she started to see her husband as emotionally ill instead of mean. She stopped getting upset and critical or nasty with her husband. As a result, the husband stopped fighting (but not drinking). The woman realized she had been insisting that the world (especially her husband) be different than it was. She had created her own angry misery by saying, "Ain't it awful! Things must be different." (See chapter 14 for more.)

Anger-generating fantasies

First, something happens to make us mad--someone cheats or insults us, a child rebels, our lover shows a lot of attention to someone else. We think about it a lot; we talk about it; it becomes an obsession, like a movie played over and over. The more we think about it, the angrier we get. Research supports this notion. Ebbesen, Duncan, and Konecni (1975) interviewed recently fired employees and encouraged them to talk about their hostility towards the company. This talking increased their hostility.

Zillmann (1979) has summarized several studies showing that aggressive fantasies interfere with the reduction of anger. Moreover, just waiting five minutes helps women get over their anger, but not men. Zillmann speculates that men may be more prone than women to ruminate about the mistreatments they have suffered and/or about their inability (or wished-for ability) to retaliate against their annoyer. Thus, men hold anger longer than women.

It is not uncommon to meet a person who is still, years later, seething with anger

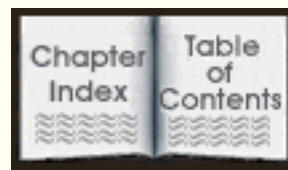
towards a former spouse or a tyrannical parent or boss. Presumably the unpleasant memories maintain the hostility which, in turn, fuels more aggressive fantasies and perhaps ulcers, distrust of others, and so on.

There seem to be two elements in anger-building: (1) obsessive hostile fantasies and (2) a lack of creative imagination or fantasy. For example, extremely violent persons often ruminate almost continuously about how awful the hated person is. Also, they think of only violent solutions to the problem. Sirhan was obsessed with killing Robert Kennedy. On the other hand, research has consistently shown that people who are frequently aggressive have a very limited ability to think of different or more creative ways of handling the angering situation or person (Singer, 1984).

Tavris (1984) says by talking with friends (or a therapist?) about being upset with someone "you aren't ventilating the anger; you're practicing it." That isn't necessarily so but it is possible. If the talking (or daydreaming) reinforces your beliefs of injustice, blame, and evilness in the other person, your anger increases. If the talking (or thinking) provides more understanding of the disliked person and more ideas about how to cope, your anger decreases. Also, if you believe talking calms you down, it probably does.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDING ANGER: THEORIES AND FACTS

"Games" for putting down others

Eric Berne (1964), founder of Transactional Analysis (TA), wrote a very popular book, *Games People Play*. One kind of game is to put-down others, which certainly is aggressive. The payoffs of such games are building one's ego, denying responsibility for one's problems, reaffirming one's opinion that other people are "not OK," and expressing some of one's anger. Some of these put-down games involve blaming others ("If it weren't for you"), demeaning others ("I know your blemish," "Rapo--men only want sex," "Yes, but you're wrong"), and revenge ("Now I've got you, you SOB"). See chapter 9.

According to TA, it is the "child" part of us that enjoys playing these hurtful games, which are carried out unconsciously. The rational "adult" part of us may never become aware of the destructive, hostile games being played by the "child" part. But if the "adult" part can gain some insight, it could stop the games. If insight happened, however, there would surely be an internal struggle between the "adult" and the "child," resulting in stress and irritability. Let's suppose your "child" part likes to flirt, partly because the flirting (if you are a woman) reaffirms your belief that men are unfaithful animals or (if you are a man) that women are suckers for a smooth "line;" both are hostile put-down games. If your logical "adult" realizes your "child's" motives and stops the "child" from playing these games, the "child" is likely to resent losing some of its fun. But at least the aggression-generating thoughts and experiences of the game are eliminated.

Psychological put-downs

Games are unconscious but we may consciously put-down or degrade or insult another person by "mind reading" or "psychologizing," i.e. attempting to analyze and explain their behavior. First of all, most people resent someone else (unless it's their therapist) telling them what they really think or feel and what their unconscious motives really are. Secondly, many of these psychological speculations are negative (saintly motives don't need to be repressed). Alan Gurman and David Rice, well known marital therapists, provide many examples:

- Psychological explanations: "He is still a baby and wants to be cared for." "She needs attention all the time, she flirts with everyone." "He is afraid I'll be more successful than he is, that's why he wants me to stay home." "You're just trying to make me mad so you'll have an excuse to go drinking."

- Psychological name-calling: "You're paranoid." "You're a latent homo." "You're a hypochondriac--it's all in your head."
- Accusations about the other person's ability or desire to change: "You're sick, you must want to be unhappy." "You don't care about me, you don't want to change." "You just don't care how I feel."
- Accusations of poor insight: "I have more and more to do at work, why can't you understand that and stop bitching?" "Can't you see I'm upset and want to be left alone." "You just don't get it, do ya?"
- Blaming permanent characteristics (or human nature) in the other person: "He has a terrible temper." "She is super sensitive." "All women are scatterbrained." "Men are so insensitive." "Boy, are you stupid!"

Psychological concepts are often misused. These aggressive remarks are likely to hurt others and harm relationships. The attitude underlying such statements is not acceptance, tolerance, understanding and unconditional positive regard. It is anger and hostility. One of the major tasks of a student of psychology is to, first, recognize these resentments and pet peeves, then learn to understand the causes of the resented behaviors. To truly understand is to forgive.

The relationship between anger and other emotions--anxiety, guilt, depression, dependency, and sex.

There are very complex interactions between anger and several other emotions. Examples: Most of us feel anxious or scared when we get angry. We know there are risks involved; we might lose control and others might retaliate. Also, whether we are angry or not, it is scary when someone becomes angry at us. Yet, in some situations we would never express ourselves unless we got angry, so aggression can also help us overcome fear. So, we actually need to be intolerant of injustice.

Hostility and abuse can cause painful guilt; the pain of being an abuser or abused can cause more anger; two aggressive people are likely to form a "vicious circle." We have already seen that feeling put-down may cause us to aggress to inflate our ego.

It is a classical assumption in psychiatry that a weak, submissive, dependent person is resentful of this situation (chapter 8). How many subservient wives and selfless mothers have experienced resentment when the women's movement increased their awareness? Millions. However, the "super nice" giver, who often feels guilty for not giving enough, hardly has time to recognize his/her resentment for not getting enough appreciation or attention.

Another classical substitution of one feeling for another is when a person cries, a sign usually of sadness, instead of showing anger. My experience in counseling is that when a woman cries, she is really mad about 75% of the time. Check this out.

Anger turned inward on the self is another classical dynamic explaining depression (chapter 6). Some psychologists have suggested the reverse, namely, that the pain of depression causes anger. All these connections are likely.

There are some interesting, often tragic, relationships between sexual feelings and aggression: bondage, sadism, rape, masochism, and the use of sexual swear words when angry. Impotence and frigidity commonly reflect anger. Pornography and prostitution are usually for men's pleasure and profit, while these activities degrade and abuse women. It has been shown, for instance, that males are more aggressive towards females than males after watching an erotic film. The relationship between erotica and aggression is complex, however. Mildly sexual pictures, like in *Playboy*, or in movies that are seen as pleasing seem to distract us and reduce our aggression. Disgusting or crude pornography increases our aggression (Byrne & Kelley, 1981).

Yet, there are some couples who report their best sex is after getting angry. Bry (1976) suggests that many sexual activities are aggressive--"love bites," hickeys, scratching, and vigorous intercourse. She recommends, among other things, that married couples try going to bed to wipe out their anger; it may work for some people but not everyone.

Lastly, it is commonly believed by therapists that one emotion can hide or replace another. Examples: Transactional Analysis describes a game called "Uproar," in which one person starts an argument to avoid intimacy or dependency or sex. Likewise, a partner, who expects to be rejected, may fight and dump the other person first. A teenager and his/her opposite sexed parent may deny the dependency, closeness and/or sexuality between them by fighting. It may also work in the opposite direction: the child would rather be fighting with a parent than be neglected. In some relationships, complaining or arguing becomes a pastime, a way of getting attention from the partner who otherwise might take you for granted.

Gender differences; should women show more anger or men less?

Boys have far more temper tantrums than girls--and their tantrums last longer. Boys and men, in general, recover from an irritating experience more slowly than females, partly because they have stronger physiological reactions to frustration than women. It is the action that differentiates males from females, i.e. men and women apparently *feel angry* about the same things and to the same degree (Averill, 1983). However, beginning at age 3 or 4, boys are more *aggressive* than girls. Boys are also aggressed against and punished more than girls. For example, women who cut into line receive less hassle than men. Men kill and are killed four or five times more frequently than women. Boys, but not girls, are encouraged to be physically aggressive. About 70% of parents say it is good for a boy to have a few fights as he grows up. How many parents think that about their daughters?

As culturally prescribed sex roles fade in our culture, however, the gender differences in aggressiveness may decline. But will men become less aggressive or women more aggressive or both? The crime rate for women is increasing much more rapidly than for men. Also, experimental studies of punishment show women administering just as much electric shock to victims as men do (Byrne & Kelley, 1981). Women seem to have a different reaction than men to being aggressive. Apparently, boys and men expect acting aggressive to pay off, girls and women don't. Women

experience more anxiety and guilt after aggressing than men do; they also are more empathic with the victim afterwards.

Some studies show that about 50% of college students--both males and females--report having been physically aggressive to some extent (from throwing something to beating up on someone). Yet, college males are far more likely than females to get into a fight in the local bars. And, when asked about going to war against Iraq in Kuwait, 48% of men favored war in late 1990 but only 22% of women did. We will discuss violence with intimates (spouses and children) soon.

It is generally believed that anger is power. Thus, women are at a disadvantage because they are uncomfortable showing their anger. Indeed, their anger is more disapproved than men's anger. That makes displaying your anger, if you are a woman, more dangerous. But, showing weakness is dangerous too. Certainly, if a female manager or leader is seen crying and emotionally disabled in a situation that might be handled aggressively by a strong male, she will lose prestige in the eyes of many people. Therefore, some people have begun to encourage women to show their anger and utilize it skillfully as a tool for getting important changes made. Here are some guidelines for using anger constructively: (1) Don't react impulsively, be sure your anger is justified and have clearly in mind exactly what needs to be changed. (2) Decide in advance how far you will go, e.g. can you and will you fire someone over this issue if it isn't worked out? Are you willing to quit over this issue? Will you demand a hearing or press charges? (3) When ready, state specifically and firmly what you want changed. Don't accuse or blame others. Show anger and strong determination but don't get overly emotional. (4) Expect to get some flack and opposition. (5) Sit down with others involved and work out detailed plans for making the changes needed. Note: this is similar to "I" statements (method #4 in chapter 13) but in a work setting there is more emphasis on demanding reasonable changes.

Valentis & Devane (1993) discuss anger that uniquely characterizes women and suggest ways of utilizing the energy from anger in positive ways.

Social-cultural attitudes enhance aggression

This analysis of cultural factors is taken primarily from Scherer, Abeles, and Fischer (1975). The rate of homicide in the US is four to eight times greater than in most European countries or in Japan. Obviously, that can't be due to inherited factors and it seems unlikely that there are that many more frustrations in the U.S. There must be something about our society that makes us more prone to violence. First of all, there is a high value placed on success which may lead to more frustration. Secondly, if you can't succeed by legitimate means, you might consider illegal, more violent means. Thus, lower socioeconomic classes are more prone to crime. Thirdly, there are subcultures within our country, such as gangs, crime families, and macho groups, that encourage violence.

Fourthly, several other factors within certain subcultures create stress: (1) having strong conflicts between values, such as believing in white or male superiority *and* equal opportunities, (2) feeling unjustly treated and deprived, (3) experiencing economic, racial, sexual, or other prejudices, and (4) believing the "establishment" (e.g. police or courts) is handling some local situation badly. In summary, if you are poor, discriminated against, stressed, oppressed, within a subculture of

violence, and have little hope of improving your situation, your chances of being angry and aggressive go up.

Resentment has a psychological payoff

Anger is destructive and it drags us down. Yet, we may, at times, become obsessed with misery-causing resentment in order to avoid some even more horrible misery. What could that payoff be? Theodore Dalrymple (1995) says that our resentment of others and of past events *helps us deny our own responsibility for our failings and unhappiness*. If we think of ourselves as the innocent victim of circumstances, we are not bad people or a failure, indeed, we deserve sympathy and help. For some people, our parents are seen as the cause of our problems and our failures (accurately in some cases, falsely in others). Such people obsess over and over again that a critical parent destroyed their self-esteem or an alcoholic parent made them totally ashamed or a busy parent made them feel worthless... Poor parents are made responsible for our lives and we are relieved of any responsibility. That's a big payoff.

If we portray ourselves as mistreated by a cruel world, we appear to be a righteous person, totally blameless, and it seems unnecessary for us to change or do anything about it. We become a helpless victim, which gives us some status. As Dalrymple points out, however, if we, as a victim, actually took action and overcame or corrected the unfair situation, it would suggest that perhaps we never needed to be a victim, that we could have helped ourselves much earlier than we did. So, we often resist trying to change our miserable situation in any way. Who wants to know that *we* have messed up our own lives? Criminals usually have tales of a wretched childhood and bad influences which account for their stealing, attacking people, and killing others. Our resentment of our past glosses over our possible failures in self-direction.

How we justify aggression

One reason for our own aggression is that we excuse it or rationalize it. We may even get an ego boost from it--being a tough, fearless, macho man. How can guilt about our aggression be reduced? See chapter 3 for more discussion of the excuses we use when we are inconsiderate of others. Briefly, Bandura (1973) describes several ways that we, as aggressors, avoid blaming ourselves:

1. *Emphasize the goodness of our cause.* Our violence is often thought of as necessary to stop an evil force.

When you think of the long and gloomy history of man, you will find more hideous crimes have been committed in the name of obedience (to a national or religious cause) than in the name of rebellion.

-C. P. Snow

2. *"I'm just following orders."* This is said by soldiers. Hitler's SS Troops said it. It was said by

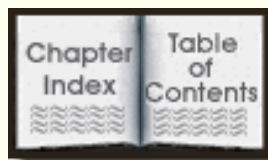
subjects in Milgram's study of obedience (see chapter 8).

3. *"I just went along with the crowd ."* Individual persons in a rioting crowd or a lynch mob feel little responsibility.
4. *Degrading the victims.* Jews were seen as inferior and despicable in Hitler's Germany. The victim is portrayed as evil, stupid, animalistic, or greedy, and deserving to die.
5. *Blaming the victim* (see Ryan, 1976). This is a situation where the victim--the raped, robbed, insulted person--is blamed for the incident, e.g. "she was asking for it dressed like that." Example: In My-Lai, Vietnam, American soldiers thought the villagers had cooperated with the enemy; children in the village sometimes betrayed or were violent towards our soldiers; "C" company had just lost 20% of its men in a minefield outside the village. All Vietnamese were feared, hated, called "gooks," and were hard to tell from enemy soldiers. One day, Americans herded 400 villagers--mostly women, children, and babies--into a ditch and shot them. It seemed to some of the soldiers as though the villagers deserved to be shot. Similar events have happened many, many times throughout human history.
6. *Becoming accustomed to violence.* In families, a raised voice becomes a verbal attack which escalates to a raised hand which leads to a shove, then a slap, and finally increasingly severe beatings. Likewise, soldiers are gradually trained to kill: first they see war movies and are told why they must fight, then there are many training exercises where killing is simulated, and finally they hear horror stories about the enemy. The more mutilated bodies one sees, the easier it is to kill. As one soldier said, "If you see their villages bombed and shelled every night, pretty soon the people just don't seem worth very much."
7. *Denying the harm done by our aggression.* "They are probably covered by insurance." "I just slapped her around a little." In war, we forget the life-long pain suffered by the loved-ones of the deceased; we forget the loss of a 18-year-old creative mind or a loving heart.

Read the pacifists' reasons for opposing war and violence under all conditions (Nagler, 1982). See the movie *Gandhi*.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

ANGER IN INTIMATE RELATIONSHIPS

Marital conflict

The traditional marriage vows are emotionally moving and express a noble commitment: "I take thee, for better or for worse...until death do us part." However, we often come to dislike many things about our partner, leading to serious conflicts. Indeed, although all start with sincere intentions, almost 50% of all marriages end in divorce, in spite of enormous pressures to stay married. Why the pressures? If marriage is considered a sacred public pledge or even "a union made in heaven," then divorce might be regarded a sin (like in the Catholic church) or, at least, a violation of a solemn promise. In addition to external pressures from family and divorce courts, there are also intense personal needs to "make it work" because it seems as though "you have failed" if your marriage fails.

Many marriages fail but do not end in divorce--the so called "empty shell" marriage. These marriages may not have intense conflicts; indeed, they may be void of feelings. There must be disappointment in such marriages, however. Let's look at some of the sources of conflict in the traditional marriage (see chapter 6 for a discussion of the sadness of breaking up).

Most married people initially try to build a smooth, close, safe relationship, preferably one without friction. In this process, sometimes the roles for husband and wife become very rigidly defined; there is no freedom, no room for growth or change. Sometimes people think they need to pretend to be or feel some way to appeal to their spouse; there is little honesty and intimacy if you think your spouse may not accept you as you really are, i.e. for better or for worse.

Fullerton (1977), in the mid-70's, explained how "the perfect wife" becomes sad and angry. A woman with self-doubts may be unusually anxious to please her new husband. She tries to do everything the way he would want it done. She believes: "if I'm the good, perfect wife, I will be loved." Eventually being perfect with housecleaning and diapers and children gets tiresome and boring. She becomes resentful. Some evening when her husband arrives home from work late and finds her still mopping the floor, he asks, "Are you *still* cleaning?" She bursts into tears. She cries because it is either go into a rage against her husband (which she--the perfect wife--can't do) or turn her anger inward on herself. She increases the self-criticism, clings more desperately to the husband, and feels more and more like crying.

The 1970's "perfect wife" was also prone to be jealous. According to Fullerton, a female was

likely to get her sense of worth from a male--her father, her boyfriend, her husband, and later her sons. She may have gone from being Daddy's little girl to being someone's wife without ever becoming a person. She was dependent on her looks and on being a "good girl" and "perfect wife" in order to be loved. She saw her husband as having strength and purpose; he was her whole life. Even when he was at work, she carried on an inner dialogue with him. She made her decisions in terms of what he would want and expect. Being so needy and unsure of her worth, naturally she would be jealous of anything that took his time--his work, his friends, his interests, etc. She was too insecure and too "perfect" to confront him, but eventually the jealousy may burst through, especially if she imagined another woman is involved. Once a jealous rage has occurred, it tended to reoccur. If he was innocent, it would be hard to prove. If she found out there is another woman, she was crushed. She felt betrayed, lost, scared, worthless, and angry. She might decide all men are no good or she might look for another one who desires her. Women are changing but any woman over 40 can remember those times. Divorce is discussed in chapter 10.

Husbands may become angry, threatened, and jealous too. An insecure male may, just like the wife, become dependent on his wife's adoration. She makes him feel good about himself. He may want her to "stay home" (too many men out there in the work place). He is jealous of anyone or anything that gets her attention. Tragically, that sometimes includes their own first born child. The man may be ashamed to admit feeling resentful of his own child. Yet, he feels left out and betrayed; the wife is bewildered and unable to relieve his pain because the problem is inside him--his self-doubt (Fullerton, 1977). Men still want to be in control; they haven't changed as much as women have since the 1970's. This causes more problems--girls/women are becoming more independent, boys/men are remaining dependent, tough, macho, and violent. Our culture is still inclined to say, "Boys will be boys," but male possessiveness, dominance, and violence must be condemned and changed.

In some families marital conflict is denied but gets expressed against another family member, often the oldest or the second child. This displaced hostility is very harmful to the child because there is no way to escape (since the child has no control over the real source of the anger). The child may be accused of bad traits a parent has (projection) or of bad traits one parent resents in the other partner. For example, if the wife feels the husband is a liar and a cheat, she may accuse the son of these traits and ask her husband to punish the son (indirectly letting the husband know how much she resents those traits). The husband's shame may get turned into self-righteous wrath with the son. The parental expectations of the son to be dishonest may also become self-fulfilling prophecies, with the son saying to himself "if they never believe me anyhow, I might as well lie."

No one expects his/her marriage to be like this. And, in fact, the problems of a two-career marriage without children would be quite different. But, even though financially better off, the dual career family has its own unique problems.

Dealing with the "intimate enemy"

Like scapegoating, many marital or lovers' quarrels conceal the real conflict. Arguments over money may really be about who has the most power or about not getting enough attention or recognition. In the last section of this chapter we will learn about the possibility of honest, open "fair fighting" with *The Intimate Enemy* (your spouse), according to Bach and Wyden (1968). This

kind of "fighting" can confront us with the truth, stripping away phoniness and deception, and giving us a chance to deal with the real problems realistically. (It may also encourage criticism and the expression of raw emotions that damage the relationship, depending on the personalities involved. The pros and cons of "fair fighting" are considered in method #5 of chapter 13.)

All close relationships experience some friction. No thinking person will always agree with us. The thrill of being with your lover wears off. Certain wishes and dreams about marriage will not come true. Partners want things from us we can't or won't give. Criticism and resentment tend to be expressed in irritating ways. So many human traits annoy us; we tell ourselves that people and things should be different. It is frustrating when we can't understand why someone does what they do. What was "cute" when dating may become very irritating, e.g. a partner's loudness or bossiness or indecisiveness. Even good traits, like being understanding or rational or in control of your temper, can be infuriating to a partner who is ashamed of his/her emotionality. A partner may accept one of your traits, say shyness, until he/she meets a good-looking, outgoing person, then he/she may suddenly resent it.

Maslow (1971) had a "Grumble Theory" that says "the grass looks greener on the other side of the fence *and* dead on our side." He felt life was a series of ups and downs; accomplishments and relationships only give us a temporary high, soon we are taking them for granted and grumbling again. Marriage is an example: John and Jane were in love, got married, had two beautiful children. They are supposed to be blissfully happy, but after several years they take each other for granted--their grass looks brown and uninteresting. So, John is attracted to other women who tell him how talented and interesting he is. Jane is also attracted to successful, attentive males and to a challenging, exciting career. The risk is that John and/or Jane will turn the unexciting "taken for granted" feelings into active dislike or disdain "I can't stand Jane" or "I hate being at home." Maslow observed that high level self-actualizers focused on getting on with living according to their values and avoided blaming and resenting others or discounting the past. Few of us are self-actualizers, however.

When hostility builds inside, eventually it gets released--sometimes on the wrong person or issue. Often the tirade is a repetitious emotional harangue, obviously venting the anger rather than communicating. It may include vicious, nasty, cutting, insulting, offensive accusations. Both people are likely to become hostile and start playing "hard ball." In addition to the release of the poison--which may be hard to forgive--the fighters are usually trying, albeit ineffectively, to change each other. Have you ever noticed how hard we work to change others and how little we work on changing our expectations of others?

Trying to get our way

There are two tactics for getting our way: (1) reasoned arguments and (2) manipulation via bargaining, hinting, and use of emotions, deceit, or coercion. According to Johnson and Goodchilds (1976), 45% of women use emotions (usually sadness) and 27% of men do (usually anger). Four times as many women as men use helplessness as an appeal. You lose self-respect and the respect of others when you use weakness to manipulate others, however. Three times as many men as women use knowledge and present facts as a basis for winning an argument. Androgynous women are more like men. Unfortunately, the woman who takes a direct, rational, factual approach is

considered "pushy" while a similar male is seen as competent. Fortunately, this is changing. See the no-lose method #10 in chapter 13 and see chapter 8 for more about arguments in marriage. I'm assuming that you will be less likely to fall into the psychological pitfalls of using manipulation, if you know they exist.

Anger is nothing more than an attempt to make someone feel guilty.

-Jampolsky, 1985

Finding better ways to resolve anger in relationships

Lerner (1985) considers anger to be a signal that something is wrong in a relationship. Often, we are angry because we are feeling put down, neglected, dealt with unfairly, infantilized, insulted, or cheated in some way. Therefore, the real problem is *not* the anger, but rather the task is to right whatever is wrong in the relationship. This is Lerner's main theme. She points out that the usual ways of handling irritating circumstances in a relationship--either being "nice" or being hateful--do not ordinarily change the situation. For example, the suppression of negative feelings (being "nice") usually means being weak, passive, and compliant, which stores up more and more anger and eventually results in an ineffective hateful "explosion" or in "emotional distancing." On the other hand, the 1960's notion of "letting it all hang out" (and venting your anger), whenever you feel like it, is not only ineffective but has its hazards too: low self-esteem, feeling unable to relate, and guilt. Thus, neither the nasty attacks and hateful bitching of unfair fights, as we've seen, nor the uncommunicative empty shell marriages are capable of solving the underlying marital problems. They only make things worse. What will help?

Lerner lists four useful approaches: (a) finding out what is really bugging you (your needs, frustrations, regretted choices, blocked dreams, etc.), (b) learning to use new, better communication skills, such as "I" statements, (c) gaining insight into your "dance of anger" and adopting new "steps" out of the old routine, and (d) recognizing both parties' efforts to maintain the status quo of destructive fighting or passive withdrawal, rather than maturely resolving the underlying problems.

Resistance is a common barrier to changing the anger "dance." When desirable changes are initiated by one person in a relationship, Murry Bowen, a family therapist, says the partner frequently opposes the changes. For example, if the wife decides to develop her own social life, rather than beg and badger her reluctant husband to go out more, the husband's opposition to change often takes these forms:

1. "What you are doing (or about to do) is wrong."
 2. "Stop being this way and it will be okay."
 3. "If you don't change back, some serious things will happen."
-

It takes courage to stand up to these challenges and threats, and proceed with improving your life, rather than keep on dancing the anger waltz.

There are various dances of anger. There may be disagreements--how much to socialize, spend, see relatives, watch TV, have sex, etc.--and anger flares, but nothing changes. One may seek more attention and love, while the other is emotionally unresponsive; both may get irritated, but nothing changes. One partner is over-involved with the children; the other is under-involved, and both complain, but nothing changes. One partner tries to change the other person but can't. Actually, the frustrated partner could change his/her own behavior and meet his/her own needs in other ways, but too often this independent action is not seriously considered and/or the partner strongly resists such changes. To meet your own needs requires a clear sense of purpose, confidence, independence, and persistence.

This willingness to be our own person and to move in our own direction, alone if necessary, is important but very scary (even in this age of sexual equality). It stops us from clearly expressing our basic disappointments in a relationship--so the troubles never get resolved. Also, we are often afraid of unleashing our own anger, as well we should be, but the fear frequently inhibits our clear thinking about alternative ways of resolving the problems, including tactfully asserting our rights and preferences in that situation. The anger and these fears (of separation and destruction) also interfere with our exploring the sources and background of our own anger. This lack of self-understanding also reduces the keenness and flexibility of our problem solving ability. Some quiet contemplation of our history, our situation, and our true emotions might help.

Triangles often play a role, without our awareness, in the creation of conflict and anger with a person. That is, we suppress anger towards one person (a boss or a spouse) and displace it to a scapegoat (a supervisee or a child). The scapegoat often never suspects that the anger is generated by someone else; he/she just feels disliked and persecuted. This arrangement permits us to use displacement to avoid facing and working on our own interpersonal difficulties. Whenever anger becomes a chronic condition--an unending dance--ask: Where might all this emotion come from? Is it a "left over" from your original family? Is this displaced anger yielding a pay off to someone, e.g. do you and your spouse get to work on a "problem child" together? Is over-involvement between two people (say, father and daughter) a cause for mom and dad to fight? What would happen if the third party avoided forming a triangle and stayed out of any conflict between the other two people, e.g. if mom let father and son resolve their own fights? Does constantly worrying and working on relationship problems (your's or someone else's) divert your attention away from running your own life wisely?

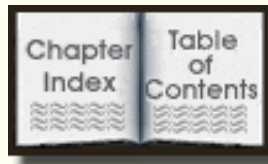
The major unhealthy roles we tend to act out under stress and when angry are (a) the blamer, critic, or hot head, (b) the withdrawn, independent, or emotionally unreachable person, (c) the needy, "let's talk," or overly demanding partner, (d) the incompetent, "sick," or disorganized one, and (e) the know-it-all, "I have no problems; I'll handle yours" rescuer. Do you recognize yourself and the people you have conflicts with? Try to avoid these roles. Start to change in small, carefully planned ways using good assertiveness (chapter 13). Also,

avoid talking to anyone (beyond a brief factual consultation--no gossiping) about a third person who is upsetting you; if your underlying purpose is really to recruit support for your side, it may set up a triangle which is unhealthy. Deal directly with the person who is bothering you; keep others out of it (unless you seek therapy). Of course, older children or relatives can be told that you are having marital problems, if that is needed, but don't ask them to take sides.

Two more recent publications can help you understand anger and marital fights (Wile, 1993; Maslin, 1994). Both books suggest ways to resolve the cognitive origins of anger and reestablish love in the marriage.

[← Back a page](#)

[Forward a page →](#)



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ANGER IN INTIMATE RELATIONSHIPS

Abuse of spouses and children

Many of our conflicts are hand-me-downs from our original family, our grandparents, and even further back. A generation or two ago most parents whipped their children. Just a few generations ago there was a "Rule of Thumb:" you may beat your wife with a stick if it is smaller than your thumb. If your grandfather beat your father, it is not surprising that you are beaten. If your mother was always envious and angry with her brilliant, perfect older sister, it is not surprising if mother is very critical of you, if you are her oldest daughter. If your dad's youngest brother was thought to be emotionally disturbed, he may watch carefully for problems in his youngest son...and find them. Know your history to know yourself and to understand others' reactions to you. Messina (1989) has a series of workbooks for adult children from dysfunctional families. The workbooks help you become aware of your abusive history and find ways to get rid of the anger.

What backgrounds and conditions lead to abuse?

Battered women tend to be less educated, young, and poor with low self-esteem, from an abusive family, passive-dependent, and in need of approval and affection. If women are violent against their husband, they tend to have a history of violent acts against others. Abusive men often have a need to control their partner and tend to be unemployed or blue-collar, a high school drop out, low paid, from a violent or abusive family, between 18 and 30, cohabiting with a partner with a different religion, and occasionally uses drugs. Don't let these specific findings mislead you, however. Abusers come from all economic and educational levels. Most hit their wives only occasionally and feel some remorse; a few are insanely jealous and a scary few simply appear to coolly relish being violent.

How do we start abusing someone close to us?

The common belief that abusers (of children) were themselves abused as children may only hold true in general for males, not females. In fact, physical abuse may mean different

things to women and men. In a dating or marriage situation, the beginning steps toward severe abuse may involve psychological aggression--yelling, swearing, threatening, spitting, shaking a fist, insulting, stomping out, doing something "for spite"--and slapping, shoving, or pinching (Murphy & O'Leary, 1989). There is some evidence that early in a relationship women do these things as often as men, maybe more so, but men eventually cause more physical damage than women. There is a great difference between an opened female hand slap to the cheek and a hard male fist crashing into the face, knocking out teeth, and breaking the jaw. The slap expresses hurt feelings; the blow reflects raw destructive, intimidating anger. It would be wise to never start the cycle of abuse; so, try to avoid psychological aggression, such as name calling, insulting, and yelling (Evans, 1992). The evidence is clear that once mild physical aggression of pushing and slapping has started, it frequently escalates into fist fights, choking, slamming against the wall, and maybe the use of knives and guns. *Psychological* or *verbal* aggression by either party must be considered *an early warning sign* that physical abuse is possible in the near future. Take verbal assaults and rages very seriously.

Steps taken to build anger... or to stop it

It is helpful to think of 5 steps (choices!) taking us from the initial frustration to intense anger in which we feel justified to express primitive rage: (1) deciding to be bothered by some event, (2) deciding this is a big, scary issue or personal insult, (3) deciding the other person is offensive and evil, (4) deciding a grave injustice has been done and the offender must be punished--you must have revenge, and (5) deciding to retaliate in an intensely destructive, primitive way. By blocking these decisions and thinking of the situation differently, we can learn to avoid raging anger. Examples of **helpful self-talk** at each step: (1) "It's not such a big deal," (2) "Calm down, I can handle this rationally," (3) "There is a reason why he/she is being such a b____," (4) "Let's find out why he/she is being so nasty," (5) "I'm not going to lower myself to his/her level... is there a possible solution to this?" When you practice these self-control responses in fantasy, you are using stress inoculation techniques (see method #9 in chapter 12).

McKay, Paleg, Fanning & Landis (1996) have studied the effects of parents' anger on their children. It is a serious problem that parents can handle with better self-control, especially by giving up false beliefs that fuel anger and by learning problem-solving or communication skills (see chapters 13 and 14).

Physical abuse follows a pattern

First, there is conflict and tension. Perhaps the husband resents the wife spending money on clothes or he becomes jealous of her co-workers. The wife may resent the husband drinking with the boys or his constant demands for sex. Second, there is a verbal fight escalating into physical abuse. Violent men use aggression and fear as a means of

control (Jacobson, et al, 1994). When the male becomes violent, there is little the woman can do to stop it. Actually, women in violent relationships are as belligerent and contemptuous as their husbands but their actual violence tends to be in response to the man's aggression. Nevertheless, over half of abused women blame themselves for "starting it." Third, a few hours later, the batterer feels guilty, apologizes, and promises it will never happen again, and they "make up." Sometimes, the couple--or one of them--will want to have sex as a sign that the fight is over. The sex is good and they may believe (hope) that the abuse will not happen again, but almost always within days the cycle starts over and the tension begins to build.

Statistics about abuse of loved ones

The O. J. Simpson case stimulated interest in spouse abuse, including death. About 1400 women, 30% of all murdered women, are killed by husbands, ex-husbands, and boyfriends each year; 2 million are beaten; beatings are the most common cause of injury to 15 to 44-year-old women. The statistics are sobering and truly scary (Koss, et al, 1994). A 1983 NIMH publication says, "surveys of American couples show that 20 to 50 percent have suffered violence regularly in their marriages." In 1989, another survey found physical aggression in over 40% of couples married only 2 1/2 years. 37% of 11,870 military men had used physical force with their wives during the last year (Pan, Neidig, & O'Leary, 1994). Walker (1979, 1993) says 50% of women are battered. The latest research (O'Leary, 1995) shows that 11% to 12% of all women were physically abused during the last year. Among couples seeking marital counseling, 21% were "mildly" abused and 33% were severely abused in the past year. Yet, they seldom volunteer this information; therapists must ask.

Research also shows that men and women disagree about the frequency and degree of their violent acts. However, men and women beat each other about the same amount but the injury rates are much higher for women. One early study found that 4% of husbands and 5% of wives (over 2 million) are *severely* beaten each year by their spouses. Another study said that 16% of all American couples were violent sometime during the last year. It is noteworthy that 45% of battered women are abused for the first time while pregnant. The FBI reported that battering *precedes* 30% of all women's trips to emergency rooms, 25% of all suicide attempts by women, and 25% of all murders of American women. World-wide the abuse of women is even worse (French, 1992). This is very serious. In addition, female infants are frequently killed by their parents in India. We must not deny these problems.

Much abuse is still hidden, not only is marital abuse kept a secret but sibling abuse is also. Within the privacy of our homes and even unknown to the parents, brothers and sisters physically, emotionally, and sexually mistreat each other (Wiehe, 1990).

Sexual abuse is a related issue. Just within the last 15 years our society has started to realize the extent of sexual abuse and its long-term consequences (see Interpersonal Violence publications by Sage Publications; Forward & Buck, 1978). Rape is reported to the police only 5% of the time; 50% of the time the woman tells no one. One in four girls is abused by age 14; one in three by age 18, many by family members. One in 6 boys is abused by age 16. Among college women, 5% experience a rape or an attempted rape every year; that is a 20-25% chance during four years of college. 84% were attacked by someone they know (57% by a "date"). Russell (1982) reports that 35% of college males confess that there is "some likelihood that they would rape a woman if they could get away with it." Also, 28% of "working women" have been sexually assaulted, 60% by someone they know. Russell also interviewed almost 1000 women and found that 14% had been raped by their husbands or ex-husbands. Remember, rape is a violent act, during which the woman often thinks she will be killed. Man has an astonishing history of raping women (Brownmiller, 1975). Almost 700,000 women were raped in 1990; 30% were between 11 and 17; another 30% were under 11! The attacker was known by about 75% of the victims.

We must reinforce reporting all sexual assaults and harassment. As long as offenders can get away with it, it will continue. As a society, we must face and correct early the hostile, insensitive, "sick," ignorant sexual-sadistic urges in men and boys. Treatment for the victim is important, even if it is years later (Koss & Harvey, 1991; Bass & Davis, 1988). On the other hand, see chapters 9 and 15 for a warning about books, groups, and therapists who suggest you were probably molested as a child even if you can't remember it. If you can't remember being sexually abused, be careful to avoid generating false memories. Other books can be especially helpful to rape victims: Warshaw (1988), who writes about date rape, and Ledra (1986) or Maltz (1992), who address all kinds of rape. For men who have been sexually abused in childhood, see Lew (1990). The Rape/Sexual Abuse Hotline is 1-800-551-0008 (serving only certain areas) or 1-800-656-HOPE).

Spouse abuse dynamics

Why does wife abuse occur? Many writers believe the cause is *male chauvinism* --a male belief that men are superior and should be the boss, while women should obey ("to honor and *obey*"), do the housework, and never refuse sex. A male abuser is described as filled with hate and suspicion, and feels pressured to be a "man." That sounds feasible but new findings (Marano, 1993; Dutton, 1995) suggest that the chauvinistic facade merely conceals much stronger fearful *feelings in men of powerlessness, vulnerability, and dependency*. Other research has found abusive men to be dependent and low in self-esteem (Murphy, Meyer & O'Leary, 1994). Many of these violent men apparently feel a desperate need for "their woman," who, in fact, is often more capable, smarter, and does take care of their wants. These relationships are, at times, loving. The husband is sometimes quite attentive and affectionate. Often, both have found acceptance in the relationship that they have never known before. Then, periodically, a small act of independence by the wife or her brief interaction with another man (perceived as intended to hurt him) sets off a violent

fight. The abusive man becomes contemptuous, putting the woman down in an effort to exercise physical-emotional control and build up himself. Of course, the insecure aspects of many abusers are well concealed within the arrogance.

Likewise, battered women have been thought of as weak, passive, fearful, cowering, self-depreciating partners. Of course, some are, but recent findings (Cordova, Jacobson, Gottman, Rushe, & Cox, 1993) suggest that many battered wives, during an argument, are outspoken, courageous, hot-tempered, equally angry and even violent, but they are overwhelmed by the husband's violence. They don't back down or de-escalate the argument; they respond with verbally aggressive, offensive comments. The women were often "unmothered" as children. The male abuser often grew up in a violent environment, where he was sometimes (30%) abused himself *or* (30%) saw his mother abused. So, we often have a situation in which two insecure but tough, angry, and impulsive people are emotionally compelled to go through the battering ritual over and over (Dutton, 1995).

Researchers are just now studying the complex details of battering by males. There are many theories about male violence: hormonal or chemical imbalance, brain damage, misreading each other's behavior, lacking skills to de-escalate or self-control, childhood trauma, genetic and/or physiological abnormality, etc. Also, beneath the abuser's brutality, therapists look for insecurity, self-doubts, fears of being "unmanly," fears of abandonment, anger at others, resentment of his lot in life, and perhaps a mental illness (Gelb, 1983). Several TV movies, such as *The Burning Bed*, have depicted this situation. In short, we don't know the causes of wife abuse; it is a safe bet that they are complex.

Okay, then why does husband abuse occur? We know even less about husband abuse. Some women probably have the same fears, needs, and weaknesses as battering men and are in a situation where they can physically abuse their partner. Most psychologists believe women are much less abusive than men, but the data isn't clear on this point. It is known that women are victims of 11 times more *reported* abuse than men (Ingrassia & Beck, 1994). But, men may be hesitant to label themselves as "battered husbands." Spouse abuse occurs in all social classes and with independent as well as dependent women. Society and strangers, even the police, seldom interfere with family fights but society pays the bills in the emergency rooms.

No one should ever have to tolerate physical or mental abuse. But, treatment is no sure cure. About half of batterers will not get treatment and half of those that do, drop out. In most cases, it is wise to report the abuse to the police. Most police have had some training in handling "domestic violence" cases; however, officers in New York, which has a mandatory-arrest law, arrest only 7% of the cases and only report 30% of the domestic calls (Ingrassia & Beck, 1994). Police are supposed to provide the victim some protection (of course, this is hard to do and can't be guaranteed). Recent research confirms the benefits of pressing charges in these cases, however. *If the abuse is not reported to the police, about 40% of the victims were attacked again within six months. If the abuse is*

reported by battered wives, only 15% were assaulted again during the next six months. So, protect yourself.

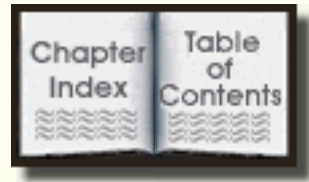
To the outsider the real question is: Why do they stay together? Why doesn't she leave? There must be varied and complex dynamics which tie an abusive couple together. We have much speculation; we need more facts. Clearly, there are likely to be emotional bonds, fears, shame, guilt, children to care for, money problems, and hope that things will get better. Many abused women are isolated and feel unable to find love again. Some women assume abuse is their lot as a woman, this is an expected part of life. A few women even believe a real, emotional, exciting macho "man" just naturally does violent things. Some violent men are contrite later and even charmingly seductive. Some women believe they are responsible for his mental turmoil and/or are afraid he will kill himself or them. She may think she deserves the abuse. Many (accurately) believe he will beat them more or kill them, if they report the assaults. The abused woman often becomes terrorized and exhausted, feeling totally helpless. Walker (1979, 1993) says the learned helplessness (within a cycle of violence and making up) keeps women from breaking away from the abuser. Celani (1994) suggests that both the abuser ("she can't leave me") and the abused ("I love him") have personality disorders, often originating in an abusive childhood.

If you are in an abusive relationship, get out of it if at all possible.

Warning: the most dangerous time is when the battered woman is leaving. If you don't know how to get out, there are many helpful books. Walker (1979, 1993) is regarded by professionals as the best self-help book for battered women (Santrock, Minnett & Campbell, 1994). Other helpful and more recent books are available (Ackerman & Pickering, 1995; Geller, 1992; Strube, 1988; Follingstad, Neckerman, & Vormbrock, 1988; Deschner, 1984; Fleming, 1979; NiCarthy, 1982, 1987). See chapter 10 also, and reduce your shame (chapter 6) and build your self-esteem (chapter 14). In addition, there are hotlines (1-800-799-SAFE or 1-800-FYI-CALL or 303-839-1852), Women's Centers, Domestic Violence shelters, and Mental Health Centers where help is available. Please get help. Abusive relationships almost always get worse, rather than better. But if you can't separate, an abusive couple definitely needs professional help immediately (Deschner, 1984). Go by yourself if your partner won't go. Promising therapies, including educational groups, are being developed (Nay, 1996; Marano, 1993; Pence & Paynar, 1993), but therapy in the past has not been very effective with male abusers (but see Dutton, 1995). Only 50% of male abusers will go for therapy, only 1/2 of the ones that start therapy complete the therapy. Try to have realistic expectations. There is a book for violent men (Sonkin & Durphy, 1992), but, if they won't try therapy, how many would read and faithfully apply a book? There is also a book for partners of adult survivors of childhood sexual abuse (Davis, 1991). The Family Research Laboratory at the University of New Hampshire publishes a bibliography covering all forms of family violence.

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ANGER IN INTIMATE RELATIONSHIPS

Child abuse and physical punishment

Parenting is a mixture of love and frustration. Surely most parents are, at times, angry and dominated by this irksome emotion (see Samalin, 1991). Most mothers and fathers have, in fact, at some time, become furious at her/his child. There will probably be an urge to physically hurt the child--to spank, hit, or shake him/her. It is hard for us to know if our urge to hurt is harmless or dangerous. However, if you sense you are getting close to becoming violent, something must be done immediately. Call your spouse, a neighbor, or a friend. If at all possible, have someone else care for the child for a while. Also, call the local Parents Anonymous organization (see phone book) or Childhelp USA's National Child Abuse hotline (1-800-4-A-CHILD) for continuing sources of help. Calling for help is hard to do. But don't run risks. Professional help might be needed. It is important to determine just how much risk you are to your kids and to lower that risk as soon as possible.

There are certain warning signs you can use: *the excessively physical parent* often has been *abused* or neglected themselves (less true for woman than men). They are often *isolated* from other adults and have a passive, ungiving partner. They often don't like themselves and feel *depressed*. They may have *impossible expectations* of their children, e.g. that a 16-month-old will stop dirtying his diaper, that a 13-month-old will stop crying when the parent demands it, and so on. They often *see the child as bad* or willful or nasty and mean or constantly demanding or angrily defiant. They have *strong urges to hurt* the child and have previously acted on those urges to some extent. They are often *in a crisis* -- a fight with the spouse, have recently been fired, or can't pay bills. If a parent is being battered, the child is also at risk, especially a boy.

If you have such a background and have several of these conditions, be aware of your potential of becoming abusive and be especially cautious. Start reducing your frustrations; find ways to control your anger (see the last section of this chapter and chapter 12). On the other hand, don't over-react and panic--you aren't an awful parent--just because the kids bother you and you end up spanking them (without any injury). It is better if you never hit

a child, but a rare mild spanking isn't awful. Abuse is much more violent and harsher than discipline (see chapter 9). Remember too that anger in the form of psychological abuse ("I hate you;" "you're stupid") may also be very damaging (Garbarino, Guttman, & Seeley, 1987). Whether you were abused as a child or not, if you are close to abusing your children, start the long process of healing yourself right away and seriously consider getting therapy (Sanders & DeVargas-Walker, 1987). Parents Anonymous is a self-help organization for abusive parents, call them at 800-352-0386 or 800-421-0353 or write 2810 Artesia Blvd., Redondo Beach, CA 90278. All states have an 800 number for reporting actual or suspected child abuse (see your directory).

If you are merely irritable with your children and spanking them, read Samalin (1991) or Straus (1994) who persuasively argue against physical punishment and for tolerance. The research evidence is clear: physical punishment, even if it isn't violent, produces children who are more aggressive with their peers. The more violent the parents are, the meaner the children will be (Strassberg, 1994).

Conflicts between parents and teenagers

About 60% of the students in my college classes have gone through difficult conflicts with their parents (the others had acceptable or good relations). This is the usual sequence: until puberty there is a closeness with one or both parents. Conflicts usually start during the 12 to 17-year-old period. Friends become more important than parents. Parent-teenager fights range in intensity from quiet withdrawal to raging arguments on every issue.

Conflicts may begin with the teenager stopping doing certain things that please their parents--or that would indicate closeness or similarity to the parents, like going to church or to the movies with the parents. They want to be on their own, to "do their own thing," which sometimes evolves into having the responsibilities of a 5-year-old and the freedom of a 25-year-old. Parental rules and values are often challenged or broken. This is called "boundary breaking;" in moderation it is natural, normal, necessary, and healthy. Depending on the peer group, the teenager may do some things partly to "shake up" or defy the parents (and the establishment)--dress, talk, dance, and "have fun" in their own way. Using drugs, reckless driving, drinking, staying out late, getting "too serious," and other behaviors may be for excitement but boundary breaking may be involved too. When the parents object or refuse permission, the teenager may intensely resent their interference (which is why the topic is covered in this chapter).

The parents may respond just as strongly to the teenager's new behavior. When the agreeable kid starts to argue about everything, it is baffling to them. Parents resent defiance, especially authoritarian, I-make-the-rules parents. They may feel like a failure as a parent. The teenager's ideas seem totally unreasonable to them. The parents' emotional reaction is more than just reasonable concern for the teenager's welfare, it is an intense

reaction--either panic that the son or daughter is headed for disaster or boiling resentment of the teenager's rebelliousness. When both respond with strong resentment, it is war.

Why this war? In some families these quarrels may be necessary in order for the young person to become "his/her own person" and free him/herself from parents' control. Sonnett (1975), Robertiello (1976), Ginott (1969) and many others have speculated about the underlying causes somewhat as follows: Teenagers are unsure of themselves but they pretend to be confident. They fear admitting their doubts because that might lead to being taken over again--almost smothered--by their parents' opinions and control. Yet, there are temptations to not grow up, to be taken care of, to avoid scary responsibilities. This danger--of remaining a weak, dependent, controlled child--provides the intense force behind the drive to be different from and to challenge the parents. Teenagers deny the importance of their relationships with parents; they give up hugging and kissing; they show little gratitude; they emphasize their differences from their parents and their similarity to their friends. All attempts, in part, to get free.

Bickering, insulting, and getting mad push the parents away. Disliking parents and not getting along with them makes it easier to leave. What do the parents do? Some say, "I've taught you all I know, now go live life as you choose and learn from your experiences. I'll always love you." Other parents feel crushed and/or furious when teenagers decide to go a different direction. These parents wanted their children to accomplish their goals and to conform to their values and way of life. They perhaps hoped to live life, again, through their children. At least, they wanted the son/daughter to follow their religion, accept their morals, marry the "right kind" of person, get an education and "good" job, have children, etc. They may be very hurt if the son/daughter wants to go another direction.

In the final stages, when the parent-teenager conflict becomes bitter, usually it is a power struggle between controlling parent and resisting young person. The conflict becomes a "win-lose" situation where no compromises are possible and someone must lose. The more dominating, controlling parents (who tend to produce insecure, resentful but independent teenagers) don't like to lose and struggle hard for continued control. The teenager can almost always win these conflicts eventually, however, by just not telling the parent what he/she is doing or by being passive-aggressive (forgetful, helpless, ineffective).

How to resolve parent-young adult conflicts

When the young person is 16 or 17, the parents have to accept reality that they have lost control--they can't watch the son or daughter all the time. They are on their own. The parent can still help the young person make decisions by sharing their wisdom (if it is requested). Both parents and young persons can control their anger (chapter 12) and adopt good communication skills: "I" statements, empathy responses, and self-disclosure

(chapter 13). Both can develop positive attitudes. Teenagers can realize that parents don't universally go from "wise" to "stupid" as they age from 12 to 17. They can also realize that responsibility comes with freedom; if you are old enough to declare your independence and make your own decisions, you are old enough to accept the consequences (meaning=don't expect your parents to get you out of trouble). Parents can remind themselves that making mistakes is part of growing up; we all learn from our mistakes, including drinking and getting sick, getting pregnant, being rejected, dropping out of school, being fired, etc. Young adults, like all of us, need support and love when they are "down." Give it. Avoid criticism, anger, rejection, and, the parental favorite, you-should-have-listened-to-me comments. When they are hurting, show love and concern--but don't rush in to rescue them, let them deal with the problems they made for themselves. Farmer (1989) provides help to parents trying to be caring, loving, and at peace with their teenagers. As we will see in chapters 8 and 9, there are also three especially good general self-help books for parents and teens: Ginott (1969), Elkind (1984), and Steinberg & Levine (1990). Straus (1994), writing more for clinicians, focuses on understanding the violence in the lives of teenagers, both the abuse to them and their striking out at others.

If you are a young adult who has gone through "the wars" with one or both parents, it may be wise and rewarding to try to get closer again. Try to see your parents as real people: how old were they when you were born? What problems did they have? Do you suppose they often wondered what to do and if they were being good parents to you? Did being parents interfere with important goals in their lives? Were and are they desperately wanting you to "turn out all right" and make them proud? Are they longing for a close relationship with you? If they get disappointed and angry at you, is that awful?

Some day when you are feeling reasonably secure about yourself and positive about your parents, take the initiative and open up to them. Share your feelings: fears, self-doubts, regrets about the fights, how difficult it was to break away, and your hope for a mature, equal, accepting, close relationship with them in the future. Emphasize the positive. If they have been helpful, show your appreciation. Forget and forgive the "war," if possible, or, at least, avoid letting the poison keep festering. The students I work with find this "reunion" with their parents scary to plan. But it is extremely gratifying, once it is done, to have taken some responsibility for this relationship--almost certainly the longest, deepest, and most influential relationship you will ever have. Many people are amazed at how hard it is to say "I love you" and to hug or touch their mother or father or child again. But it feels so good. Many of us cry.

If you are grown and independent and love your parents openly and never had to fight with your parents to get where you are, be sure to thank them for doing so well in a difficult job. If you are wishing your parents had been better, ask yourself: "Although they weren't perfect, weren't they good enough?" They did what they had to do (see determinism in chapter 14). If you feel you need total agreement and unfailing support from your parents, ask yourself why that is needed. Does it reflect some dependency and

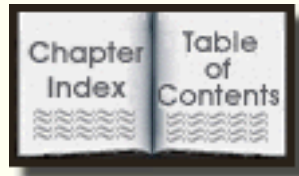
self-doubt?

Try to use your insights into these conflicts. The teenager is trying to find "his/her own place"--their unique personality and life-style. Look for unconscious forces: children may delight in driving parents up a wall, parents may get some secret pleasure from seeing their children fail or make mistakes in certain ways, a parent's dreams may be frustrated when the young person decides to "do his/her own thing," parents may be especially upset when children do things they prohibit but are tempted to do themselves, etc. Most importantly, the teenager may be slowly "cutting the umbilical cord" by creating an "uproar" which makes it easier for him/her to leave the love, warmth, and stifling dependency of home. Viewed in that light, maybe having a few uproars ain't so bad. Don't let the "fights" become permanently hurtful. Be forgiving.

Jealousy

The case of Tony and Jane described early in this chapter illustrates the complicated and intertwined nature of anger and fear. Jealousy is a fear of losing our loved one to someone else. Thus, it involves an anticipated loss (depression) and a failure in competition with someone else (anxiety and low self-esteem). In addition, when your partner shows a love or sexual interest in someone else, there is a "breach of contract" with you and a disregard for your feelings. When Tony went flirting and dancing with attractive women, even if it was merely innocent fun, he callously placed his need for fun over Jane's plea for consideration of her feelings. That makes Jane mad. Also, if Tony and Jane were married or engaged, Tony seemed (to Jane) to break a solemn oath to forever "forgo all others" within 10 minutes of meeting an attractive woman at a party. That too makes her mad...and distrustful, and rightly so in my opinion. Yet, many of us are jealous without any valid grounds for feeling mistreated or neglected; we are just afraid of what might happen.

Jealousy is discussed at length in chapter 10 (and see White & Mullen, 1989). Concerning Jane's anger, she could try to reduce it either by honestly disclosing to Tony how upsetting and hurtful his flirting is (coupled with an assertive request for reassurance and that he stop) or by reducing the intensity of her anger response. Her anger could be reduced in a variety of ways, e.g. by desensitization or stress inoculation, by correcting her thoughts about how terrible it is that Tony flirts, by building her self-esteem, or by changing her view of Tony's flirting from being an indication of his infidelity to being a reflection of his doubts about his attractiveness. Other methods for controlling anger are mentioned in the last section.



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DISTRUSTING OTHERS

Distrust of others and honest self-disclosure

One of the things we dislike most is to be deceived or cheated, to be lied to. To call someone a liar is a serious charge made when we are very angry. It is surely going to cause a fight. Yet, common sense tells us that some distrust is appropriate. People do deceive others, even best friends and loved ones. So, in some ways society encourages distrust. We teach children not to accept rides from strangers. We warn kids that others might touch them in the "wrong places." We don't believe ads and salespersons. We know people put their "best foot forward." Teenagers know the line on the second date, "I love you, let's do it." Politicians say what we want to hear. We believe people are pushed by unconscious forces and don't really know themselves. We know people respond to stereotypes instead of real people. So is it best to trust or distrust? to be honest or dishonest? The answers are not simple. But, in general, trusting people have better interpersonal relationships. People low in trust tend to be more angry, competitive, resentful, and unempathic (Gurtman, 1992).

We must realize though that each individual is so complex and has so many feelings, needs, opinions, etc., he/she couldn't possibly reveal all sides of him/herself to a new acquaintance. So we play roles, at least we show only parts of our real self(s). What else is related to hiding parts of ourselves? Our fear of rejection, our own sensitivity or vulnerability. Few people want to pretend to be something they aren't. Yet, others have to be accepting before we are likely to be open and honest. Or we have to be strong enough to say "it's OK if they don't like me." Examples: if you feel homosexual urges are disgusting and sick, your friend probably can't tell you about his/her homosexual concerns. If you are very sexually attracted to someone, you probably can't tell them the truth about why you are approaching them. A article in a women's magazine was entitled "My Life in a 39EE Bra." The writer said that most men made a point of telling her they were "leg men" but that wasn't her impression later. We often tell people what we think they want to hear, what is most acceptable. Or, we must be willing to run the risk of criticism and rejection.

Among the better antidotes for a fear of rejection are self-confidence, self-acceptance, a willingness to find another friend if necessary, and an ability to accept and profit from criticism. For example, you can handle criticism better if you:

1. Avoid over-reacting to the criticism or rejection so you can understand what is being said about you. Remember, you don't have to be loved by everybody all the time (see chapter 14). But, make constructive use of the person's opinions.

2. Assess the accuracy of what was said. Try to understand the motives of the source. Are emotions being displaced on to you? Is the critic's opinion based on valid information? Is he/she projecting? Is he/she playing put-down games? Is he/she afraid of or competing with you?
3. a. If the critics seem accurate (and especially if several people agree), ask for all the information and help they can give. Make plans to improve.

b. If the critic seems in error and biased, then discount the information or "take it for what it's worth." It would still be valuable to understand how and why the situation arose. Depending on the circumstances, you'll have to decide whether to counter-attack or forget it.

The major point, however, is that you can take greater risks in trusting and in being honest in relating to others (trying for a deeper friendship) *if* you are less vulnerable or less dependent and more self-accepting. The stronger and more secure you are, the more honest you can be and the more open others will be with you. Clearly, distrust and dishonesty are appropriate in some situations, but they are few. Trust and honesty are more often preferred, especially as one becomes more secure and independent. Interesting research, which we now turn to, has confirmed the merits of trusting others.

The Trust Scale

Julian Rotter (1980) developed an "Interpersonal Trust Scale," which measures the belief that another person's word or promise can be relied upon. It includes items like these: To what extent do you agree with these statements?

1. In dealing with strangers, one is better off trusting them--within reason--until they provide evidence of being untrustworthy.
2. Most people can be counted on to do what they say they will do.
3. The courts give fair and unbiased treatment to everyone.
3. Most elected public officials are really sincere in their campaign promises.
4. Most salesmen are honest in describing their products.
5. Very few accident claims filed against insurance companies are phony.

You can get a feel for how you would answer such questions (all these questions reflect a trusting attitude, but in the extreme they would reflect a naive, too trusting attitude).

Trusting (but not naive) people tend to be happier, better liked by others, more honest, and more moralistic do-gooders than less trusting people. Of course, not all distrustful people are dishonest themselves; however, there is a trend in this direction. Some would say

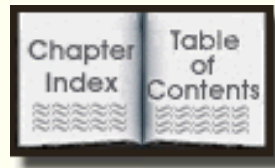
that trusting is pretty dumb. But high and low trusters are about the same in intelligence. You might think, "OK, but surely trusters are more gullible." Rotter's research says "no." It's true the high truster does take the view, "I'll trust them until they do me wrong." But, they seem just as able to detect the cues of a dishonest deal or statement as a distrustful person. Indeed, Rotter (1980) says it is the distrustful person who is more likely to be "taken" by the con artist. How come? Well, since the dishonest person believes the world is crooked--"that's how everyone makes a fast buck"--when a "drug dealer" comes along and offers \$1000 in 10 days if he/she will invest \$500 today to fly a spare part to the stranded plane in Mexico, the dishonest person hands over his/her \$500. The moralistic, trusting person would more likely say, "I don't want to get involved in something dishonest or illegal."

Another disadvantage of distrusting is that it disrupts honest dealings and puts up barriers to open, intimate relationships. Rapoport (1974) has studied trust and cooperation for 20 years. He found people tended to be distrustful, especially in a competitive rather than cooperative situation. A betrayal of trust is hard for most people to forgive. But, trusting people are more likely to "give someone a second chance." Unfortunately, competing nations, like people, are not trusting and are too self-centered to be rational. Rotter (1980) gives an excellent but scary example. It seems that the U.S. had prepared a disarmament plan, but before it was presented, the Russians came forth with a very similar plan. We should have been pleased, right? No. Since we didn't trust the Russians, the plan was thought to have had some secret advantage to them, so the US couldn't possibly accept the plan. We had to think of another plan, one they wouldn't like. That kind of thinking could have killed us all. Maybe the message is: don't trust governments to do all *your* thinking for you.

Rotter also developed the Internalizer-Externalizer Scale (see chapter 8). Externalizers (people who believe that external forces determine what happens in their lives) tend to be more distrusting. On the other hand, Internalizers, believing they are in control and can change things, are more likely to be aggressive when they are frustrated or provoked (Singer, 1984). So it appears that Internalizers and Externalizers handle anger differently. Internalizers initially are more trusting but when frustrated or hurt by someone they act out aggressively. Externalizers are distrustful and passively accept the unkind actions of others which re-confirm their already skeptical views of others.

How can you become more trusting? Have trusting parents. Beyond that, Rotter suggests that you frequently put your distrust to a test. When someone says something you tend to doubt (without any hard evidence), act as if you believe it and see what happens. Rotter thinks you will learn to be more trusting *and* the person you are trusting will learn to be more trustworthy (like a self-fulfilling prophecy) as well.

It is better to suffer wrong than to do it, and happier to sometimes be cheated than not to trust.
-Apples of Gold



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DISLIKING OTHERS WITHOUT VALID REASONS: PREJUDICE

Where Do Prejudices Come From?

Prejudice is a premature judgment--a positive or a negative attitude towards a person or group of people which is not based on objective facts. These prejudgments are usually based on **stereotypes** which are oversimplified and overgeneralized views of groups or types of people. Or, a prejudgment may be based on an emotional experience we have had with a similar person, sort of our own personal stereotype. Stereotypes also provide us with **role expectations**, i.e. how we expect the other person (or group, like all Japanese) to relate to us and to other people. Our culture has hundreds of ready-made stereotypes: leaders are dominant, arrogant men; housewives are nice but empty headed; teenagers are music crazed car-fanatics; very smart people are weird, and on and on. Of course, sometimes a leader or housewife or teenager is somewhat like the stereotype but it is a gross injustice to automatically assume they all are.

Prejudice, in the form of negative put-downs, justifies **oppression** and helps those of us "on top" feel okay about being there. Prejudice can be a hostile, resentful feeling--an unfounded dislike for someone, an unfair blaming or degradation of others. It is a degrading attitude that helps us feel superior or **chauvinistic**. Of course, the misjudged and oppressed person resents the unfair judgment. **Discrimination** (like aggression) is an act of dealing with one person or group differently than another. One may be positively or negatively biased towards a person or group; this behavior does not necessarily reflect the attitude (prejudice) one feels towards that person or group. You might recognize your prejudiced feelings are unreasonable and refuse to act in unfair ways. Common unfavorable prejudices in our country involve blacks, women, Jews, Arabs, Japanese, Germans, poor (welfare), rich, farmers, rednecks, obese, handicapped, unattractive, uneducated, elderly, Catholics, Communists, atheists, fundamentalists, homosexuals, Latinos, Indians, and lots of others.

When we are prejudiced, we violate three standards: reason, justice, and/or tolerance. We are *unreasonable* if we judge others negatively without evidence or in spite of positive evidence or use stereotypes without allowing for individual differences. We are *unjust* if

we discriminate and pay men 1/3 more for the same work as women or select more men than women for leadership positions or provide more money for male extra-curricular activities in high school than for female activities. We are *intolerant* if we reject or dislike people because they are different, e.g. of a different religion, different socioeconomic status, or have a different set of values. We violate all three standards when we have a **scapegoat**, i.e. a powerless and innocent person we blame for something he/she didn't do.

Prejudices are hard to change most of the time and hard to recognize part of the time. Gordon Allport (1954) illustrates how a prejudiced person resists "the facts" in this conversation:

Mr. X: The trouble with the Jews is that they only take care of their own group.

Mr. Y: But the record of the Community Chest campaign shows that they give more generously, in proportion to their numbers, to the general charities of the community, than do non-Jews.

Mr. X: That shows they are always trying to buy favor and intrude into Christian affairs. They think of nothing but money; that is why there are so many Jewish bankers.

Mr. Y: But a recent study shows that the percentage of Jews in the banking business is negligible, far smaller than the percentage of non-Jews.

Mr. X: That's just it; they don't go in for respectable business; they are only in the movie business or run night clubs.

A prejudiced person, like bigot Mr. X, is so inclined to hate Jews that a few facts won't stop him/her. Sounds bad and it is. Are we all prejudiced? Probably, in some ways. Certain prejudices are so ingrained in our society it would be hard to avoid them. Examples of negative prejudices you might not think of: against eating grasshoppers, caterpillars, or ants, against a female doctor (we think she is less competent than a male), against a man in a typically female occupation like nursing or typing, against a person who has just lost (we see losers as less hard working or less competent--especially males who lose because males are "supposed" to be successful), and against a couple who decide to reverse the usual roles, i.e. the wife works while the husband stays home with the children.

Historians would contend that prejudice can not be understood without a sense of history. For example, slavery 150 years ago is related to today's anti-black attitudes. Likewise, the religious wars 400 years ago between Catholics and Protestants that killed thousands are related to today's distrust of each religion by the other. Almost 800 years ago during the Crusades, Christians on their way to wars in the Holy Land slaughtered (in the

name of the Prince of Peace) thousands of eastern European Jews. Hitler reflected their attitudes. Anti-Semitism still lives. History accounts for many cultural stereotypes, but our own personal history accounts for many of our biases too, e.g. you almost certainly have a unique reaction to women who remind you of your mother.

Gordon Allport (1954) has deeply influenced psychologists' thinking about prejudice, namely, that it is a natural, universal psychological process of being frustrated or hostile and then displacing the anger from the real source to innocent minorities. This explanation implies that prejudice takes place in our heads. On the other hand, ninety years ago, a great black scholar, W. E. B. DuBois, reminded whites that prejudice doesn't just spring from the human mind in a vacuum (Gaines & Reed, 1995). It is exploitation, not just a mental process, that contributes to *prejudice against* the minority and to *self-doubts within* those discriminated against. For example, Blacks, women, orientals, the poor, the unattractive, etc. are all discriminated against and, thus, constantly reminded that they are a minority. Blacks, as a result of extreme prejudice, have dual identities; they are both "American" and "Black" but neither identity is entirely acceptable to many blacks. Thus, many blacks have ambivalent attitudes about both "Americans" and "Blacks," and about who they are. White America is devoted to individualism; African culture emphasizes caring for the group. For Blacks, this is a no-win situation, a choice between trying to be like Whites (and better off than others) or being Black (and worse off than most Americans).

Following DuBois, many sociologists see prejudice as caused by social problems, such as over-crowding in urban areas, overpopulation, unemployment, competition between groups, etc. It has been found, for example, that persons who are low in socioeconomic status or have lost status are more prejudiced, perhaps because they look for people to blame--for scapegoats. Rural and suburban America have always looked down on the poor, urban dweller--80 years ago it was the Jews, Italians, and Irish, today it is the blacks, Mexicans, Puerto Ricans, etc. In effect, the *victims* of city life were and are blamed for the crime and deterioration there. That's not fair, is it? Also, competition between groups, as we will see, increases the hostility: Jewish and black businesses compete in the slums, black and white men compete for the same intensive-labor jobs, men and women compete for promotions, etc.

Experimentally created prejudice

The Zimbardo "Prison Experiment" created negative, prejudiced attitudes just by placing some people in power over others who were powerless. One might wonder if the same thing happens between management and workers in industry? There are other examples of instant prejudice. One third-grade teacher in Riceville, Iowa, gave a lesson in discrimination. The teacher divided the class into two groups: blue-eyed and brown-eyed. Each group got the same special privileges and praise on alternate days. On the days their group was favored, the students felt "smarter," "stronger," "good inside," and enjoyed keeping the "inferiors" in their place. The same children on the deprived days felt tense,

unsure of themselves, and did poorer work. They learned within a few hours to feel and act negatively toward "friends." Humans seem much better at learning prejudices than math.

In a famous study, Sheriff and others (Sheriff & Hovland, 1961) designed a boys' camp to study relations between two groups. The boys did everything with the same group, soon friendships and group spirit developed. Then the psychologists had the groups compete with each other in tug-of-war and various games. At first, there was good sportsmanship, but soon tension and animosity developed. There was name-calling, fights, and raids on the "enemy" cabins. Anger was easily created via competition, but could the experimenters create peace? The psychologists tried getting the groups together for good times--good food, movies, sing-alongs, etc. What happened? The anger continued. The groups threw food at each other, shoved, and yelled insults.

Next, the psychologists set up several situations where the two groups had to work together to get something they wanted. There was a break in the water line that had to be fixed (or camp would be closed). The food truck broke down and it took everyone's cooperation to push it. When they worked together on these serious, important tasks, they didn't fight. Indeed, friendships developed. Just as competition led to friction among equals, cooperative work led to positive feelings. Ask yourself: when did our country last cooperate with the Russians, the Japanese, the Chinese, or the Cubans to educate or feed hurting people? Or, when did *you* last work meaningfully with the people you view negatively?

Psychologists have other explanations

Psychologists suggest we learn prejudiced attitudes via several other processes. Examples: We may learn to discriminate because prejudice pays! Slave owners certainly profited greatly from slaves. In the past, parents profited from having lots of obedient children. Factories profit from low paid workers. Bosses profit from bright, able secretaries who work for 40% less than males. We can impress certain people and curry favor with them if we are prejudiced, e.g. a prejudiced parent, friend, or boss likes us to hold the same views.

Prejudice also comes as part of our familial inheritance! As children we may identify with bigoted parents and adopt prejudiced attitudes without thinking. Most families utilize certain stereotypes, such as "only men go to bars," "women can't fix mechanical things," "old people are boring," etc. Gender roles may also have been assumed (and taught by example) in your family--the women and girls always did the cooking and the housecleaning and the men always fixed the cars and joked about sex. These biased views are deeply embedded in our mind.

Larry King (1971) in *Confessions of a White Racist* exemplifies this subtle learning of

prejudiced stereotypes from parents, siblings, and friends:

"Quite without knowing how I came by the gift, and in a complete absence of even the slightest contact with black people, I assimilated certain absolutes: the Negro would steal anything lying around loose and a high percentage of all that was bolted down; you couldn't hurt him if you hit him on the head with a tire tool; he revered watermelon above all other fruits of the vine; he had a mule's determination not to work unless driven or led to it; he would screw a snake if somebody would hold its head.

Even our speech patterns were instructional....One's more menial labors could leave one 'dirty as a nigger' or possibly 'sweating like a nigger at election.'...I don't remember that we employed our demeaning expressions in any remarkable spirit of vitriol: we were simply reciting certain of our cultural catechisms, and they came as naturally as breathing."

Such beliefs are a terrible injustice and an insult to human intelligence. Belittling beliefs are just as destructive as being hit with a tire tool or refused a job; yet, the beliefs were learned and used without realizing the ignorance and unfairness involved. This unthinking conformity to beliefs of our social group happens frequently. As we saw with Mr. X, these stereotypes are resistant to change. By their unpleasant, hostile nature, stereotypes discourage intimate contact with the "target" persons so that one doesn't discover what individuals of that type are really like. However, if one does have contact, the prejudice may become a self-fulfilling prophecy. For instance, if you falsely believe that supervisors or teachers are uninterested in you, then you may approach them in such a shy, uncomfortable way that they avoid interactions that make you uneasy; consequently, they seem uninterested--just like you expected.

Robert Rosenthal and Lenore Jacobson (1968) observed, in a famous experiment, the self-fulfilling prophecy in the class room. They told the teachers that certain students would be intellectual "late bloomers" during the school year. Really these "bloomers" were chosen at random. But because the teachers expected them to do better, they did! This was a self-fulfilling prophecy. Another interesting finding in regards to prejudice was that the predicted and actual "bloomers" were liked by their teachers, but the students who were not expected to bloom *but did* were not liked by their teachers. Apparently, we humans like to be right. When others don't behave as we expect them to, we don't like being wrong (and don't like the people who prove us wrong).

Personality and Prejudice

During World War II, Hitler's Germany openly declared war on most of the world and secretly murdered six million Jews. Hitler had been elected by claiming his country was threatened from within by rioting students and from without by Russian Communists; he called for law and order. Jews were Germany's readily available scapegoat. Hitler became a strong, authoritarian leader and many of the German people accepted his control. Why do

some people idolize leaders? Why do some parents demand obedience and harshly punish any misbehavior, especially anger towards them? Why are certain people more "straight," stern, distant, intolerant, and hostile while others are nonconformists, tolerant, and loving?

What kind of people would follow an aggressive, arrogant, critical, prejudiced leader? The classic book on this topic is *The Authoritarian Personality*. These authors (Adorno, Frenkel-Brunswick, Levinson & Sanford, 1950) described several traits of authoritarian leaders, like Hitler, and their followers, like the German people:

1. Rigid, unthinking adherence to conventional, middle-class ideas of right and wrong. The distinction has to be made between (a) incorporating (as in Kohlberg's stage 6--see chapter 3) universal values and (b) having blind allegiance to traditional social-political-religious customs or organizations. Examples: an egalitarian person who truly values one-person-one-vote, equal rights, equal opportunities, and freedom of speech will support a democracy, not a dictatorship. A person who says, "I love my country--right or wrong" or "America--love it or leave it" may be a flag-waving, patriotic speech-making politician who is secretly an antidemocratic authoritarian (similar in some ways to Hitler). For the authoritarian the values of respecting and caring for others are not as important as being a "good German" or a "good American" or a "good Catholic" or a "good Baptist."

Important values to an authoritarian are obedience, cleanliness, success, inhibition or denial of emotions (especially anger and even love), firm discipline, honoring parents and leaders, and abhorring all immoral sexual feelings. This was the German character. Authoritarian parents tend to produce dominated children who become authoritarian parents. Egalitarians produce egalitarians.

2. Respect for and submission to authority--parents, teachers, religion, bosses, or any leader. This includes a desire for a strong leader and for followers to revere the leader, following him (seldom her) blindly. It was believed by the psychoanalytic writers of *The Authoritarian Personality* that recognizing one's hostile feelings towards an authority was so frightening that the authoritarian personality was compelled to be submissive. There is an emphasis on following rules and regulations, on law and order. Everyone has a proper role to play, including gender role.

3. They take their anger out on someone safe. In an authoritarian environment (family, religion, school, peer group, government), the compliant, subservient, unquestioning follower stores up unexpressed anger at the authority. The hostility can't be expressed towards the authority, however, so it is displaced to an outsider who is different--a scapegoat. Unconsciously, the authoritarian says, "I don't hate my father; I hate Jews (or blacks or unions or management or ambitious women or Communists or people on welfare)." The "good cause" to which one is dedicated often dictates who to hate, who to be prejudice against.

4. They can't trust people. They believe "people who are different are no good." If we believe others are as bad or worse than we are, we feel less guilt: "Everybody looks out for #1" or "Everybody would cheat if they had a chance." Such a negative view of people leads to the conclusion that harsh laws and a strong police or army are necessary. Also, it leads people to foolishly believe that humans would "go wild" and be totally immoral if they lost their religion.

5. Because they feel weak, authoritarian personalities believe it is important to have a powerful leader and to be part of a powerful group. Thus, they relish being in the "strongest nation on earth," the "master race," the "world-wide communist movement," "the wealthiest nation," the "best corporation," the "best part of town," the "best-looking crowd," the "best team," etc. The successful, the powerful, the leaders are to be held in awe. And the authoritarian says, "when I get power, I want to be held in awe too. I'll expect respect, just like I demand it from my children."

6. Over-simplified thinking. If our great leaders and our enormous government tells us what to do, if our God and our religion directs our lives, then we don't have to take responsibility for thinking or deciding. We just do what we are told. And, in general, we, "the masses," are given simple explanations and told the solutions are simple by authoritarian leaders. Examples: "The source of the trouble is lenient parents (or schools or laws)," "God is on our side," "Get rid of the Jews (or Capitalists or Communists or blacks or Arabs)." For the authoritarian if things aren't simple, they are unknowable, e.g. he/she endorses the statement, "science has its place, but there are many important things that can never possibly be understood by the human mind."

7. Guard against dangerous ideas. Since the authoritarian already has a handle on the truth, he/she opposes new ideas, unconventional solutions, creative imaginations. They believe an original thinker is dangerous; he/she will think differently. It's considered good to be suspicious of psychologists, writers, and artists who probe your mind and feelings--such people are scary. Governments who observe subversives are OK, though. Indeed, censorship of the media may become necessary, especially if the media becomes critical of our leaders or sexually provocative. A businessperson produces needed products; an intellectual is a threat.

8. I'm pure, others are evil. The authoritarian represses his/her aggressive and sexual feelings, then projects those traits on to stereotyped persons in the outgroup (see defense mechanisms in chapter 5). For example, it was Larry King's and other white men's dishonesty, laziness, hatred, and sexual urges that got projected to the black man (see quote above). The authoritarian, therefore, feels surrounded by people preoccupied with sex and/or violence. The psychoanalysts who wrote *The Authoritarian Personality* say the sexual fears come from an unresolved Oedipus or Electra Complex. The hostility comes from childhood (see #2 & #3 above) too and throughout their lives authoritarians expect

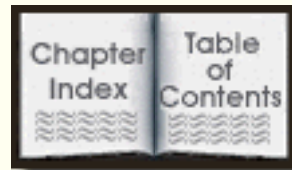
criminal acts nearby and terrorists' attacks around the world. They become paranoid, believing many people want to hurt them (which justifies their aggression?).

9. Ethnocentrism: Everything of mine is better than yours--my country, my religion, my kind of people, my family, my self. Research has also shown the authoritarian is more prejudiced and more prone to punish people (including their own children) to get them to work harder or to do "right" (Byrne & Kelley, 1981).

This picture of an authoritarian isn't pretty. How many of these people are there? Zimbardo's "prison study" suggests that the potential for authoritarianism may be quite high, given the right circumstances. It is estimated that at least 80% of us have prejudices. Hostility (especially the you-are-not-my-equal and I-don't-care-about-you type) abounds in the world. Milgram's study of obedience (in chapter 8) suggests 65% of us would physically hurt someone if told to do so by an authority. Also, in that chapter we will see that most of us conform to social pressures in dress, in opinions, in behavior. Maybe there are parts of an authoritarian personality inside all of us.

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PREJUDICE: HOW PREJUDICE IS LEARNED AND UNLEARNED

Like all behavior, prejudice has multiple causes

Duckitt (1992) summarized the causes of prejudice: (1) universal psychological processes in all of us, such as displacement of anger, projection of our undesirable personality traits to others, disliking people who are "different," etc., (2) dynamics between groups, such as competition for jobs, exploitation of one group by another, etc., (3) passing on of prejudiced attitudes, such as family-subgroup pressures to favor and discriminate against certain types of people, explanations of behavior (crime, desertion of family, drug use) are handed down to young people, etc., and (4) certain individual tendencies to be critical and unfair, such as authoritarians, angry people looking for someone to attack, persons with low self-esteem, etc. Since the causes are complex, the solutions may be complex too.

Integration: Does it reduce prejudice?

In the last 45 years we have had a lot of experience with integration as a solution to racial discrimination. We should feel proud of those efforts but how well have they worked? It depends on how desegregation is done. Is it true that as we get to know each other better we will see that our prejudices are untrue? Only under certain conditions. If blacks and whites live as equals in integrated housing where it is easy to have frequent and informal contacts in the laundry rooms, elevators, and play grounds, the answer is "yes," they start to trust and like each other. Likewise, in the military service, after living, fighting, and dying as equals together, blacks and whites liked each other better than did soldiers in segregated army units. On the other hand, when schools were integrated by law and the families involved vigorously opposed integration, many students, who never interacted intimately with the other races, became *more* prejudiced (Aronson, 1984).

So, what are the important factors in making integration work? (1) *Cooperation between groups for shared goals*, like in the boys' camp. (2) *Frequent, casual contact between equals*, like in integrated apartments. Contact of blacks with their white landlord or between the black maid and her wealthy white housewife don't help much. Inviting poor folks over to

your \$200,000 house for Thanksgiving dinner, no matter how good your turkey dressing is, won't help. (3) A *long-term cooperative working relationship*. In the late 1960's, there were two kinds of black-white groups at Southern Illinois University: encounter groups meeting for only a few hours and year-long groups for educationally disadvantaged students. There were many verbal battles in the encounter groups--some groups had to be terminated to avoid violence. Yet, the long-term groups, which tried to help each other survive in school, had no major racial problems.

(4) The *general social environment needs to be supportive of integration* and good relationships. If your family or friends think you are foolish for tolerating an outgroup or if property value is expected to go down if "their kind" move in, it is not likely that your prejudice will decrease with exposure to this group of people, unless you are strong enough to contradict your own social group. (5) The political and community *leaders should make it clear that integration is inevitable*. If I know I must work with you, I will convince myself that you are OK. As long as people think integration can be "experimented with" and possibly delayed, the unthinking hate remains active inside. Human rights are not negotiable, even if the majority of people are prejudice against you, you still have *equal* rights. The Bill of Rights, in fact, is ingeniously designed to protect the minority against an unfair majority. Quick acceptance and integration of an outgroup is better than a gradual process that creates more prejudice (Aronson, 1984).

(6) How we work together is important--*we need to become mutually helping equals*. Just throwing different groups together in schools is not enough--we must work closely, cooperatively, and cordially together. Aronson (1984) developed a teaching technique that reduced the competition and rivalry among students. He called it the "interdependent jigsaw teaching method." It is now called "cooperative learning" and it works this way: students are placed in random groups of five or six. Each student is given 1/5th or 1/6th of the lesson to learn and, then, teach to his/her small group. Rather than making fun of slow students or disregarding uninvolved students, the students now help each other grasp and communicate the information. They need each other's information. Each student plays a vital role in helping every one do well on the exams. Furthermore, students get to know each other better, respect and like each other better, gain in self-respect, empathize with each other more, like school better, and disadvantaged students do better on exams without any loss among the other students.

Unfortunately, the forced integration of schools in the 1950's and 1960's did not result in intimate contact between the races during the 1970's and 1980's. Few blacks are in the "advanced" classes, many are sent to Special Ed classes which they never escape. Aronson's cooperative learning method is not being used widely. Blacks dominate the athletic teams; Latinos seldom try out. Social groups are separated by race and socioeconomic class; they gather in racial-economic clusters in the lunch room. There are still relatively few inter-racial friendships (unless they talk, dress, and act alike) and even fewer inter-racial love relationships. Why aren't we working together as mutually helping equals? It seems that

racial biases are still strong and are getting all mixed up with old well entrenched cultural-intellectual-economic class biases. We still have a lot of work to do.



It is never safe to consider individuals in groups, classes, or races. To ascribe virtues or vices to all the individuals of a group is as senseless as it is unjust and inaccurate.

-Wings of Silver



Self-help efforts to reduce our own prejudices

First of all, we must recognize what prejudice really is. It isn't limited to having an intense hatred of a group who are different, and plotting to exterminate all of them. It is much more subtle...and, to a considerable extent, its temporary, spontaneous generation is unavoidable. But we could become intelligent enough to quickly reject those unreasonable feelings. For example, if you hear on the evening news that a local 15-year-old girl was brutally assaulted by a huge, blond, handsome, white man, and the next day a big, attractive, white man walks into where you work, it is the nature of our species to wonder if this could be the assailant or, at least, if this man could be dangerous too. You might even be a little less friendly and avoid getting physically close. You have prejudged this stranger! If big white men were constantly coming into your work area, your suspiciousness would quickly extinguish because most would be nice. But if white men rarely came to your work place, your prejudice might last for weeks and months...or even grow. You couldn't have avoided the evening news.


Thus, any negative information--even false rumors--you have heard about any person or any group--murder among black men, sexual sinfulness among preachers, drinking among college students, etc., etc.--forms the basis for a prejudgment. Likewise, any person associated with a negative life experience--the first kid to beat up on you, the first boy/girl to two-time you, the first boss to fire you--forms expectations of others who look or act as he/she did. This acquiring of prejudged expectations may be beyond our control. It may be a natural, innate coping mechanism of humans. And, unfortunately, in this way, we are constantly adding new prejudices to the deeply entrenched cultural and familial ones from childhood. However, reacting to these prejudgments with rational judgments may be well within our control, if we know what is going on inside of us.

Patricia Devine, University of Wisconsin at Madison, distinguishes between **prejudice with compunction** (guilt or regret) and prejudice without compunction. *High-prejudice people* without compunction respond automatically and strongly, seeing nothing wrong with their attitude and reactions. The *low-prejudice person* with compunction has less of a negative reaction and often realizes that his/her emotional reaction is not "what it should be"


or not rational; thus, he/she regrets his/her prejudicial attitudes or suspicions. This kind of low-prejudice people constantly tries to monitor and correct their thinking. Examples: "Just because one big white man assaulted someone is no reason for me to suspect this man" or "okay, this person is unattractive (or handsome/beautiful), but that isn't related to how well he/she can do the job." People with high self-esteem, optimism, and tolerance are more aware and better able to control their prejudiced judgments. It is possible.

In my opinion, since all of us have many irrational feelings (prejudices) and constantly develop new ones, all of us must learn to recognize these prejudgments as soon as possible and correct them. It is hard, sometimes, because these prejudices show themselves in subtle ways known only to you, e.g. holding on to your purse or valuables especially carefully while you are next to a black man, being reluctant to vote for a woman or a Jew, dreading your daughter dating someone of another race, believing women shouldn't serve in combat, feeling a little resentment if a female becomes your supervisor, wondering if a well dressed black person is into crime, avoiding sitting next to an old or a fat person, feeling reluctant to work with a homosexual, etc. Race, gender, age, attractiveness, education, wealth, ethnic background, etc. tell us almost nothing about the basic nature of a specific individual. If we prejudge a person on any of these bases, and most or all of us do, we are prejudiced. Low-prejudice people with compunction have a good chance to correct their errors. We don't yet know how to get the high prejudiced people to see the irrationality and unfairness of generalizing from a stereotype to a specific unique individual. But, I think they will eventually learn from the rest of us to have compunction.

Finally, we can all try to be as forgiving of others as we are of ourselves. When we do poorly, we blame the situation. When someone else does poorly, we conclude they are dumb or lazy. In competitive situations, if our rival is successful, we say he/she was lucky. In cooperative situations, we can be as generous with others as we are with ourselves, i.e. their successes are due to skill and their failures are unfortunate breaks to be avoided next time. We could be generous towards everyone.



Nothing will make us so charitable and tender to the faults of others as to thoroughly examine ourselves.



If Mr. X and Larry King can learn prejudice by hearing ignorant, hateful comments by family and friends, why can't they learn to be unbiased by reading about blacks (if they can't interact directly), reading about prejudice, and challenging their own unreasonable thinking just like an overly self-critical person might? Why not tell yourself: "A black or woman or homosexual or body builder or unattractive midget or atheist or _____ could be an excellent president or boss in my company." Or: "In selecting a mate (or preparing to be one), pimples and bra or jock size are not nearly as important as brains and personality."

Only we can do something about our subtle prejudices--it is our responsibility to "clean up our act." If you are not almost constantly checking your views and opinions of others for bias (prejudgments), you are probably not successfully controlling your prejudice and discrimination. It is not easy. But please, while you are failing to detect your prejudices, keep on trying to detect your errors of prejudgment and remain contrite about doing others wrong.

It does seem that as a society we are reducing prejudice, but slowly. In 1942, only 30% favored desegregation in schools, in 1956, 49% did, in 1970 75% did, and in 1980 about 90% did. But, as we have seen, even with desegregation, there is a long, long way to go before we "love thy neighbor as thyself." Unfortunately, the highly prejudiced people can't see their irrationality and unfairness; their hate unconsciously overwhelms their logic. Each minimally prejudiced person has to keep confronting the highly prejudiced people with reason.

Why does it take so long to remove prejudice, unfairness, and discrimination? Partly because prejudice and discrimination pays off in many ways. Actually, the egalitarian idea of giving everyone in the world an equal chance is a terrible threat to our affluent world; it's almost un-American. Think about it. How do we resolve this conflict between fairness and greed? Melvin Lerner (198) in *The Belief In A Just World* demonstrates that we Americans (and maybe everybody) tend to accept the way things are and assume that people get what they deserve, the good are rewarded and the sinful, lazy, or ignorant are punished. We look at an unfair, cruel world and conclude it is just. How do we do this? We denigrate the victim, deny the evidence, or turn the whole situation around in our minds. For example, Lerner cited a study in which 1000 people had viewed a film of a woman being painfully shocked in a psychological learning experiment (it was staged, not real). At first, many viewers became irate at the experimenter shown in the film. But by the end of the experiment, most viewers believed the victim was really weak or a fool to sit there and allow herself to be shocked. Not one out of 1000 subjects made an effort to protest such experiments; it is more comfortable to believe "everything is fine." But we are living a lie, everything is not fine in the real world.

Another example of this re-interpretation of an unjust world is Colette Dowling's (198) book, *The Cinderella Complex: Women's Hidden Fear of Independence*. Dowling blames women's problems on their weakness and unassertiveness--lower pay, fewer promotions, double work (outside and inside the home), domination by men, and so on. This is more "blaming the victim." Men benefit and must, as profiteers and decision-makers, take most of the blame for the injustice to women.

It seems that we need to learn both tolerance for others and intolerance for injustice. The great black writer, Frederick Douglass, said, "The power of a tyrant is granted by the oppressed." He also pointed out that one must have a dream--must have hope--before one

can rebel against injustice. He wrote, "Beat and cuff your slave, keep him hungry and spiritless, and he will follow the chain of his master like a dog; work him moderately, surround him with physical comfort, and dreams of freedom intrude."

The people who are oppressed but still hopeful need to be joined by more and more people with a determined sense of justice. As Tavis (1984) suggests, thinking and talking about injustice may generate a useful anger. Anger has been called the handmaiden of justice. Perhaps controlled anger, as in non-violent social action, or a combination of threatening rebels (bad guys) and more reasonable peace-makers (good guys) offers the best hope of changing this cruel world.



It is only imperfection that is intolerant of what is imperfect. The more perfect we are, the more gentle and quiet we become toward the defects of others.

The only safe and sure way to destroy an enemy is to make him/her your friend.



Possible efforts by society to reduce prejudice and hatred

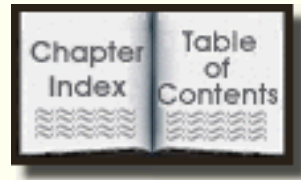
Morton Deutsch (1993) has recommended changes in the schools to "prepare children to live in a peaceful world." The first step is the use of *cooperative learning techniques* which get us interacting with others and teach positive interdependence. It takes teachers 2 or 3 years to learn these methods. Second is teaching *conflict resolution techniques* which are important skills for all of us to know (see method #10 in chapter 13). Training in handling conflicts would require several courses and workshops for students, plus lots of practice. Third is using *constructive controversy techniques* which get students arguing about important issues in such a way that the discussion promotes critical and empathic thinking. Fourth is the use of *mediation techniques* in schools by students and teachers to resolve all kinds of disagreements. We see that all disagreements are resolvable if we will be rational and fair. Learning to be a mediator takes 30-40 hours. Everyone needs that training which, when used, provides great, practical experience with handling anger.

Read the controversial book about racism by D'Souza (1995). It is thought provoking and, among other things, suggests the ultimate solution is interracial marriage. Why not?

I realize you can not do these things all by yourself, but you can urge your schools to try to reduce animosity between people and groups. You can think. You can volunteer to participate. At least, some schools around the world should be honestly evaluating anger and prejudice reduction programs.

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR HANDLING OUR OWN AGGRESSION/ANGER

A long-term concern; an important problem

We have seen that anger is common but dreadfully destructive in human relations. Most of us dislike certain kinds of people, maybe "prejudiced, redneck clods," maybe "rude, demanding, lazy people on welfare," maybe "critical, arrogant bosses or teachers." If we are lucky, we can avoid conflict situations. However, if all of us would learn to control our irritation, jealousy, resentment, violence, prejudice, psychological putdowns, etc., wouldn't it be a much better world? Of course it would, but such goals seem so idealistic to many people, they think it is nonsense. People say "you can't change human nature." These defeatist attitudes prolong human misery. I don't think it is impossible (in a couple of generations) to get people to tolerate, even to love each other. It is an enormous task but such a worthy one that we must not give up. Instead, we must dedicate ourselves to improving the world, starting with our selves.

The pessimist, who believes there will always be hatred and war, should note that the most primitive people on earth (discovered in the Philippines in 1966) are gentle and loving. They have no word for war. How do they control their aggression? What is their system? The entire tribe discourages mean, inconsiderate behavior and encourages cooperation from an early age. Everyone is expected to provide a good, loving model for the children (Nagler, 1982). Please note: This non-aggressive culture was developed without modern education, without great scholars, research and books, without powerful governments working for peace, and without any of the world's great religions. If that primitive tribe can learn to love, why can't we? It may not be too difficult after all. Nagler makes an impassioned plea for non-violence in our time. The other bit of history I want to share with you is from Seneca, a Roman philosopher-educator, who served several Emperors until Nero executed him in 65 AD at age 61. He was an extraordinary person. Seneca wrote a book, *De Ira* (Of Anger), which has been summarized by Hans Toch (1983). In it Seneca proposed theories about aggression and self-help methods remarkably similar to the best we have today. It is humbling but it suggests that common anger problems may not be that hard to solve (we have been too busy waging war for the last 2000 years to work on reducing violence). Seneca said "hostile aggression" is to avenge an emotional injury. "Sadistic aggression," with practice, becomes habitual by frightening others and, in that way, reduces self-doubts

(negative reinforcement). He noted that anger is often an overkill because we attribute evil to the other person or because the other person has hit our psychological weak spot, lowering our self-esteem. Sounds just like current theories, right?



There are some subjects about which you will learn the truth more accurately from the first man you meet in the street than from people who have made a lifelong and accurate study of it.

-George Bernard Shaw



What were his self-control techniques? (1) Avoid frustrating situations by noting where you got angry in the past. (2) Reduce your anger by taking time, focusing on other emotions (pleasure, shame, or fear), avoiding weapons of aggression, and attending to other matters. (3) Respond calmly to an aggressor with empathy or mild, unprovocative comments or with no response at all. (4) If angry, concentrate on the undesirable consequences of becoming aggressive. Tell yourself: "Why give them the satisfaction of knowing you are upset?" or "It isn't worth being mad over." (5) Reconsider the circumstances and try to understand the motives or viewpoint of the other person. (6) Train yourself to be empathic with others; be tolerant of human weakness; be forgiving (ask yourself if you haven't done something as bad); and follow the "great lesson of mankind: *to do as we would be done by.*"

Remarkable! Seneca was clear and detailed. He covered the behavioral, skills, unconscious and especially the cognitive-attitudinal aspects of self-help. He did no research; he merely observed life around him. Now, if we can add research to those ancient "clinical observations," we may be able to make more progress in the next 2000 years. By the way, Seneca also advocated child-rearing practices and humanistic education designed to build self-esteem, model non-aggressive responses, and reward constructive non-violent behavior. Sadly, an angry political leader killed him.

Self-help methods must be tailored to each person's needs

First of all, it seems clear that we have two basic ways of dealing with our own anger. We can (a) *prevent it*, i.e. keep anger from welling up inside of us, or (b) *control it*, i.e. modify our aggressive urges after anger erupts inside. The preventative approach sounds ideal--avoid frustrating situations, be assertive when things first annoy you, eliminate irrational ideas that arouse anger, etc. But, we can't avoid all frustrations and all thoughts that arouse anger. Secondly, in the situations where we haven't, as yet, learned to prevent an angry reaction, we seem to fall into two easily recognized categories: (a) "*swallowers*" or repressor-suppressor or (b) "*exploders*" or hotheaded expressers. Do you recognize yourself and others you are close to? The "swallowers" haven't prevented the anger, they have just hidden it--suppressed it. (Don't let the fact that "swallowers" may eventually erupt in fits of rage, much like the "exploder," confuse you.) In "exploders," angry feelings and aggressive

responses are immediate--little time for prevention, little time to think about avoiding anger, the emotions just spew out.

In time we will probably have a much better classification system. But for now, the swallower-exploder distinction can help us. It seems obvious that the self-help methods of most benefit to you will depend on (a) the nature of the frustrations which still upset you (anger has not been prevented) and (b) your personality type, "swallower" or "exploder." For instance, swallows might find certain methods, especially stress inoculation (#10 below), venting feelings (#14), and assertiveness (#18), to be helpful. Exploders might use the same methods too but others might be more effective, e.g. self-instructions (#2 & #10), avoiding rewards (#7 & #8), learning tolerance (#12 & #25), challenging irrational ideas (#24) and strengthen your philosophy of love (#28 & #31).

Of course, there are times when anger is appropriate and effective. Carol Tavris (1984) says anger is effective only under these conditions:

1. The anger is *directed at the offending person* (telling your friends may increase your anger).
2. The expression *satisfies your need* to influence the situation and/or correct an injustice.
3. Your approach seems *likely to change* the other person's behavior, which means you can express yourself so they can understand your point of view and so they will cooperate with you.

If these conditions are not met, you are usually well advised to "bite your lip" or "hold your tongue" and vent your anger privately (by yourself alone), if that helps, or forget it. You will be surprised how often the suppression of hot, vile, cutting remarks avoids a nasty scene.

Both prevention-of-anger and control-of-anger methods are given in this section. The self-help methods are arranged by levels to help you plan a self-improvement project. Make use of science and your personal experience to decide what might work best for you.

Level I: Anger or aggression-control methods that focus on simple behavior and thoughts.

Reduce your frustrations. You know who makes you mad, what topics of conversation upset you, the situations that drive you up a wall, and so on. Can you avoid them? This could be the best way to prevent anger. Even if you can't permanently avoid a person whom you currently dislike, staying away from that person for a few days could reduce the anger. See

method #1 in chapter 11.

You may need to clarify or change your goals. Having no goals can be uncomfortable. Having impossible goals can be infuriating. You may need to plan ways of surmounting barriers in your way.

Reduce the environmental support for your aggression. How aggressive, mean, and nasty we are is partly determined by the behavior of those around us (Aronson, 1984). Perhaps you can avoid subcultures of violence, including gangs or friends who are hostile, TV violence, action movies, etc. More importantly, select for your friends people who are not quick tempered or cruel and not agitators or prejudiced. Examples: if you are in high school and see your friends being very disrespectful and belligerent with teachers or parents, you are more likely to become the same way. If your fellow workers are hostile to each other and insult each other behind their backs, you are more likely to be aggressive than if you were alone or with tolerant folks. So, choose your friends carefully. Pleasant, tactful models are very important (Lando & Donnerstein, 1978).

Explain yourself and understand others. It is remarkable what a difference a little understanding makes. For example one of Zillmann's (1979) studies shows that a brief comment like "I am uptight" prior to being abrasive and rude is enough to take the sting out of your aggressiveness. So, if you are getting irritated at someone for being inconsiderate of you, ask them if (or just assume) something is wrong or say, "I'm sorry you are having a hard time." Similarly, if you are having a bad day and feeling grouchy, ask others (in advance) to excuse you because you are upset. This changes the environment.

Develop better ways of behaving. See method #2 in chapter 11. Although we may feel like hitting the other person and cussing them out, using our most degrading and vile language, we usually realize this would be unwise. Research confirms that calmly expressed anger is far more understandable and tolerable than a tirade. Moon and Eisler (1983) found that stress inoculation (#10), social skills training (#18-#21), and problem-solving methods training were all effective ways to control anger.

Try out different approaches and see how they work. Almost anything is better than destructive aggression. Use your problem-solving skills as discussed in chapters 2 and 13. If you are a yeller and screamer, try quiet tolerance and maybe daily meditation. If you are a psychological name-caller, try "I" statements (chapter 13) instead. If you sulk and withdraw for hours, try saying, "I have a problem I'd like to talk about soon." If you tend to strike out with your fists, try hitting a punching bag until you can plan out a reasonable verbal approach to solving the problem.

Baron and others (Biaggio, 1987) have shown that several responses are incompatible with getting intensely angry, i.e. these responses seem to help us calm down. Such responses include empathy responding, giving the offender a gift, asking for sympathy, and responding

with humor. Other constructive reactions are to ask the offensive critic to clarify his/her insult or to volunteer to work with and help out the irritating person. This only works if your kindness is genuine and your offer is honest.

In addition to incompatible overt responses, there are many covert or internal responses you might use that will help suppress or control your anger. Examples: self-instructions, such as "they are just trying to make you mad" and "don't lose control and start yelling," influence greatly your view of the situation and can be very helpful in avoiding and controlling aggression. Indeed, one of the major methods of anger control (Novaco, 1975) uses relaxation, Rational-Emotive techniques (#24 below), and self-talk (#10 below, plus self-instructions--method #2 in chapter 11--and stress-inoculation--method #7 in chapter 12).

Stop hostile fantasies. Preoccupation with the irritating situation, including repeatedly talking about it, may only increase your anger. See method #10--thought stopping--in chapter 11. Also, punishing your anger-generating fantasies--methods #18 and #19 in chapter 11--or substituting and rewarding constructive how-to-improve-the-situation thoughts--method #16 in chapter 11--might work to your advantage in this case.



I am too busy with my cause to hate--too absorbed in something bigger than myself. I have no time to quarrel, no time for regrets, and no man can force me to stoop low enough to hate him.

-Lawrence James



Guard against escalating the violence. When we are mad, we frequently attempt an overkill, i.e. hurt the person who hurt us a lot more. There are two problems with retaliating excessively: the enemy is tempted to counterattack you even more vigorously and you will probably start thinking of the enemy even more negatively (in order to convince yourself that he/she deserved the severe punishment you gave him/her) which makes you want to aggress again. Thus, the saying, "violence breeds violence" is doubly true--violence produces more hate in your opponent and in you. Research has shown that controlled, moderate retaliation so that "things are equal" (in contrast to "teaching them a lesson") feels better in the long run than excessive retaliation (Aronson, 1984). Better yet, walk away from the argument, let them have the last word.

Record the antecedents and consequences of your anger. As with all behaviors, you need to know (a) the learning history of the behavior (angry reactions), (b) the antecedents or situations that "set you off," (c) the nature and intensity of your anger, (d) your thoughts and views of the situation immediately before and during the anger, (e) what self-control methods did you use and how well did they work, and (f) the consequences (how others responded and other outcomes) following your emotional reaction. If this information is *carefully and systematically* recorded for a week or two, it could be enlightening and

valuable. Examples: By becoming aware of the common but subtle triggers for your emotional reactions, you could avoid some future conflict situations. By noting your misinterpretations and false assumptions, you might straighten out your own anger-causing thoughts. By realizing the payoffs you are getting from your anger, you could clarify to yourself the purposes of your aggression and give up some of the unhealthy payoffs. Remember: "Aggression pays!" Perhaps you could gain the things and reactions you need from others in some other way.

Suppress or disrupt your aggressive responses, find a distraction, or use humor.

The old adages of "count to 10" or "engage brain before starting mouth" are probably good ideas. Do whatever you can to stop your impulsive aggression, like hitting or yelling. Even a brief delay may permit you to think of a more constructive response. Actually the longer the delay the better, perhaps sleep on it or talk to a friend first. Research with children has confirmed Seneca's opinion that thinking about other things helps reduce our frustration and ire. Do something you enjoy, something that occupies your mind. Listen to music, take a bath, meditate, see a good comedy. Or use a little comedy, but it is hard to control the sarcasm.

Lady debater: Mr. Churchill, if I were your wife, I'd put arsenic in your tea!

Winston Churchill: Lady, if you were my wife, I'd drink it.

Abraham Lincoln to a large lady visitor who accidentally sat on and crushed his favorite top hat: If you'd just asked me lady, I could have told you it wouldn't fit.

Tavris (1984) says the best thing, sometimes, to do about anger is nothing, including thinking nothing about the incident. The irritating event is frequently unimportant; its memory may soon fade away; if you stay quiet, the relationship stays civil and respectful.

When it comes to anger, you are sometimes damned if you do express it and damned if you don't. Swallowing anger may be unwise. Some theorists say that self-instructions to suppress anger for a long period of time may be risky, because it lowers our self-esteem, increases our sense of powerlessness, and increases health risks. Other theorists point to a phenomenon called "laughter in church," i.e. holding back the expression of an emotion--a laugh--may strengthen the feeling. Watch for these problems if you are holding back your feelings. If you have suppressed the emotional outburst but the anger still rages inside, you may need to vent the anger privately (#14).



He/she who can suppress a moment's anger may prevent a day of sorrow.



Stop using your temper to get your way, i.e. extinguish your aggression (see method #20 in chapter 11). Several years ago, Gerald Patterson suggested that the aggressor and the victim could both be reinforced by the other. If the aggressor gets what he/she wants by making demands, threatening, yelling, calling people names, being nasty, etc., this hostile behavior is positively reinforced. But the victim who submits or gives in to these demands is also reinforced! He/she escapes the stress and stops the aggression (negative reinforcement) by letting the aggressor have his/her way. In this way, perhaps dominant-submissive or abusive relationships are maintained for long periods.

As the payoffs for your angry feelings and behavior become clear to you, try to eliminate the rewards. Example: if your anger intimidates someone into giving you your way, enter an agreement with them that they will no longer make concessions following your hostile responses. If you feel stronger, "more of a man (or stronger woman)" after being nasty, tell yourself that such a reaction is foolish, that anger is a sign of weakness not of strength, that being understanding shows more intelligence and is admired by others more than aggressiveness. Most importantly, ask the other person to help you avoid aggression by refusing to reinforce it; instead, you should be rewarded for having more pleasant interactions with them.

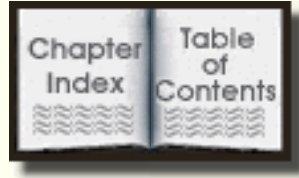
Record and reward better control over your temper. Considerable research with children has shown that the consistent reward of constructive, pleasant, non-aggressive behavior (while ignoring aggressive behavior) reduces aggression and prepares the child to accept future frustrations much better. If kindergartners can learn this, why can't we as adults? Review your notes about anger at the end of each week; note how the events seem trivial later and how your emotions seem excessive. See if you don't find your pre-anger thoughts to be rather amusing. Start rewarding yourself for avoiding frustrating situations, for curtailing your anger responses, and for substituting more controlled, constructive responses, like empathy responses. For instance, if you dislike a relative, say a brother or a father-in-law, reward yourself whenever you increase the pleasant, interesting interactions with that person. This may counteract the conditioned negative reactions you have. See methods #3, #8 and #16 in chapter 11. Novaco's (1975) techniques also involve self-rewards (see #10, stress inoculation, below).

Self-punish aggression. Like any other unwanted behavior, you can punish your own angry behavior. Also, you can *atone or over-correct or make up for* your inconsiderate behavior. But make sure this latter approach, the "let's make up; I'm very sorry" stage, isn't a con or manipulation. Many abusive persons apologize, promise it won't ever happen again, and become very loving afterwards for a while...until they get mad and abusive the next

time. The idea in this method is not for you to be forgiven but to be self-punished--to make your angry aggression unprofitable and unpleasant to you as the aggressor so you won't do it again.

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR HANDLING OUR OWN AGGRESSION/ANGER

Level II: Methods for reducing or controlling anger

Use stress-inoculation. The cognitive-behavioral therapists have developed an elaborate method, called stress-inoculation, for coping with anger. It involves self-awareness of the irrational ideas we tell ourselves which increase anger, learning better self-statements to encourage and guide ourselves, and rehearsing over and over how to be more calm and controlled in specific situations. See method #7 in chapter 12 for details. This is probably the best researched method, showing this technique allays anger but does not increase assertiveness.

Use desensitization. This method was originally designed to break the connection between non-dangerous situations and fear. But presumably the method would work just as well to disconnect anger from overly frustrating situations. Usually there are specific people, behaviors, or situations that prompt your aggression. These could be used in a hierarchy for desensitization; indeed, that is essentially what is happening in the rehearsal stage of the last method, stress-inoculation. A recently married woman was extremely resentful and jealous when her handsome husband talked with any other woman, even if she knew they had some business to discuss. By using desensitization, she was able to reduce these resentments and fears. (Yes, you're right, if you are wondering if her self-confidence or his fidelity might not also be problems.) See method #6 in chapter 12.

Evaluations of desensitization have only found moderate effectiveness with anger (Warren & McLellarn, 1982). It has not worked with some people with violent tempers. Leventhal (1984) speculates that physiological arousal (which is what desensitization reduces) is not a critical part of becoming angry (e.g. people who are almost totally paralyzed get mad). Emotions are partly mental. Relaxation may not counter anger as well as it does fear. Still it has some effect.

Consider frustration tolerance training. Just as one can learn to avoid hot fudge sundaes, one can learn to control his/her fists and tongue and even gut responses to some extent. The procedure is to expose yourself to the irritation over and over until you can

handle it. This can be done in fantasy (basically desensitization) or in role-play (a friend could play your pushy boss or critical father) or in reality (the jealous woman above seeks out the experience rather than trying to stop it--which becomes paradoxical intention--see method #12 in chapter 11).

Meditation and relaxation. Meditation or yoga and relaxation can be used to allay anger as well as anxiety (Carrington, 1977). Suinn (1990) and his students developed a training procedure involving the arousal of anxiety or anger (by imagining an irritating scene) and then practicing avoiding or reducing the anger response by relaxing. This procedure--relaxing, arousal of anger, attention to anger signs, replacing anger with relaxation--is repeated over and over for 4 to 8 sessions. The advantage of this procedure is that the relaxation techniques, such as a pleasant scene, deep muscle relaxation, or deep breathing, can be immediately used anytime unwanted anger occurs. This is similar to method #10. Also see chapter 12 and #11 above.

Use catharsis. Privately vent your feelings, get them off your chest. There are three skills involved: (a) realizing your feelings, (b) learning to express feelings, and (c) learning to drain or discharge your feelings. Some of the hotly debated pros and cons about this method have already been reviewed under "Frustration and Aggression" above. The pro-catharsis side is made up of dynamic and psychoanalytic therapists and popular folklore (Lincoln recommended writing down your feelings, then tearing up the paper). The anti-catharsis side is made up of personality researchers who believe that venting anger is just one more trial of learning to be aggressive. Certainly, one has to be on guard against this happening. Recall that under "Internal Dynamics" we discussed that one way for anger to build was via anger-generating fantasies, i.e. reliving an irritating experience over and over and getting madder and madder in the process (actually if you remained calm, it would be desensitization!). Thus, current theories make all kinds of predictions: anger is thought to grow if it is fully expressed *or* unexpressed *or* imagined *or* totally denied. In other words, psychologists don't agree, strongly indicating we don't understand anger very well yet.

The practical distinctions between a "swallower" and an "exploder" are especially clear when applying this method. An inhibited, suppressed person must first learn to accept all of his/herself, including the scary boiling rage. The "swallower" has had years of socialization: "Don't get so mad." "Stop acting like a little baby." "Wipe that smirk off your face before I knock it off." So one of his/her first tasks is to recognize his/her anger and learn to express it when alone. Part of method #8 in chapter 12 deals with the "swallower's" difficulties with expression. On the other hand, the "exploder" should have no difficulty venting his/her anger, it comes naturally, except now he/she has to learn to do it alone so it won't hurt anyone.

Healthy, effective venting will probably involve (a) *exhaustion*, i.e. vigorously expressing the feelings (punching a pillow, crying about the hurts) until you are drained, (b) *an intention and belief* (or self-suggestion) *that venting will rid you of the accumulated*

anger forever, and (c) an *open-mindedness to new insights* as the angry feelings are expressed physically, verbally, and in your thoughts. See *method # 10 in chapter 12* for a full description. Observe the consequences of your venting carefully, if it isn't working, try some other approach.

Even a major anti-catharsis writer like Tavris (1984) cites Scheff (1979) and says, "ventilating anger directly can be cathartic, but only if it restores your sense of control, reducing both the rush of adrenaline...and reducing your belief that you are helpless or powerless." In other words, expressing anger right in the other person's face feels good and gets the venom out of your system if it works for you, i.e. rights some wrong or gets the other person to change, and, at the same time, avoids creating more conflict and stress. She admits that it is risky business when directly confronting the person you are mad at. I agree and *I'm not recommending direct, explosive, face-to-face attacks*. Tavris never seems to consider *private* catharsis.

Catharsis occurs quite often in therapy where it is almost universally considered therapeutic. But there is very little research into the effectiveness of self-generated fantasy and exercises (like beating a pillow) for venting and reducing anger. There is some evidence that expressing anger at the time you are upset reduces aggression later (Konecni, 1975). So, in spite of having little relevant scientific information to guide us, I'd rely on extensive therapeutic experience (Messina, 1989) that says it helps to "get angry feelings out of our system." Namka's (1995) book specifically helps a family express their anger constructively. We need more and better research.

Deal with anxiety, guilt, and low self-esteem. All environmental stresses and internal tensions seem to intensify our aggressive responses. Karen Horney thought chronic anger was a defense against emotional insecurity. Perhaps a sagging self-concept is particularly prone to prompt a hostile reaction to even minor offenses. Stress inoculation methods have been shown to reduce anger and increase self-esteem (Meichenbaum, 1985; Hains & Szyjakowski, 1990). Chapters 5, 6, 12, and 14 help change the emotions that may increase aggression.


Deal with depression and helplessness. Our first response to frustration is often anger--a quick vigorous (but often unwise) reaction to "straighten out" the situation. If we are unable to escape or overcome the frustration, however, we eventually lose hope and become apathetic. See chapter 6.

Make constructive use of the energy from anger. In contrast to the lethargy of depression, when we are angry, adrenaline flows and increases our blood pressure, we have lots of energy. Instead of using this "natural high" to hurt others, we can use it in constructive ways. Examples: if a smart student in your class annoys you, use your anger-energy to study more and be a better competitor. If it irritates you that you are out of shape and can't play some sport as well as others (or as well as you used to), use the resulting


energy to get in shape, don't just eat or drink more and criticize others. I am not proposing you become a more competitive Type A personality; I'm not suggesting more anger but rather a more beneficial use of the anger already present. For instance, try starting your own self-help group for angry people; try helping others, such as by joining a local MADD (Mother

Level III: Skills involved in avoiding or reducing anger


It may be reasonable to assume that aggression and violence occurs when we do not have a better way of responding to the situation. In other words, we lack problem-solving and interpersonal skills. Isaac Asimov said, "Violence is the last refuge of the incompetent."



If the only tool you have is a hammer, you tend to treat everything as if it were a nail.



Learn to be assertive with others. Assertiveness is tactful but firm; it is reasonable. Aggressiveness is inconsiderate, unreasonable, abrasive, and often an unfair angry over-reaction. Obviously, there will be less anger if you can be assertive rather than aggressive. Again the distinction between "swallowers" and "exploders" is useful. Swallowers need to learn to express their feelings, to stand up for their rights, to state their preferences and opinions, to immediately negotiate minor inconveniences or irritants. This is assertiveness. Quick effective action avoids the build up of anger, ulcers, and explosions. Exploders need to reduce their impulsive, hurtful anger, find better tactics for reducing conflicts, and, perhaps, learn ways to be more positive and empathic. *Both swallowers and exploders need to be assertive.* See method #3 in chapter 13.



Anyone can become angry. That is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way--that is not easy.

-Aristotle




Be empathic. See the Longfellow quote at the beginning of this chapter. The least angry people are the most able to understand others, able to put themselves "in the other person's shoes" and realize their motives and pain. It is a life-long, unending task to know or intuit the inner workings of others and to view every human life as a kindred spirit, in the sense of "but for the grace of God, I would be that person." See method #2 in chapter 13 for empathy responding and method #4 in chapter 14 for tolerance through determinism. The most soothing reaction to hostility (your own or someone else's) is genuine empathy.


Practice emotional control by role-playing. There is no better way to learn new and better ways of interacting in difficult situations than to practice over and over with a friend. Watch how others handle the situation. Try out different approaches, get feedback, and practice until you are ready for real life. See method #1 in chapter 13.

Learn to "fight" fairly. When you find out someone has been lying to you, you may feel like yelling at them or even hitting them. That isn't very smart. A reasonable solution is unlikely to come out of a big nasty verbal or physical fight. So, chill out. Some therapists recommend fighting "fairly." To fight fairly, first of all, you need to know why you are mad. For example, if you are over-reacting because you have had a bad day or because you are displacing anger from another person, that isn't fair. Then you and the other person (who lied) need to talk about how to fix the situation; you can even cry and shout about how upset or hurt you are, but no name-calling, no nasty put downs, no terrible threats, etc. Find out his/her viewpoint; get the facts. Stick with the current problem, don't dig up old grudges. Finally, state your views, hurts, fears, and preferences clearly; arrive at an "understanding," if possible, and an acceptable arrangement for the future.

Some therapists (Bach & Wyden, 1968) believe that frustrations especially in an intimate relationship are better expressed--fully and dramatically--than suppressed. Yet, few relationships could survive frequent, uncontrolled, all-out expressions of raw, negative, permanently hurtful emotions. So, there are guidelines for verbally fighting in such a way that the couple can vent their feelings, resolve their conflicts, and continue liking each other. See method #5 in chapter 13.



I was angry with my friend:
I told my wrath, my wrath did end.
I was angry with my foe:
I told it not, my wrath did grow.



Hold back your anger. Act like a mature, responsible adult. Like the debate about catharsis, therapists disagree about the best way to handle anger towards a loved one. Mace & Mace (1974) and Charny (1972) point out that anger is the greatest destroyer of marriages. Thus, instead of "fighting," as just suggested, they recommend that you (a) admit your anger, (b) moderate or control it, and (c) ask your partner for help in figuring out what two committed, caring people can do about the situation. Then work out an agreement. This is not a total suppression of anger, i.e. the conflict is resolved, but the intense emotions are never expressed as they are in fair fighting.

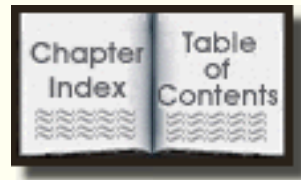
"I" statements express anger constructively. There is great skill in knowing when,

where, and how to resolve conflicts. Here are some steps to consider when planning how to handle a situation that upsets you:

- a. Have we chosen a time and place where both of us feel free to discuss our problems? If the other person brings up the problem at a bad time, tell him/her that you are also eager to resolve the problem and suggest a better time or place.
 - b. Have I tried to find out how the other person sees and feels about the conflict? Ask questions to get his/her point of view. Give empathy responses (#19). Don't counter-attack. Put yourself in his/her shoes. Understanding will replace anger.
 - c. Have I asked the other person to listen to my point of view? Be specific and accurate (no self-serving exaggerations) about what was said and done, explaining why you are upset. You should talk about your feelings (you *are* the expert here). But, do not blame, "analyze," or "psychologize" about the other person's motives, feelings, or negative traits (you are *not* the expert here). Tactfulness and respect are important, so clearly communicate your needs and preferences but not your rage and resentment. There are ways of constructively communicating your unhappiness without going into an accusatory tirade. For example, an important skill is "I" statements. These "I feel _____ when ____ (not: when you are a SOB)_____" statements not only tactfully ask for changes but they also convey that you are assuming responsibility for your own feelings, not blaming others for how you feel. *Method #4 in chapter 13* describes "I" statements in detail and why they work so much better than a stream of hateful insults and demands.
 - d. Have I made it clear to the other person exactly what I want done differently? (Making it clear that you are willing to change too.)
 - e. Have I asked the other person to tell me exactly what he/she would like me to do differently? (Without implying you will do whatever he/she wants.)
 - f. Have the two of us agreed on a mutually acceptable solution to our difficulty? Am I sure he/she knows exactly what I have in mind? Do I know exactly what he/she thinks the plan is? (Better put the agreement in writing.)
 - g. Have we planned to check with each other, after a given time, to make sure our compromise is working out?
 - h. Have I shown my appreciation for the positive changes the other person has carried out?
-

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR HANDLING OUR OWN AGGRESSION/ANGER

Level IV: Cognitive processes involved in reducing aggression.

Quietly and calmly reading this book as adults, it may be hard to imagine how some teenagers get into fights, sometimes lots of fights. Susan Opatow of Columbia University says that almost all of the 40 seventh graders she studied in a New York City minority school had no idea how to handle their anger except to emotionally "retreat inward" or "explode outward," i.e. fight. Only 2 out of 40 said they would "verbally express their feelings of anger." Not one considered "trying to reason with the other person" or "having an open discussion of both peoples' feelings" or "exchanging information or views" or "trying to find a satisfactory compromise" or any other solution. Perhaps it isn't surprising, since these students think fighting and swallowing their anger are the only solutions. Actually, over 50% think fights are constructive. These 13-year-olds say that without fights you would never find out who you are and what you want out of life, that you learn about people and how they react by fighting, that fights sometimes build a relationship, that fights settle arguments, and that fights can be fun.

Opatow says these kids consider nothing but "their gut reaction" when they are mad. They are spewers or swallows; almost never smart copers. Surely a wise society could teach them other possible ways of resolving conflict. Indeed, given a supportive environment and a little encouragement to ponder, I'll bet the seventh graders could devise their own effective, non-violent ways of handling these situations. The point is: we have to think things out ahead of time and practice responding in better ways than with our furious fists or combative mouths. The cognitive approach has a lot to offer (for a good general discussion see Hankins, 1993).

Williams (1989) and Williams & Williams (1993), advocates of reducing your level of anger for health reasons (heart disease and immune deficiencies), give this advice about expressing or suppressing your anger. When angry, ask yourself three questions: (a) Is this worthy of my attention? (b) Am I justified? (c) Can I do anything about it (without anyone getting hurt)? If you can answer all three "yes," perhaps you should express your feelings and try to do something. If any answer is "no," better control your emotions by thought

stopping, attending to something else, meditation, reinterpreting, etc.

Challenge your irrational ideas. Anger-generating irrational ideas or beliefs come in various forms: your own impossible, perfectionistic standards make it impossible for anyone to please you; you feel a person is despicable when he/she lies about you or deceives you; you believe that others *make* you mad but really you are responsible for what you feel; it may seem perfectly clear to you that some peoples' behavior is immoral and disgusting; you feel sure that certain kinds of people or groups are causing serious trouble for all the good people in the community and these people should be severely punished. All these ideas may generate anger; look for the "shoulds" and the "ain't it awfuls" in your thinking. They are *your* ideas causing *your* anger.

Another viewpoint is that you can get a just and reasonable resolution of a conflict without hating, hurting, or humiliating anyone. Cognitive and Rational-Emotive therapy provide a way to change these anger-producing beliefs into more rational ideas and solutions. See method #3 in chapter 14. Two good books present the RET approach to handling your own anger (Ellis & Lange, 1994; Dryden, 1990).

Take a deterministic view of the world. The beauty of determinism is that it provides a way of experiencing life--all of it--as an understandable, "lawful," astonishingly beautiful, marvelously complex, and ever changing process. There are reasons for everything; thus, everything that happens must happen and everything that doesn't happen is impossible or "unlawful" at that moment. Therefore, we should be accepting of ourselves, warts and all, and tolerant of others, hostility, greed, and all. See determinism in method #4 in chapter 14.



No man was to be eulogized for what he did or censured for what he did or did not do, because all of us are the children of conditions, of circumstances, of environment, of education, of acquired habits and of heredity molding man as they are and will forever be.

-Abraham Lincoln



By understanding our enemy's background, needs, attitudes, and dreams, we can see how they feel and think. We may not agree with them but we "know where they are coming from." We can understand his/her actions and feelings. Understanding leads to acceptance.

Try cognitive reality checking and reinterpretation. Clearly, how we see our situation determines our emotional reaction. Example: you are in a fender bender: if you believe you were not paying attention, you may feel anxious and cry, but if you believe the other driver was reckless, you may feel angry and become verbally abusive. Some people (aggressive males, drunks, and people with little empathy) are much more prone than others to see hostile intentions in others. How biased are your perceptions? Are you frequently mad

and thinking critical thoughts of others? Do you often think of others as stupid, lazy, jerks, losers, ugly, crude, disgusting, etc.? Try to test out your negative hunches about specific people. Try to realize you are over-simplifying, dehumanizing, and vilifying others, possibly to rationalize your own hostility and maybe as a coverup of your own self-hatred.

Anger can be reduced by (a) asking yourself if there are other less hostile ways of seeing (interpreting) this situation, (b) actually trying to see the situation from the other person's viewpoint (try describing the situation from their point of view), and (c) thinking about the likely consequences before acting aggressively. Yes, people *can* do this, reducing their own chronic hostility.

Suppose the irritating person can't be stopped or avoided, e.g. a cantankerous boss or a rebellious child, you can consciously try to attribute the irritating behavior to new, more acceptable causes. Examples: you may assume that the boss is under great pressure. You can see your immature 16-year-old as "trying to find him/herself," "scared of growing up," or "well trained to be dependent," rather than being "obnoxious" or "hateful and headed for trouble."

People who work in provocative situations, like police and bus drivers, can be inoculated against anger by learning self-control (method #10) or by viewing the other person's behavior in a new light. For instance, New York City bus drivers are taught that riders repeating questions over and over, e.g. "how far is 49th street?" may be bothered by high anxiety or by language or hearing problems. Also, they are taught that apparent drunkenness may be caused by cerebral palsy, epileptic seizures, mental illness, medication, etc. Now, rather than getting mad, the bus driver is more likely to think "hey, this person may be sick." You can become more open-minded by yourself and, thus, less addicted to anger-generating thoughts about the other person's behavior or situation.

Love. Jampolsky (1979) has a best-selling book, *Love is Letting Go of Fear*, which helps some people. The ideas are simple: **We have a choice to love or to hate** and fear (fear is really a cry for love). For peace of mind choose love and be concerned with giving, not getting. Through loving forgiveness we can avoid judging others and eliminate our own guilt. We believe the world makes us upset; but really, we (our thoughts) make the world. So, we can change the world by changing our thoughts--from fear or hateful thoughts to loving thoughts. We can't hurt others without first hurting ourselves (thinking bad about ourselves), so *give up your attack thoughts*. Do not judge, have only tolerant, understanding thoughts. It's your choice: love or fear.

There are many similar popular books that focus on attitudes. They sell well. Unfortunately, science has not evaluated the effectiveness of such books. My impression from reading self-reports from thousands of students is that this kind of change-your-attitude approach may have a temporary impact, but often needs to be repeated or re-learned after a few days or weeks because we forget and revert to our old angry ways of thinking.

Accumulate logical and moral arguments against aggression and for love.

Psychologists apparently believe rational arguments are powerless against emotions as powerful as anger. Aronson (1984) writes, "such arguments probably would not significantly curtail aggressive behavior, no matter how sound, no matter how convincing." Such pessimism may account for the lack of effort with our children to curtail violence. Doesn't it seem strange that humans can learn the malicious, vile, sick, destructive ideas in racial and sexual stereotypes but we can't learn logical, cogent reasons for not abusing, slandering, or cheating on someone? Many people have become vegetarians and pacifists, how do we explain them? Didn't they hear and accept the arguments against killing animals and then change themselves? Are arguments against killing and mistreating humans less persuasive? Nagler (1982) gives many rational arguments for non-violence.



The ultimate weakness of violence is that it is a descending spiral, begetting the very thing it seeks to destroy. Instead of diminishing evil, it multiplies it. Through violence you may murder the liar, but you can not murder the lie, not establish the truth. Through murder you murder the hater, but you do not murder hate. In fact, violence merely increases hate... Hate can not drive out hate; only love can do that.

-Martin Luther King, Jr.

We believe there is an inward teacher...by this inward teacher we are convinced that there is a way of death, and a way of life. The way of death is the way of threat and violence, hatred and malevolence, rigid ideology and obsessive nationalism. This way is all too easy to find. The way of life is harder to find... Neither rulers, nor parties, nor nations, nor ideologies, nor religions can command the legitimate loyalties of people unless they serve the way of life.

-Quaker Readings on Pacifism



Increase your self-confidence. The more confident you are the less hurt you will be by criticism and rejection. The less hurt you are, the less angry you become. You are also less likely to be prejudiced. Self-confident people are probably self-accepting; self-accepting people are probably tolerant of others, i.e. less hateful. See method #1 in chapter 14 for self-concept building methods; you can come to see yourself as thoughtful, tolerant, understanding, and forgiving.

A part of confidence is believing you can control the inborn tendencies and childhood influences that make you bad tempered. Don't be a slave to your past; you can be smarter than that. If you are prone to feel powerless, you need to build your self-efficacy by demonstrating to yourself that your temper is controllable. Plan some self-help projects and work for self-control (see method #9 in chapter 14).

Differentiate thoughts from deeds and the person from their action. My actions are not me; part of me, maybe, but not all of me. Haim Ginott (1965, 1971) and Samalin (1991) make this so clear with children. Your son's room, filled with month old dirt, dust, dirty clothes and decaying food, may make you furious but that is different from saying to him, "you are a filthy, lazy, defiant, no-good punk." A dirty room doesn't make him a completely despicable person, as the statement implies. Likewise, there is an important distinction between thoughts or urges and actual deeds, e.g. feeling like hitting someone differs drastically from actually doing it.

Every human being should be respected. The Quakers might be right, God may be in every person. No thought or feeling is awful, it doesn't hurt anyone until it gets transformed into action. So, accept everyone as an important, worthy person, regardless of what they have done. Be tolerant of all ideas and feelings. Concentrate on solving the problem at hand rather than on any personal affront you may have suffered.

Live a non-aggressive, loving, and forgiving philosophy. There are many possibilities: Christian "love thy enemies" or "love one another" or "turn the other cheek" philosophy is one. Other approaches are the Quakers', Gandhi's, and Martin Luther King's non-violence philosophy, and the Kung Fu or Yoga philosophy of detachment and acceptance of the inevitable. Also, Carl Rogers and humanistic psychologists speak of "unconditional positive regard" for every person. Similarly, Martin Buber (1970) prescribes reverence for others, as implied in his title, *I and Thou*. This involves a deep respect for every person, considering them priceless, irreplaceable, vital, and a fascinating, unique miracle to be cherished, even if you don't like all that they have done. Every person has a right to be different, perhaps a responsibility to be his/her unique self.

To be wronged or robbed is nothing unless you continue to remember it.
-Confucius

By taking revenge, a man is but even with his enemy; but in passing it over, he is superior.
-Francis Bacon

Anger consists of our bitter responses to insults, hurts, injustices, rejection, pain, etc., and the bitterness is repeatedly rehearsed and remembered. Hatred is a memory that we are unwilling to let go, to dismiss, to forgive. If we could forgive the person who offended us, we would no longer be so angry and stressed. For many of us, however, forgiveness is especially hard because we confuse it with other reactions. Making these distinctions may help you become forgiving:

- a. Forgiveness is *not* forgetting nor is it a promise to forget. You can never forget being hurt. In fact, if you had forgotten, you couldn't forgive.
- b. Forgiveness is *not* promising to believe the other person was not guilty or not responsible for the wrong things he/she did. If he/she were blameless, there would be nothing to forgive.
- c. Forgiveness is *not* praise or a reward; no reward was earned, none is given.
- d. Forgiveness is *not* approval of what was done. You are not conceding that the wrong he/she committed is viewed as any less serious than it has been heretofore.
- e. Forgiveness is *not* permission to repeat the offense. It does not mean that your values or society's rules have changed. It is not based on an assumption that the hurt will never be repeated on anyone but it implies such a hope.

Forgiveness, as defined here, is *your decision to no longer hate the sinner*; it is getting rid of *your* venom, *your* hatred; it is your attempt to heal yourself, to give yourself some peace (Smedes, 1984). There is research evidence of a positive relationship between forgiveness and self-acceptance, i.e. the more you accept others, the more you like yourself, and the reverse. By knowing clearly what forgiveness is and what it is not, we may be able to forgive more easily (also see #25 and #30 above), using these steps (Simon & Simon, 1991; Felder, 1987):

- a. Be sure you really want to forgive. If you are still boiling inside and feel there could never be even a partial justification of what was done, you aren't ready to forgive. You still have unfinished business with this person. If and when you want to get these bad feelings off your chest, want to remove some of the emotional barriers from the relationship, and want to see the other person's side of the situation, you may be ready to consider the remaining steps in forgiving. To get to the point of forgiving someone, try expressing the anger and pain with people you trust, but follow this with a genuine discussion of how and why you may be "nurturing and prolonging the pain." Then consider what you would gain if you let go of the resentment. Ask yourself if you have ever let down or hurt someone. Are you ready to give up your revenge against this other person?
- b. Make a serious effort to understand the circumstances, thinking, motives, and hopes of the person who hurt you. Look for background information--cultural influences, painful childhood experiences, abuse, addictions, psychological problems, resentment, envy, ambitions, etc.--that would explain (not excuse) the resented behavior. Talk to relatives and friends of the person who offended you, get their opinions about the offender's situation and motives. Had he/she had experiences that made his/her actions towards you likely to occur?

c. Use this background information to look at what happened from the other person's point of view. As best you can tell, what was his/her psychological condition and educational background? What do you suppose he/she thought would be the outcome of treating you the way he/she did? What loss might he/she have been trying to handle or prevent? What emotions might have been dominating the other person? How do you think he/she saw you and your situation at the time? Look at the offender's behavior as a determinist would (see chapter 14). Example: suppose a spouse has been unfaithful; try to realize the past experiences that made him/her feel sexually insecure, realize why sexual conquering or another love was important to him/her, try to see how he/she was feeling about you at the time and how your feelings were overlooked, etc.

d. Another factor to consider is whether or not the offender is contrite or has made any efforts to change his/her behavior or to make up for harm that he/she has done. It is easier to forgive someone who is sorry and trying to improve--or will seek professional help (don't try to become his/her therapist yourself). Could he/she start to grow from hearing about your pain? Don't expect miracles and remember you are forgiving them for *your* well being, not his/hers.

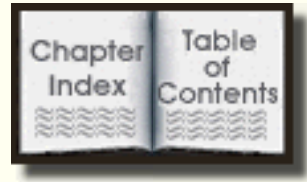
e. Regardless of how the other person feels about his/her actions, the question is: Are you ready to absorb the pain without spewing hatred back (which stops the cycle)? Having a model, like Gandhi or Jesus, may help. Can you start to wish the other person well? Would it feel good to give up the anger and the seeking of revenge?

f. Weigh the benefits vs. the disadvantages of forgiving, e.g. how much better are you likely to feel if you get rid of part of this anger? Are there positive aspects of your history with the offending person that you would like to renew, if you could forgive him/her? It is so sad, for example, when loving parents are estranged from a son or daughter for years because he or she married the "wrong" race or religion. On the other hand, trying to approach and forgive someone is stressful. If it doesn't work out well, your anger may build and be more disruptive and prolonged. If your forgiving suggests (to you or significant others) that you condone totally unforgivable behavior or that you now feel unworthy of condemning this person, perhaps you should wait. But, if you can stop carrying a burden of resenting and blaming, if you can emotionally heal yourself by getting rid of this poison, it probably is worthwhile. It is not a decision to be made lightly. But, what a blessing to lay down the load.

This method of forgiving has only been empirically tested a few times, but it was effective with elderly females (Hebl & Enright, 1993) and with incest victims (see Robert Enright's study in *Psychology Today*, 1996, p. 12). Similar approaches are also described by Casarjian (1992) and Flanigan (1993).

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR HANDLING OUR OWN AGGRESSION/ANGER

Level V: Become aware and neutralize unconscious causes of aggression.

Avoid put-down games. Transactional Analysis describes several common interactions that either degrade and hurt others or build one's ego at the expense of someone else. For example, a person might unconsciously place others in a position to fail (e.g. a parent criticizing the housecleaning of a child or a teacher assigning very hard problems to students) and thereby make themselves look super competent. Much of our gossip is an "Ain't it awful!" game in which we get support from each other by putting down others. Read more about games in chapter 9.

Disliking others is costly. Research confirms that hot headed, hostile people prone to cynical, antagonistic interactions (compared to less angry people) are, as you might expect, less open-minded, less tolerant, less understanding, less socially responsible, and more likely to have chronic heart disease. There are many good reasons to get serious about reducing our anger and critical intolerance. Becoming aware of unconscious processes, like games, is not easy, however.

Look for unconscious payoffs. Conscious payoffs were discussed above, including using the threat of anger to manipulate others. At the semi-conscious or unconscious levels there are more hidden rewards, such as a boss blustering around implying some people may be fired to build his/her own ego. Other examples: fighting to avoid intimacy and dependency (see family conflicts section above), getting mad to justify breaking up, building a resentment of another group or race to justify discrimination, getting mad at parents about assigned chores to justify "forgetting" to do them, etc.

Vicious anger is usually just another way of laying on a guilt trip.

A common "game" used by us as children involves making a parent mad so that he/she feels guilty, then the parent will give us--as a "poor little victim"--what we want. So your anger may be part of some one else's scheme to manipulate you, i.e. another person is profiting from your loss of emotional control. Another example: There is considerable sick satisfaction in being able to drive someone else "up the wall." Kids do it but it isn't just a kids' game.

Watch for guilt, self-hatred, self-defeating and I-don't-deserve-it attitudes. Do you harshly blame yourself? Guilt can add to the stress that creates anger towards others or which sets overly demanding standards expected of ourselves or others. It is not uncommon for a formerly poor person to feel they do not deserve the advantages and material gains that come with success. Read Rubin's (1975), *Compassion and Self-hate*, cited above, Karen Horney's (1942), *Self-analysis*, Karl Menninger's (1956), *Man Against Himself*, or Martha Friedman's (1980), *Overcoming the Fear of Success*.

Guard against displaced aggression. This was discussed under "Frustration and Aggression" and "Prejudice" above. Displacement may occur person to person (boss to spouse), group to group (as in prejudice), or situation to general irritability (as when miserable job or a life filled with broken promises results in chronic grouchiness). Awareness of the displacement may reduce the anger or make solutions easier to see.

Avoid hostility-generating groups and sub-cultures. Group membership provides ready made hostility and/or aggressive attitudes towards other groups. There are more and less violent-prone subcultures and religions. The Old Testament "Jehovah" and Allah of Islam are angry gods, encouraging aggression against our enemies and the wicked. In contrast, Eastern philosophies of Buddhism and Taoism teach that everything is predestined, so frustration and anger are foolish. Christianity is middle-of-the-road regarding anger: God is loving but angry aggression may be used to right wrongs. And, many millions of lives have been gallantly sacrificed to supposedly settle religious differences.

As Tavis (1989) points out, in the secular part of the Christian world "the meek did indeed inherit the earth, (not to own it but) to plow, to plant, and to harvest for their masters." It took a horrendous war to abolish slavery, and we aren't over the racial prejudices 130 years later (see *Black Rage* by Grier & Cobbs, 1968, and D'Souza, 1995). There are class (rich-poor) and ethnic hostilities around the world.



Americans are the world's greatest killers! In 1980, handguns killed 8 people in Britain, 4 in Australia, 24 in Switzerland, 77 in Japan, and 11, 522 in the good old US of A.

In the U.S., one out of 20 black males is killed before he reaches age 25.



The attitudes of our friends and family are powerful determinants of our feelings towards others. If they are hateful, we are likely to be the same, unless we can escape. Of course, it is a contribution to the group and to yourself if you can reduce the animosity within your group. But this is a difficult task; finding new friends is probably easier.

Gain insight by reading, exploring your history, and using awareness techniques.

Look for unconscious motives behind your anger. Were you neglected, over-controlled, mistreated, or hurt as a child? Is there "unfinished business" inside you that spills out into other relationships? Is it possible, if you see other people as being inconsiderate, unfair, and mean, that you are projecting your own negative feelings and hostile tendencies onto others? Explore your thoughts and feelings that lie below the surface. Reading about the sources of anger in others will help you find the origin of your own anger.

Maslin (1994) illustrates how anger can destroy a marriage. Her view is that the dynamics are often unconscious, e.g. two people may fight all the time because they both need excessive attention or need to be taken care of. Other couples may constantly battle about jealous feelings or excessive attention to others of the opposite sex, which may reflect underlying unconscious fears of loss or total commitment. What you are angry about is often not the real problem. Reading can help you find the secret causes.

Chapter 15 provides guided fantasies, dream analysis, focusing, Gestalt exercises and other methods for increasing self-understanding of our anger. An encounter group or self-help group can be especially helpful in uncovering who we like and dislike--and why. It also helps us cope if we understand who likes and dislikes us--and why.

It is possible to learn to relate and feel differently towards certain types of people. Even if one has felt superior and been prejudiced, extensive reading about the abuse and awful conditions surrounding the American Indian, inter-city Blacks, migrant workers, people in Third World nations, etc. may arouse sympathy and a desire to help improve those conditions. Most people would say, however, that it usually takes time and meaningful interaction with individuals of the outgroup before one can truly claim to have overcome his/her prejudices (See chapter 9).

There is an enormous amount of **reading material** covering many aspects and types of anger. I've already tried to guide you to the best sources for handling several kinds of aggression. But insight may come from a different kind of book. Sharing the experiences of others by reading case studies should be very helpful in starting to learn the complex interpersonal dynamics of anger and jealousy. Wile (1993) describes in an enlightening way the self-talk, especially the criticism and the defensiveness, that causes and exacerbates marital fights. I strongly recommend Lerner (1985), especially for women in intimate

relationships. Also, a well-written summary of current research about anger in several situations, such as in families, friendships, sports, etc., is given by Tavris (1989). Professionals rate both Lerner and Tavris very highly (Stantrock, Minnett & Campbell, 1994).

Tedeschi & Felson (1994) theorize about the social interaction aspects of aggression, e.g. power plays, intimidation, gaining status, getting even, and so on. Other books for professionals explore female rage (Valentis & Devane, 1994), emotional abuse (Loring, 1994), emotional incest (Love, 1992), verbal abuse (Evans, 1993), male violence against women (Koss, et al., 1994), and treating survivors of abuse (Walker, 1993). Freeman (1990) focuses more on the childhood origins of anger. Goldberg (1994) believes that uncovering our anger can increase our capacity for love. Stearns and Stearns (1986) have written a history of anger, showing the impact of cultural attitudes; that is another facet of the problem.

Other generally useful self-help books focusing on anger are Potter-Efron (1994, 1995), McKay, Rogers & McKay (1989), Ellis (1985), Sonkin & Durphy (1989), Bach & Wyden (1976), Bilodeau (1993), and Weisinger (1985). Elgin (1994) helps people deal with a verbal abuser and Paymar (1993) helps abusive men. Friedman (1991) has summarized the connections among hostility, coping, and health. Similarly, Williams and Williams (1993) have shown the connection between the "Hostility Syndrome" and heart disease; they tell you how to reduce your anger (much like this chapter).

Research Press in Champaign, IL offers several videos dealing with anger control: *Learning to Manage Anger* for teens (\$200 or \$55 rental), *Dealing with Anger* for African American youth (\$495), *Anger Management for Parents* (\$200 or \$55 rental). New Harbinger Publications has two videos: *Time out from Anger* and *Coping with an Angry Partner*.

Realize that intense anger can be dangerous. If you are close to losing control of your anger, realize this is not normal and you need to get treatment right away. Hostility can preoccupy, distort, and disable your mind; it can interfere with all other activities and may goad you into doing foolish and mean things. See Walker's (1990) description of murder by battered women. An uncontrollably angry person (both aggressor and victim) is afflicted with a terrible ailment; he/she is to be pitied; he/she needs immediate professional help. (Likewise, if someone is very angry at you, protect yourself! See discussion below.)



Note: if you continue to have a serious temper and/or are frequently irritated, even after earnestly reading and trying some self-help methods, it is very important that you *consult a well trained therapist* and consider getting medication (antidepressants sometimes help).

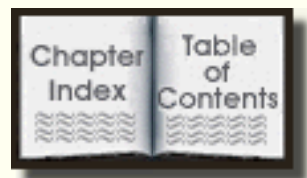


A reasonable summary is provided by the Institute of Mental Health Initiatives (202-364-7111), which tries to persuade the media (e.g. soaps) and schools to teach anger-control techniques. They use the handy little acronym of R-E-T-H-I-N-K to stand for seven skills for quieting unnecessary ire: R-recognize your emotion. Is it anger or threat or shame...? E-empathize with the other person. Try to understand their viewpoint and feelings? Express your feeling with "I" messages. T-think about your thinking. Am I being unreasonable? Am I awfulizing or musturbating? Look at the situation rationally, will it harm me a year from now? H-hear the other person and check out your perception by empathizing. I-integrate respect for every human into your feelings. "I mad but I still love you." N-notice your physiological responses. Learn to quickly calm down before losing control. K-keep on the topic, don't dig up old grudges. Look for compromises and solutions, including how to avoid situations that trigger your anger (the same thing often sets us off over and over). Very similar to Seneca in 60 AD.

Not all anger is bad. Lastly, after all these warnings, suggestions, and methods for controlling anger, I must underscore that although anger is unpleasant and potentially dangerous, it is often a beneficial and commendable emotion. Anger (not violence) is often justified. When that is so, if properly controlled, anger is a reasonable and effective reaction to an unfair or offensive situation. Anger is often necessary to change things! Specifically, anger motivates us to do something. Anger discloses unpleasant truths to others. Anger communicates that we are upset, that we can and will express ourselves, and that we are determined to correct a bad situation. Anger can over-ride our fears that keep us withdrawn and compliant. Anger, properly utilized, gives us a sense of pride when we exert some control *and* improve a bad situation. Non-violent anger used to right wrongs is no vice, it is a virtue. Naturally, there is a book (Fein, 1993) about harnessing this powerful emotion for good purposes.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
[reading room](#) [treatment resources](#) [& administration](#) [help](#) [feedback](#)

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DEALING WITH AN AGGRESSIVE PERSON

There is no justification for violent aggression, such as spouse, child, or sibling abuse, criminal assault, rape, bullying, or any other physical harm or psychological insult to another person. You do not have to be a helpless "punching bag" or a timid Casper Milquetoast or a frightened scapegoat. You do not have to hide your feelings. What can you do? Express yourself assertively (chapter 13), if possible. Of course, if your life is in danger (and *it is* if someone is threatening or hitting you!), do whatever helps you reach safety. The problem is we don't know with any certainty how to protect ourselves from all grave dangers. For example, some abusive men have killed their wives for reporting their abuse to the police. Yet, research indicates the best approach to spouse abuse is to report it while protecting yourself; only 15% of abused wives who reported an assault to police were attacked again in the next six months, but among those who did not report the abuse 41% were assaulted again within six months (Lore & Schultz, 1993). All other things being equal, reporting aggression and abuse is the best thing to do.

Likewise, there are many opinions about **how to best resist rape**. Some people suggest that you not fight back at all. Others have recommended fighting back, screaming, vomiting, and doing everything you can to resist the rape, because only about half of the women who strongly resist are raped while almost all who don't resist are raped. The problem is very complex, e.g. *if* the woman *forcefully* resists physically--hitting, kicking, using martial arts--and *if* the rapist has a weapon, she is more likely to be seriously injured. If she vigorously resists verbally--screaming and yelling--she is less likely to be raped but she is just as likely to be physically injured in other ways (Ullman & Knight, 1993). *Nonforceful* resistance--fleeing, pushing, pleading, begging, reasoning--doesn't seem to reduce the frequency of rape or of other injuries. It appears that many *violent* rapists continue their attack even if the victim resists vigorously physically and verbally (or doesn't resist). The latest advice is: with very physically violent rapists, resistance probably won't help; yet, with a more verbal and less physical assailant, strong forceful resistance may help. But, we are talking about stranger rape. How can you tell what type of rapist this is? Also, this advice may not be good with acquaintance rape. Rape is a very scary and dangerous situation which almost always has serious long-term psychological and psychosomatic ramifications for the victim. Yet, sadly, very few rape victims seek psychological help. Rape victims might also benefit from two books: Warshaw (1988), who writes about date rape, and Ledra (1986), who addresses

all kinds of rape. For men who have been sexually abused in childhood, see Lew (1990). Be careful not to generate false memories.

If you are **being treated unfairly**, you can more effectively correct the situation by acting decisively and rationally--assertively (see chapter 13)--than by using angry counter-threats and aggression. Harburg, Blakelock, and Barchas (1979) called this controlled approach "reflection." Your blood pressure stays the lowest if you first take enough time for everyone to calm down and then "set down and reason together." Women use this approach more than men.

The ultimate weakness of violence is that it is a descending spiral, begetting the very thing it seeks to destroy. Instead of diminishing evil, it multiplies it. Through violence you murder the hater, but you do not murder hate... Hate cannot drive out hate; only love can do that.

-Martin Luther King, Jr.

Recommended reading

Many writers have suggested ways of coping with difficult, aggressive people (Solomon, 1990; Felder, 1987; Elgin, 1985; Carter, 1990). Driscoll (1994) trains you to develop a mental shield to deflect the other person's anger. NiCarthy, Gottlieb & Coffman (1993) deal specifically with how women can deal with emotional abuse at work. Bramson (1981) says you will encounter three kinds of angry people at work: the Sherman tank, the exploder, and the sniper. The "Sherman tank" is ready to arrogantly crush any opposition; he/she is always right and knows what everyone should do. The "exploder" has temper tantrums; he/she launches a raging attack on whoever frustrates him/her. Bramson recommends handling the "tank" and the "exploder" as follows: (1) let him/her have a little time to run down. (2) Assertively intervene by looking him/her in the eye and saying, "John/Mary, come here and sit down, I want you to clearly understand a different view or approach." You have a right to be heard; so do others. However, never attack a "tank" or his/her ideas directly, you're likely to get crushed. (3) State your opinions briefly, forcefully, and clearly. (4) Try to be friendly and open to compromise.

With a "sniper," who shoots you down with comments or gestures behind your back while smiling to your face, (1) don't let him/her get away with the back stabbing. (2) Confront and ask him/her to state his/her views openly but don't accept the sniper's views right away or let him/her take over. Instead, get other viewpoints and have the entire group get involved in solving the problem. (3) Prevent future sniping by having regular problem-solving meetings and call on the sniper often.

If you are concerned with continuing the relationship after the disagreement is settled, it

means more time and caution may have to be taken. Listen to him/her, perhaps privately. Try to see his/her side. Don't try to explain or defend yourself until he/she is finished. Admit your mistakes. Accept his/her anger--let him/her vent it. Be prepared to compromise. Perhaps forgive him/her.

Some people seem compelled, emotionally driven to be angry. You probably can not change such a person (although you should give it your best try for a while). In an organization where trouble makers can't be fired, the best you can do with some perpetual "haters" is to isolate them and, thus, try to minimize their destructive influence.

Reducing the other person's frustration and aggression

First of all, recognize you aren't a therapist. It isn't your job to cure someone of hatred. But, you may be a parent dealing with an aggressive child or teenager (Eastman & Rozen, 1994; Farmer, 1989). And you, of course, want to do whatever you can to bring about peace and cooperation in your group. There are some things to keep in mind

Since persons who feel they have been wronged are more likely to be belligerent and violent, you should be sure they have been dealt with fairly. In addition, it would be wise to help them meet as many of their needs as possible without reinforcing their aggressiveness or discriminating in their favor. Likewise, avoid interactions with them that encourage intense emotions or threats of violence. Certainly do not interact with your angry "enemies" when they are drinking or carrying weapons. Say or do nothing that would incite more anger or, on the other hand, cause you to appear to be scared, weak, and a "pushover."

If you are in a position to do so (e.g. a parent), you might extinguish the other person's aggressive responses. For instance, don't meet their demands but agree to discuss the issues calmly. Ignore the teenager's foul-mouth but invite a rational discussion. Or, you might try punishing the anger but this is tricky because your punishment models aggression (thus, taking away their privileges or your services to them would be a better punishment). In most cases, strong retaliation against an aggressive person is the worst thing you can do (Kimble, Fitz, & Onorad, 1977). Nastiness begets nastiness. Hostility escalates. Baron (1977) says punishment might work under certain conditions: (a) if you can punish almost every time, (b) punish immediately, (c) punish in socially acceptable ways, and (d) do not punish harshly or become overly angry. Threats of punishment may also work. Remember punishment is only effective while the punisher is observing--watch out for subtle rebellion.

If you can divert the angry person's attention to some meaningful task or to cartoons or TV or a calm discussion of the situation, the anger should subside. Also, offer him/her any information that would explain the situation that upsets him/her (Zillmann, 1979). Point out similarities or common interests between him/her and the person they are mad at (you). Let him/her see or hear about calm, rational ways of resolving differences. Almost anything that gets him/her thinking about something else will help. Baron (1977) distracted irate male

motorists (blocked by a stalled car) with a female pedestrian on crutches, in a clown outfit, or dressed scantily. All three drastically reduced the cussing, gestures, and horn blowing.

The Institute of Mental Health Initiatives (202-364-7111) provide a brief list of ways to calm an angry person: reduce the noise level, keep calm yourself, acknowledge that the irate person has been wronged (if true) or, at least, acknowledge their feelings without any judgment, ask them to explain their situation (so you can tactfully correct errors), listen to their complaints without counter-attacking, explain your feelings with non-blaming "I" statements, show that you care but set limits on violence ("I'd like to work it out with you but I'll have to call the police if you can't control yourself").

The angry child or teenager

Several books describe the development and treatment of the aggressive, acting out child (Parens, 1987, 1993; Crowell, Evans, O'Donnell, 1987; Feindler & Ecton, 1986; Bartocci, 1985). Eastman (1993) helps parents deal with a child's "sulks and storms." Paul (1995) helps us understand that a child's anger is a normal way of saying "I need something." Several games, books, and programs for controlling a child's anger are available from Childsworld/Childsplay, The Center for Applied Psychology, Inc., P.O. Box 61586, King of Prussia, PA 19406. Fighting among siblings is natural, so how can you tell when it becomes excessive? See Ames, 1982. Research Press in Champaign, IL have books and videos for controlling aggression in the class room. Vivian Tamburello at the John Hopkins Counseling Center in Baltimore have a self-control program for adults and children. Aggressive children *can* be taught to tolerate frustration and to handle the situations without getting belligerent (Gittelman, 1965). Role-playing and lots of practice were effective.

Bullies, boys and girls, have and cause serious problems. It is more common than you might think. Perhaps as many as 20% or 30% of children have some experience--doing or getting--with bullying during any one school term. *Psychology Today* has a good recent article about bullying (Marano, 1995). Boy bullies use physical threats mostly ("let me have your bike or I'll kill you"). Girl bullies use social threats ("I won't be your friend if you don't..." or "I'll tell them you are a slut if you..."). How are bullies produced? By ineffective parenting: parents repeatedly make requests ("Stop bothering your brother") and then threats, but nothing is done when the child is defiant. Thus, defiance is taught. Finally, at least for boys, the parent blows up and hits the disrespectful child, teaching that brute force and meanness gets you your way. The bully, if untreated, will eventually alienate everyone, except other bullies and outcasts. Then, they are likely to progress to antisocial behavior, unemployment, drugs, poor mental health, crime, spouse abuse, child abuse, etc. The victim, usually an already sensitive, scared, tearful, physically weak, socially passive, easily intimidated person, is at risk of also being rejected by peers, remaining passive, frightened, insecure, unable to cope, and eventually becoming self-critical, lonely, and depressed. This is not behavior to be neglected. It isn't just "boys being boys." Bullying requires community attention. Sweden outlawed bullying in 1994 as part of a society's effort to make hostile

aggression unacceptable.

If you are the victim of violence or bullying

Handling a rapist, a mugger, a spouse abuser, a bully, an abusive boss, etc. is a complicated, risky matter. But the first rule is: **if someone is seriously threatening you, protect yourself immediately**. Take no chances. Especially, if you have already been hurt by this person, protect yourself from further attack, because repeated attacks are common. You must recognize that there are dangerous risks when dealing with any irate teenager or adult. Anger kills. If an angry person is highly emotional and threatening or violently yelling at you, leave him/her alone, it is unsafe to be near him/her.

It is smart to know how to protect yourself (Rafkin, 1993), but in situations where violence is threatened or possible, it is better to let someone else handle the aggressor. Examples: If another person threatens you physically, call friends or the police for help. If you are mistreated at school or work, there are official ways to effectively complain. Don't hesitate to report a bullying, threatening person to authorities or to the police (assuming you can protect yourself after the authorities leave). Please report all aggressors; they are likely to go on hurting others if the community doesn't do something. If we let a bully get away with it, we are insuring that others will be emotionally abused.

If the person is very mad (but not dangerous) and seems determined to dislike you, avoid him/her as soon as you recognize his/her fixation on hating. He/she needs to cool off. You might approach him/her later, never alone but with supportive friends, parents, or school officials. But, you can not "make" anyone like you, so don't try.

How to handle a bully: (1) avoid them! (2) Be assertive, "Leave me alone or I will tell the teacher... police... my parents... the supervisor (**AND DO IT!**). (3) Have a friend accompany you. (4) Build a bunch of friends and recruit support. Get several people--other victims, school officials, your parents, the bully's parents, counselors, police, etc.--to come together and jointly confront the bully demanding that he/she stop forever. (5) Take self-defense or social skills, such as assertiveness, courses. (6) Role-play over and over handling the situation. (7) Become active in sports, build your body and strength--get self-confidence. But, **DO NOT FIGHT** (violence is a bad idea even for a good cause, and the bully is almost always stronger and meaner).

Be aware that victims of violence are often pressured by society and their own psychological fears and needs to use poor "survival strategies." These might involve several reactions: (a) denial of the abuse ("It didn't happen"), (b) minimization ("It doesn't matter, I'm OK"), and (c) self-blame ("I started it all"). As abuse is repeated, we become more helpless and more willing to accept the blame. Guard against such thinking. Walker (1990) describes the situations of battered women who used these poor strategies but finally kill their abuser (often in kill-or-be-killed situations). Get help to get out of those situations (see

discussion of abuse in this chapter and in chapter 9). Most communities have emergency phone numbers for child abuse, sexual abuse, women's crisis center, and, of course, the police. If you have trouble finding help with domestic violence, call the National Organization for Victim's Assistance (NOVA) at 1-800-TRY-NOVA or 1-800-879-6682.

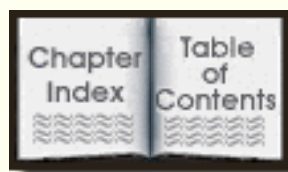
Social-educational solutions to violence

A major part of the violence problem in this country is that we, as a people, do not believe human aggression can be controlled. Aggression is seen as man's nature. Lore and Schultz (1993) and Eron, Gentry, & Schlegel (1995), however, make the point that *violence can be controlled*. These researchers review the causes of violence, such as guns and gangs. There is clear evidence that aggressive animals, including humans, are able to inhibit their violence when it is beneficial for them to stop it. It is a choice; it is optional! On the other hand, it isn't proven that stiff laws inhibit murder and assault. Delayed, uncertain punishment through the criminal justice system hasn't worked yet. For one thing, violence is usually carefully hidden so the law breaker won't be caught by the law much of the time. Moreover, the rate of violence is influenced by many much more subtle social factors--violence on TV, crime reports, empathy for the disadvantaged, glorification of police work, and even going to war (our murder rate goes up after a war, especially if we win). We must pay attention to our social environment. For instance, action TV shows and films with a lot of violence are immensely profitable to the film maker because dramatic shows of this nature can be sold around the world. Every culture understands a chase, a fight, and a little sex without a translator. We can stop the bloodshed.

Violence in America will probably not be solved until social-economic conditions become more fair and parent-school efforts focus more on childrens' mental health, self-control, and morality. Deutsch (1993) advocates that schools utilize cooperative learning, conflict resolution training, controversy-centered teaching techniques, and actual mediation of real conflicts by students. He called this "educating for a peaceful world." Our focus in this book is on self-help, not education, but each of us can insist that our schools and all parents do a better job of producing better children.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
[reading room](#) [treatment resources](#) [& administration](#) [help](#) [feedback](#)

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DEPENDENCY AND CONFORMITY



Overview

- Definition of terms



How dependent are we? What makes us so dependent?

- Conformity
- Compliance and obedience
- Socially instilled obedience
- Social-emotional needs and dependency
- Love and dependency
- How do we incorporate these social influences?



Gender issues: A woman's place--

- Traditional roles and the Women's Movement
- Dependency in marriage
- Feeling inferior and super responsible at the same time
- Expectations of boys and girls or innate forces?
- Are women making progress?



Assertiveness and our excuses for not acting



Breaking away from parents



Codependency--over-involved in solving someone else's problems



Believing you are in control of your life--becoming an internalizer



Learning to be your own decision-maker

- How do we learn best? The Personal Growth model
- The major decisions in our lifetime
- Barriers to good decision-making



Extreme dependency and pathology



Methods for becoming more self-reliant and independent

- Level I: Learn & reward new behavior; avoid people caring for or directing you
- Level II: Confront fears; vent feelings; face long-term consequences
- Level III: Learn problem-solving, assertiveness, communication, etc. skills
- Level IV: Set life goals, build esteem, correct irrational ideas, find support
- Level V: Seek origins of dependency, conformity, & master-slave relations



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OVERVIEW

The last four chapters focused on behaviors and emotions that hurt us and demand our attention--bad habits, stress, sadness, and anger. The emotional pain pushes us to do something about these problems. The concerns of this chapter--dependency, conformity, and indecision--may be comfortable and less pressing for change. For example, being nice and doing what we are told or what our friends want us to do may be the easiest course for us to take. It may not be the best, however. Likewise, putting off a decision may be easiest, but we might be better off carrying out a reasonable plan of action. Going with our feelings may be easier than carefully weighing the pros and cons.

So, in some respects, a helpful discussion of dependency may first need to "shake you up" or make you uncomfortable (like chapter 3) before you are motivated to make tough changes in the direction of self-reliance and self-direction. If we unthinkingly accept hand-me-down values or traditions, we should be concerned. If we "go along with the crowd" or drift along without planning our lives, we might benefit from a little worry. If we feel terribly inadequate without a partner, we might cope much better with life if we stayed single long enough to become comfortable with our aloneness and independence.

We will review the studies that show how conforming and obedient we tend to be. It is scary, but there is hope. For instance, humans in developed countries are probably becoming more self-reliant, independent, self-directed, and tolerant of opposing views. How do we infer this? Several studies have been done (Remley, 1988). In one, sociologists asked mothers in the 1924 and in 1978 what traits they wanted their children to acquire. In 1924, the three most important traits were "loyalty to the church," "strict obedience," and "good manners." All three are aspects of conformity! 54 years later in 1978, mothers considered the most important traits of children to be "independence (thinking sensibly for themselves)," "tolerance (of others)," and "social mindedness (accepting responsibility)." All aspects of autonomy! Keep in mind these are the values of mothers of young children; we don't know how successful those mothers were in teaching those values. But I consider the world moving in the right direction (although autonomy could degenerate into self-centeredness, competitiveness, isolation, and greed). Despite the progress, this chapter will make it clear to you that, as a species, we are still appallingly conforming, passive, and obedient. Perhaps we have just found new masters and Gods.

If you are motivated to be more decisive, assertive, or self-directed, this chapter discusses several useful self-help methods: self-rewarding independence, extinguishing fears of being alone, practicing decision-making and assertiveness, and gaining insight into your passive-dependency. If you consistently subordinate yourself to others, it is likely you will eventually feel inferior and resent them. Don't take the easy way out. It is important to be "your own person."

Since God made us to be originals, why stoop to be a copy?

-Billy Graham

Definition of terms

Dependency is having needs that you can't--or feel you can't--meet by yourself. An infant is obviously dependent in most ways. Later in life, as a teenager, we may need our parents less and less in several areas: safety, socially, economically, affectionately, etc. Thus, we as adults become more independent although it is normal to always need others in certain ways. But if as children we have overprotective, over-controlling or authoritarian parents, we are in danger of remaining overly dependent for our age. The *dependent personality* is conforming, compliant, passive, suggestible, sensitive to what others want, yielding to other's opinions, needy to have others like us, and generally pleased to be taken care of. Many of these traits are "nice" but you can clearly see that the dependent personality is designed to encourage others to be protective, controlling, demanding, and nurturant. Thus, dependent people are usually in a reciprocal relationship with someone who is controlling (a "control freak") or someone who is over-protective (a "rescuer" or codependent). Indeed, that is the essence of a dependent adult: they want to have someone support and take care of them (Bornstein, 1992).

As a generic term, dependency also implies being weak and fearful, indecisive, insecure and somewhat helpless, naive and inexperienced, and overly sensitive. Even these negative traits include many behaviors that suggest putting other's preferences, needs, and wants before your own. That is, it is assumed that you let others guide what you will do because you want and need their approval, control, support, or love. Thus, conformity, compliance, passivity, and non-assertiveness are often major aspects of dependency. These behaviors and attitudes are not powerless; in fact, they affect others powerfully, e.g. being unmotivated irritates people, being helpless and in trouble prompts others to try desperately to help, etc.

Conformity is when we change our behavior or opinions due to real or imagined pressure (not direct requests) from others. This includes behaving in traditional ways or according to cultural or familial customs, so we all conform. *Compliance* is when a direct

request is made of us and we agree to do it. *Passivity* is when someone else takes action involving us or against us, and we do not object or resist; we are submissive or inactive. *Non-conformity* or *non-compliance* or *passive resistance* is when we are independent, resist these pressures, and "do our own thing." *Anti-conformity* or *rebelliousness*, on the other hand, is stubbornly doing the opposite of what you are told to do, even if it isn't too smart. For instance, a teenager might avoid homework, stay up late, and use four-letter words to defy his/her parents, not because he/she thought these things were wise or in his/her best interest. The constant rebel is no more free than the conformist.

Due to the enormous attention given to addiction in the last 15 to 20 years, some new concepts have developed. Obviously, a drug addict or an alcoholic is dependent on drugs or alcohol. But, many other out-of-control behaviors have been included in the addictions: gambling, shopping, working, sex, promiscuity, eating, socializing, compulsive cleaning, etc. These are needs that may dominate us and we comply. *Codependency* is another new label, although an old idea. It is when you are addicted to an addict (or any needy person), i.e. you lose yourself (ignore your needs) by becoming dedicated to helping an addict overcome his/her addiction. Codependency develops in stages: first, you may participate with the addict (drinking, shopping, working); then, realizing the strength of the other person's addiction, you go along "just this once" to keep peace; finally, the addict is obviously unable to stop him/herself but you now deny the destructiveness of his/her addiction as well as deny that you have lost control of your life too. The codependent is extremely dependent. They long for approval and recognition of their sacrifices; they do, indeed, tolerate awful circumstances, including abuse; they fear being on their own. They feel constant, dreadful responsibility for controlling someone else (saving them) and they blame themselves (not the addict) when things go wrong. Sometimes they are sad, sometimes mad; it is a "sick" situation (see later discussion).

For peace of mind, resign as general manager of the universe.

-Larry Eisenberg

How Dependent Are We Really?

As teenagers we are very dependent on our parents and friends. We rely on parents for food and shelter, for transportation, for financial support, and so on. We rely on friends for social activities, advice, emotional support, companionship, etc. As workers, we rely on the supervisor for guidance, colleagues for friendship, the company for our salary, etc. As lovers and spouses, we rely on our partner for emotional support, meaningful discussions, physical affection, fun, financial security, and a family. As consumers we rely on farmers for food, seamstresses for clothing, laborers for our houses, cars, and appliances. As citizens we rely

on the government and politics for many things we could do ourselves (Lederer, 1961). Of course, we are dependent. So what?

If an 18-year-old becomes so homesick he/she can't leave home, that's a problem. If a 16-year-old can't fix his/her own meals and do his/her own laundry, that's a problem. If a 14-year-old has to be socializing all the time, that's a problem. If a 20-year-old can't find the time to follow politics and vote intelligently, that's a problem. If an adult isn't capable of being self-sufficient if he/she were suddenly on his/her own, that's a problem. If a lover feels he/she couldn't live or "wouldn't know what to do" without his/her partner, that's a problem. There are lots of ways of being dependent, some good and some bad.

Now, let's explore some specific ways we are dependent, i.e. by being overly conforming, compliant, or obedient, and see how dependent we are.

Conformity

If you look at how similarly we dress and fix our hair, you'd have to say we are almost all conformists. Consider the few males who wear skirts, aren't they considered weird? Being considered odd is such powerful social pressure that few of us males would think of wearing a skirt, even as a Halloween costume. You might say, "So what? It's a trivial matter." Better think again. Wolf (1990) says women are "prisoners of impossible standards of beauty." American men and women spend billions and billions for stylish clothes, cosmetics, hair stylists, new model cars, fashionable houses and so on. Being "out of style" is socially unacceptable, like men wearing skirts. Part of the motive is to gain status by following new trends. Part of the motive is simply self-aggrandizement; thus, American women spend more on beauty and fitness aids than on social services and education (Rodin, 1992). There are better uses for the money spent on status and the self.




He tried to be somebody by trying to be like everybody, which makes him a nobody.




Research findings also suggest we are very eager to please others by conforming. A famous experiment, involving easy judgments about the length of lines, by Solomon Asch (1958) found that almost 75% of the people tested gave at least one wrong answer in order to agree with others (who were confederates of the experimenter and intentionally gave wrong answers). The typical subject gave the wrong answer in order to conform with the group opinion about one-third of the time.

Most of us know how difficult it is to disagree with three or more people when they all see things differently than we do. We also know (and research affirms) that we don't always

believe what we say to others. Example: you are with a group of friends and one of them is considering buying a car and asks how you like Fords. One person says, "They really look nice" and another comments, "They have a good repair record and don't rust out." Even if you don't care for Fords, the chances are you will make a favorable comment in spite of your private opinion. This is even more true if you are in a group of older people or one that includes experts or your boss. In general, if we are interested in pleasing or impressing the other group members but feel we are only moderately accepted by them at this point, we are more likely to conform. If we are very secure with the group or don't care, we can speak up (Aronson, 1984). Self-actualizing people are non-conformists; they think for themselves (Maslow, 1970).



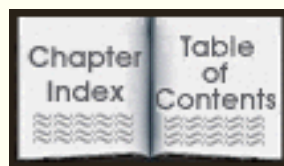
Love your enemies, for they tell you your faults.



Studies of group behavior also add to our understanding of conformity or compliance. Groups are usually superior to individuals in solving puzzles or problems in an experimental setting, like how to get three missionaries and three cannibals across the river in a 2-person boat without the missionaries ever being outnumbered (Deaux & Wrightsman, 1984). Yet, when emotions, politics, and personalities get involved, groups often make bad decisions. Janis & Mann (1977) have studied several unfortunate governmental decisions, like the invasion of Cuba (which Kennedy favored) and the expansion of the Vietnamese war (which Johnson favored). Janis believes that group members become too eager to please or agree with a powerful leader or too eager to avoid controversy and arrive at a speedy solution. In the process they overlook important information and discourage different opinions. This faulty thinking, motivated by needs to please and conform, was called *groupthink* by Janis. Watch for this in your groups. See method #11 in chapter 13 for ways to counteract these errors in decision-making.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

HOW DEPENDENT ARE WE? WHAT MAKES US SO DEPENDENT

Compliance

There is not only a personal need to agree with others but strong pressure exerted by the group on any person with different opinions to comply with the majority. Promises, arguments, and threats are used to get agreement. If someone steadfastly refuses to agree with the group, he/she is frequently rejected and ignored. Usually the more deviant group members (those taking an extreme position) and the entire group move in the direction favored by the majority. This has become known as group *polarization* (Deaux & Wrightsman, 1984). It can be thought of as a "jump on the band wagon" effect or "go along with the majority" effect. However, we do not yet know under what conditions private opinions are actually changed, if they are, in these more complex situations. Perhaps as we learn more about a certain opinion and argue for it, we come to believe it more. Perhaps we just don't want to make waves. Perhaps we "know which side of our bread is buttered." It's all compliance.

There are other specific conditions in which we tend to comply with direct requests. For instance, once we have granted one request, we are more likely to comply with another request. So a salesperson will make a small request first: "May I ask you a few questions?" and "May we sit down?" Finally, "May I order you one?" This is called *the "foot in the door" technique*. Another approach is *the "door in the face" technique*: first, someone makes a very large request of you and you say "no" (that's the door in the face). They graciously accept your refusal and then a few days or weeks later the same person approaches you with a much more modest request. You are more likely to comply this time than if you had never been approached. Thirdly, there is *the old "low ball" technique*: first, get a person to agree to some unusually good deal, then change the conditions and the person will still agree to the new conditions. For example, a car salesperson might offer you a fantastic deal or a teacher might request some help. Once you agree, then the sales person "discovers" a mistake and raises the price or the teacher tells you it's a dirty job at 7:00 AM, but you still go through with the agreement.

Deaux and Wrightsman (1984) summarized the research that shows independent people are more intellectually able, more capable leaders, more mature, more self-controlled, and more self-confident. Conforming people are self-critical, have lower self-esteem, and have stronger needs to interact with others socially. Don't get suckered into bad deals.

Obedience to authority

The most impressive and appalling studies in this area were done by Stanley Milgram (1974). They are famous studies. Milgram's intent was to see how much harm ordinary people would do to another person if directed and urged to do so by an authority (a psychologist asking them to shock a person when he/she gave a wrong answer in a learning experiment). Actually, *no one was shocked* but the subjects obviously believed they were hurting another participant in the experiment. The shock was to be increased with every mistake. To do this there were 30 switches at 15-volt intervals labeled as follows: Slight shock (15-60 volts), Moderate shock (75-120 volts), etc. on up to Extreme-intensity shock (315-360 volts), DANGER--severe shock (375-420 volts), and XXX (435-450 volts). Most of us would assume that our friends and relatives wouldn't do such a mean, dangerous thing. Certainly, we wouldn't. Especially if the person being shocked in the next room started moaning (at 75 volts) and then yelling, "Hey, that really hurts" (at 120 volts) and then at 150 volts, "Experimenter, get me out of here!...I refuse to go on!" At 180 volts the victim cries, "I can't stand the pain." Later, there are agonized screams after every shock and he pounds on the wall pleading with you...and finally at 330 volts the subject falls silent. When the shocker wants to stop the psychologist simply says, "Please continue" or "You must go on." What do most people do?

Amazingly, 65% of the subjects went all the way to 450 volts! In fact, *every one* of the 40 subjects administered at least 300 volts! Milgram wrote, "Many subjects will obey the experimenter no matter how vehement the pleading of the person being shocked...It is the extreme willingness of adults to go to almost any lengths on the command of an authority that constitutes the chief finding of this study and the fact most urgently demanding explanation." The subjects administering the shock were not sadistic monsters nor very angry nor prejudiced against the learner nor indifferent (they appeared to be very stressed).

So, why or how do we humans do such things? Milgram says the subjects (1) became absorbed in pleasing the authority and doing their assignment just right, (2) denied their responsibility, "the experimenter was a Ph. D." or just like Lt. Calley or Adolf Eichmann, many of the subjects said, "I wouldn't have done it by myself, I was just doing what I was told," (3) started to believe that the experiment was vitally important and that the pursuit of truth is a "noble cause" (even though someone has to suffer), (4) blamed the victim, "he was so stupid and stubborn he deserved to get shocked," and, most importantly, (5) just couldn't bring themselves to act on their values and defy authority.

This deference to authority is a serious problem, not just in terms of kowtowing to

government officials, but also to "experts," doctors, bosses, owners, authors, and many others who are eager to tell you what to do.

Socially instilled obedience

Milgram's reasons sound mostly like excuses for our immoral attempts to curry favor with an important person. Considering the great stress the subjects experienced and the fact that they were only paid \$4.00 for one hour of work for *an experimenter they would never see again*, there must have been some other very powerful needs to please the psychologist. What, then, are the real reasons we are so ineffective and intimidated by authority? I suspect it is due to years of indoctrination (internalization) by the people and institutions most dear to us--parents, schools, religion, government, etc. Most of the time conformity and obedience are helpful and morally good. The same trait, unquestioning obedience, that produces the *good* child at home, the *good* church member, and the *good* student at school may also have produced the calloused and cruel abuse in the Milgram study, in Nazi Germany, in the Vietnamese war, etc. We must learn to be "good" *and* to think for ourselves.

Research (Head, Baker, & Williamson, 1991) indicates that persons diagnosed as "dependent personality disorder" tend to come from families that had rigid rules, including "do not express your emotions openly" and "don't be independent--do what you are told, follow the family traditions, obey your parents." Hitler's father was the unquestioned authority in his family; Hitler re-created his family situation and established himself as the unquestioned authority of the Fatherland. Every dictatorial authoritarian must have dependent, compliant followers. Unfortunately, neither authoritarians nor dependent people get much practice at functioning independently as equals.

In the process of growing up we are exposed to enormous pressures to be compliant or conforming. Examples: (1) Parents often demand obedience, "Do it because I say so!" This may continue even after the "children" are 18 or 20 years old. Overprotective parents produce frightened, dependent children. (2) Peers reward going along with the crowd. (3) Teachers expect you to do the assignments, not plan and carry out your own education. (4) We are expected to get married and we are led to believe that love and marriage will solve most of our problems; we depend upon and long for all these benefits from marriage. (5) Government regulates much of our lives; it is drilled into us to follow the law. Have you ever been driving at 3:00 AM and noticed that you stopped and waited for all the red lights to change even though no other cars were around? (6) Religions tell us what to believe "with unquestioning faith" and, indeed, avoid and strongly discourage doubts and questions. Can you imagine a religion studying the psychological needs underlying the development of myths and religions? (7) The media encourages passive observation and glorifies persons in high authority. Independent thinking is hardly rewarded, e.g. there are 30 to 40 candidates for president every four years, but how many get a chance to share their ideas? Two, maybe three. (8) The military teaches, "Yours is not to wonder why, yours is but to do and die." (9) At work, the employees, even after 20 or 30 years, do not make decisions but wait on the

bosses to tell them what to do. And finally, (10) our friends, in most cases, only remain friends so long as we agree with them on major issues. "To have friends, you have to get along." We are taught well to be submissive followers. To truly think on your own and to do your own thing can be very scary.

The continuation of a society depends to some extent on compliance. Forty years ago, writers claimed that the pressure to conform was increasing. William Whyte (1956) in *The Organization Man* contended that "getting along with others" and team-work were replacing the Protestant Ethic of individual effort and hard work. David Riesman (1950) in *The Lonely Crowd* described three common ways we conform socially: (1) we are *tradition-directed*; that is, social customs and beliefs, especially in the form of social pressures, determine what we do. (2) We are *conscience-directed*; that is, we have internalized our parents' morals and ideals so that we are controlled not by our reason but by our sense of guilt. (3) We are *other-directed*; that is, we are sensitive to what our friends and associates think and feel and we try to please or impress them. Riesman saw America as becoming more and more other-directed. Certainly Milgram's subjects went to great lengths to please the experimenter.



The Calf Path

One day, through the primeval wood,
A calf walked home, as good calves should;
But made a trail all bent askew,
A crooked trail as all calves do.

(The poem goes on to describe how a dog followed the calf's path the next day, then later some sheep, and over the years many other animals followed the path. Eventually, the path became a trail followed by men, then a road with a village along side which grew into a city. The author concluded:)

A hundred thousand men were led
By one calf near three centuries dead...
For thus such reverence is lent
To well-established precedent...
For men are prone to go it blind
Among the calf-paths of the mind,
And work away from sun to sun
To do what other men have done...

-Sam Walter Foss

From *Desk Drawer Anthology*, a group of poems collected by Franklin D. Roosevelt.



Harvey, Hunt, and Schroder (1961) found four types of people: (1) rule abiding, tell-me-what-to-do types (30%), (2) rebellious, don't-tell-me-what-to-do types (15%), (3) cautious, what-do-you-think-I-should-do types (20%), and (4) self-directed, I'll-get-enough-information-and-decide-for-myself-what-to-do-types (5-7%). It's shocking that so few fall in the last category (especially since most of us think of ourselves as independent). The more recent data (cited in introduction) provides some hope that we are gradually learning to think for ourselves.

Social-emotional dependency

If we are willing to seriously hurt someone to please an authority we will know for only an hour, one has to wonder how strong our dependency is on parents, friends, and loved ones. Harry Harlow (Harlow & Harlow, 1966) did an impressive series of studies demonstrating that baby monkeys need mothering. Unless the monkeys received some kind of love in the form of being held, stroked, and played with, they developed abnormally, i.e. they became scared, hostile, self-destructive, and sexually inept. Human infants also need loving care; they may die without it (see chapter 6). Bowlby (1969) found the infant's first attachment was to mother and then to others. These early needs and emotional bonds are powerful and possibly innate. Can it be that this same kind of desperate clinging dependency persists as adults?



In the movie, *This is Your Life*, two children, about 8 and 10, are asked by their single mother: Would you rather have your Mom in the next room contemplating suicide for the next week or have your Mom in ecstasy all alone in Hawaii? We all know the children's answer.



Takeo Doi (1973), a Japanese psychoanalyst, describes a unique Japanese word--*amae*--which refers to the longing of an infant at the breast to have every whim attended to, to be enveloped in indulgent love, to feel at one with the mother. Doi says such a feeling continues into adulthood. It is being so dependent and needy that one is very careful not to disrupt such a warm, giving relationship; thus, the Japanese are dutifully apologetic. It means being so close to another person that one can be self-indulgent without embarrassment. It means seeking unconditional love, love you receive just by existing (what Fromm called "Mother's love").

The Japanese are more aware of these dependency needs, partly because they have the word (*amae*) and partly because their culture does not emphasize (as much as ours does) individual freedom and self-reliance. They are willing to stay close and subservient to their parents; they are inclined to become attached to the company they work for, giving conscientious work and expecting life-long support from the company.

In the last chapter, we discussed the conflicts between teenagers and their parents. Both anger and dependency are involved. Later in this chapter we will consider the lingering dependency ties with parents even after we "grow up."

Our need to be accepted

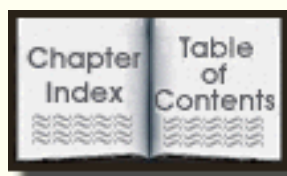
Otto Rank (1932), an early student of Freud, said it was important to assert one's own "will." He believed that most neuroses develop because people do not have the courage to be themselves; instead, they suppress their true selves in order to please others. Many others agree. Moustakas (1967) calls conformity a self-alienating process by which he means that we cut ourselves off from our own feelings, dreams, talents, and potential because we want to be liked. Other peoples' fears of being "different" cause them to reject us if we are "different" and unique. Thus, it is our fear of being rejected (by conformists), that causes us to lose our own freedom and independence.

Fritz Perls wrote a popular poster which reflects our common struggle to get free of domination by others:

"I do my thing, and you do your thing. I am not in this world to live up to your expectations and you are not in this world to live up to mine. You are you, and I am I, and if by chance we find each other, it's beautiful. If not, it can't be helped."

[← Back a page](#)

[Forward a page →](#)



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HOW DEPENDENT ARE WE? WHAT MAKES US SO DEPENDENT

Love and dependency

Songs, poems, and novels attest to our desperate yearning for love. Psychologists talk about it too (Fromm, 1974; Maslow, 1970; Shostrom, 1972; Peele, 1976). Mature love, according to Fromm, does not say, "I love you because I need you," but rather "I need you because I love you." Romantic love is referred to as D-love by Maslow. D-love is based on one's deficiencies, on one's weakness, as in popular songs: "I'd be lost without you" or "Since you left me baby, my life is over." We need someone else to make us feel adequate or whole and secure. B-love is mature, unselfish love, i.e. based on a love of the "being" of the other person. The self-actualized person wants but does not desperately *need* love, so the loss of love to them is regretted but not traumatic. If our loved one decides to leave us, it probably means they are growing and/or trying something new. We could wish them well instead of being crushed. We are crushed because we feel so needy. Maslow's theory suggests our reaction to the loss of love depends on how we look at it and our self-esteem (see chapter 6).

D-love is like an addiction to drugs: we get hooked on someone we can't do without because of our own inadequacies (Peele, 1976). How common is this? Some form of "social dependency" (a lover or friends) is the addiction of two-thirds of middle class teenagers; lower classes use drugs and alcohol, according to Peele. More mature love--B-love--is the opposite of interpersonal addiction. As a weak, needy person in deficiency-based love we are absorbed by this one relationship; it is our whole life.

"If a person loves only one person and is indifferent to the rest of his fellow men, his love is not love but a symbiotic (dependent) attachment, or an enlarged egotism."

-Erich Fromm, *The Art of Loving*

After the infatuation is over, how can you tell if it is mature love or addictive dependency? Ask yourself these questions (Peele, 1976):

1. Is each lover mature and confident of his/her own worth and ability? Are they independent? Are they each comfortable alone?
2. Are both continuously improved by the relationship?
3. Do both have outside interests and relationships?
4. Is the love relationship integrated into his and her life rather than being an isolated part of life?
5. Is there no jealousy of the lover's success, growth, and new interests?
6. Are the lovers also genuine, honest, close friends?

When our obsession with another person causes us to neglect our own needs and priorities, to neglect our own life, you need to cure your love addiction. Bireda (1990) addresses this problem directly.

Germaine Greer (1971) in *The Female Eunuch* points out that some lovers like their partners to fail or to have a weakness because a scared, inadequate person is more likely to stay dependent on them. Likewise, making yourself indispensable to your partner, i.e. making him or her dependent on you, may be harmful to the relationship in the long run. She says the question to ask is: "Do I want my love to be happy more than I want him/her to be with me?" If your answer is yes, it's probably mature love. If it is no or "I'm not sure," watch out for clinging dependency.

If your life centers almost entirely around your loved one, naturally breaking up will be agonizing and take a long time. Of course, growing and mature people often go different directions; parting will be regretted and painful for them too, but not a long-lasting emotional disaster. In those cases where love suddenly turns to hate, it suggests that the person was thinking more of him/herself than the lover all along.

One of the fantastic experiences of life is being deeply in love--obsessed with someone, thrilled by them, wanting to touch them all the time. Maybe the desperate need for love can't be escaped. There is a saying, "Love is nature's trick to insure the species." The deep internal feelings of love are so similar all over the world, it isn't likely we learn to love from the movies. Of course, we are often hoping for more from love than a relationship and sex. So often we hope that love and marriage will solve many or all of our anxieties and problems (Gordon, 1976). As we will discuss later, traditional women have wanted economic, social,

and emotional satisfaction; traditional men have wanted all the comforts of home, admiration, and emotional support. (Non-traditional men and women expect less from their spouse.) When our expectations are not met by our lover, we have problems (disappointment and anger).

Being familiar with these theories--and that is all they are--may make us more aware of the emotional dependency and unreasonableness involved in "blind" love. This awareness can help us cope. If deep, intimate love cannot exist without certain kinds of dependencies, maybe we can anticipate those needs and handle them. Judith Bardwick (1979) and Marion Solomon (1994) say that lovers are always dependent. To them dependency merely means mature lovers need affection and affirmation as being good, capable people. Lovers do not need to be insecure, self-doubting, and helpless. But dependency is a part of intimacy. They say mature lovers need both closeness and also distance; they need emotional connections and also autonomy. This is called an *interdependent relationship*.

Without a long-term commitment to a love relationship, Bardwick says we are in danger of feeling insecure, finding little meaning in life, and longing for unconditional love (Mother's love or *amae*). I think love may be a basic human need, like safety or being touched or sex. I think there is some inevitable pain when love is lost (at least, it seems true for most of us). Thus, people in love *are not independent* in the sense that they can just easily walk away (angry lovers perhaps can). Healthy people in love *are independent* enough that they can, with conscious effort, walk away from a very unhappy, restrictive relationship. Having formed a couple, each person should, of course, remain free to have his/her own interests, friends, and activities. So, lovers need to be independent and dependent. A student shared with me this beautiful, poignant message:



Being Your Own Person

After a while you learn the subtle difference between holding a hand and chaining a soul,
And you learn that love doesn't mean leaning and company doesn't mean security,
And you begin to learn that kisses aren't contracts and presents aren't promises,
And you begin to accept your defeats with your head up and your eyes open, with the grace of a woman, not
the grief of a child,
And learn to build all your roads on today because tomorrow's ground is too uncertain for plans and futures
have a way of falling down midflight,
After awhile you learn that even sunshine burns if you get too much, so you plant your own garden and
decorate your own soul instead of waiting for someone to bring you flowers,
And you learn that you really can endure,
That you really are strong and you really do have worth,
And you learn and learn... with every goodbye you learn.

-An unknown lover



There is so much more we humans need to know about dependency and love, jealousy, submissiveness, painful rejection, anger, etc. Chapter 9 helps us understand ourselves and relationships; chapter 10 deals with love and sex.

Reactions To Social Influence

When someone or a family or a social-cultural group tries to influence you, there are several ways you can respond. You can argue and rebel. You can go along with the idea or request or tradition, in which case there are three types of reactions you can have (Aronson, 1984):

1. *Compliance*, as we have seen in the Asch and Milgram studies above, is agreeing with the request or idea in order to get some payoff, perhaps just to avoid unwanted consequences. Thus, family members may gather at Mom and Dad's every Sunday, because the parents would be hurt if the children didn't. Likewise, students do homework to avoid a low grade. People do hard labor for money. Take away the grading system or the pay, and the work won't be done. Underlying compliance, in this case, is power--the ability to reward and punish.
2. *Identification* is where you want to be like someone else and, thus, do and think what they do. Thus, if your favorite aunt is a singer, you may study hard on your voice and guitar lessons in order to be like her. If your father is a republican, you may vote that way because you identify with him and respect his political views. Underlying identification is an attraction--having adopted the other person's ways and values because of the appeal of the person, not because of the validity or morality of his/her ideas. If you start to dislike that person, your actions, ideas, and values may change.
3. *Internalization* is based on the desire to be right. If you hear a speaker who seems knowledgeable say something that makes good sense to you, you are likely to accept these ideas as your own. This is the strongest and most permanent reaction to social influence because our motivation to be right is powerful. You keep these opinions until they are proven wrong.

If we are hoping to change some behavior or belief acquired via social influence, it would clearly be helpful to know if it was acquired because it paid off or because of identification or internalization.

What Is A Woman's Place?

In addition to needing love, as we grow up we identify with older people, primarily of

our own sex, and internalize many of their attitudes and values. Anne Schaef (1981) asked people to first describe God and humankind in relation to each other, then describe males and females. She got these responses:

<u>God</u>	<u>Humankind</u>	<u>Male</u>	<u>Female</u>
male	childlike	rational	emotional
powerful	sinful	powerful	weak
all knowing	weak	brave	fearful
ever present	dumb	good	sinful
eternal	mortal	strong-like	children

The conclusion? It would appear that in the eyes of many people, males are to females as God is to humankind. That is, man is regarded as superior and women as inferior. If these sexist beliefs are internalized by boys and girls at an early age, what an awful burden for both sexes. Given this image of differences between the sexes, no wonder men are always competitively striving for superiority. No wonder women accept subservient, self-depreciating roles.

Where does this idea of male superiority come from? Anthropologist Boyce Rensberger (1979) suggests that humans started pairing because two could care for the offspring better than one and because physiologically we evolved into sensual beings interested in full-time sex, not just when the female is in heat like other animals. In addition, human males seem to be more interested in co-parenting if they are confident that they are the biological father; this can only be known if the female has only mated with them; thus, pair-bonding and love evolved as a method for the species to survive and thrive. Sex (enjoying it frequently), a bigger brain, and uprightiness (to carry food to our family) may also have been vital to the development of human life in which males and females lived in pairs.

The history of gender roles

But, when, how, and why did males become dominant? Interesting questions. We don't know the answers. Apparently some primitive form of humans existed 4 million years ago, but the current human brain developed very recently, perhaps only 35,000 years ago. It is thought that humans lived in groups of 15 to 25 until 12,000 to 15,000 years ago. These groups wandered long distances looking for available food. About 10,000 BC, some groups learned to cultivate crops, stored grain, developed weapons for killing larger animals, domesticated animals, settled in one place, and built more permanent shelters. The settlements grew larger. Some historians believe that 10,000 years (300 generations) ago women were the leaders and the gods of some larger groups. Mother earth and females were obviously the magical sources of life and, thus, closer to God. But, according to Rensberger, in a more settled existence where goods and wealth could be accumulated, well beyond what one could carry, there developed a strong relationship between meat-eating and male

dominance. Men were the hunters because they were stronger, didn't have children to suckle, and were more expendable. The more meat provided the tribe by the men, the more the men were revered, the more economic and political power men accumulated, and the more dependent and submissive became their wives. We still speak of "bringing home the bacon." This historical scenario may support one contention of feminists, namely, that women will have to become economic, political, and religious equals of men before they will be regarded by society as individuals of equal status.

There are other theories about the source of male chauvinism. Even before anthropologists developed their theories, Freud was impressed both with the power of love-sex drives to dominate our lives and with the male feeling of superiority over women. He, being a male, thought young girls might feel inferior because they don't have a penis and because they may fear it had been cut off as punishment for being bad. That's an unlikely explanation of why males feel superior and females feel inferior, compared to continuously being told by your entire culture that boys are better and girls are nice but not as able or as wanted as boys, which continues to be said long after the men of a society have stopped risking their lives to hunt lions. (Besides, why don't men feel inferior because they don't have breasts?)

Traditional roles and The Women's Movement

There was an enormous amount of feminist literature written in the 1960's and 1970's (Friedan, 1963; Greer, 1971; Janeway, 1971). It rebelled against the 5,000-year-old stereotypes for men and women. I won't try to summarize the feminist literature but its focus was on the importance of equality between the sexes, including being against male chauvinism (feeling superior or "god-like") and female subservience or dependency. Men and women should read and take to heart this literature. Schwartz (1970) is typical of the early assertiveness literature. These writers point out how much more is involved than the emotional need for love (as discussed above) or the need for sex discussed by the anthropologists. The feminist writings clarify how *tradition* has dictated male and female sex roles that control much of our lives--our interests, our work assignments, our attitudes towards ourselves and others, our status, our love lives, our dreams and aspirations, and almost everything about our lives. As we have seen, people tend to conform to other peoples' ideas of what is right or how things ought to be. For example, only men are supposed (according to "old" tradition) to strive for economic and political power, e.g. to become chief of the tribe or president of the country or CEO of the company. Only women are supposed to be homemakers and full-time caretakers of the children (this is really slow to change).

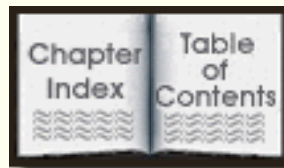
Indeed, tradition in America (until the Women's Movement) had a notion of the ideal or "perfect" marital relationship. For traditional women, it is being loved and taken care of by a successful, good man (Dowling, 1982; Willis, 1981). He goes to work and makes good money to provide for the family. He knows about finances, cars, repairing the house, and makes the major decisions. She doesn't just feel dependent on him, she is truly dependent on

him. For example, if she, like a good wife, puts him through medical or business school by working as a secretary and he later leaves her because she no longer shares his interests and intellect, she can't financially take care of herself and the children. She is not self-sufficient. However, he can perhaps earn well over \$200,000 a year. That's not equality.

What does the traditional husband need? He wants to be successful, to beat out his competitors for money and advancement. It's stressful and he wants a haven from the "rat race." His haven includes a loving, devoted, admiring wife who cares for his basic needs-- food, clean and pressed clothes, good sex, a comfortable social life, a neat, clean home, etc. She takes care of the kids and their problems; she is in awe of his achievements and nurtures his ego when he's down; she keeps their love relationship going smoothly. She is indispensable too. If she finds the homemaker life frustrating and seeks an exciting career-- and in the process finds a better, more egalitarian relationship--he is crushed. He loses a home, a cook and maid, a wife, and the children. Although he felt superior to "the little wife," he isn't totally self-sufficient either; he feels lost inside the empty house alone.

[← Back a page](#)

[Forward a page →](#)



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GENDER ISSUES: A WOMAN'S PLACE

Dependency in marriage

We are all dependent (interdependency is discussed above). There is nothing wrong with that as long as it doesn't place us in a position of feeling inferior or of being unable to cope *if* we are left alone, as in the marriage situation described above. Overly-dependent people put themselves, often unconsciously, in situations where they are helpless or feel helpless in order to get others to take care of them, like children. Often dependent people will refuse to take responsibility for managing their own lives, as long as someone else will. If you feel you can't survive on your own, you are dependent in the worst sense of being incompetent or helpless. Such a situation is scary, if and when you permit yourself to think about it. Even if you are a liberated woman and not helplessly dependent on a male, it may be difficult or impossible to find an exciting career, so you are dependent on the business world for employment. The unemployed can tell you how scary that dependency is. Furthermore, the employed woman often has to care for the children and manage the household because her husband is hung up on the old ideas of what is woman's work (and/or because it's easier to watch TV than to bathe the kids). Indeed, one survey of 50 two-career couples with children found that the wives worked 15 hours more each week than the husbands! Hochschild (1989) helps such couples avoid these unfair gender roles.

How are women coerced and/or lured into the vulnerable passive-dependent role? Willis (1981) says (1) women are promised the reward of security and little responsibility, (2) social pressures are exerted on females to do what is expected of women and mothers, and (3) women are subtly encouraged to avoid the stress of asserting themselves and competing in an aggressive world, especially since they aren't considered well equipped or prepared for "a man's world." A woman may give up being self-directed because she realizes she has been placed by others in an "inferior class," where her being strong, decisive, successful, and a leader are discouraged. Gradually, the idea of being independent, capable, and self-sufficient becomes scary (in Freudian terms she is castrated) and being dependent, protected, and compliant seems much safer and easier.

Letty Pogrebin (1980) says our current sexual stereotypes give children two basic

messages: (1) *boys are better* and (2) *girls are meant to be mothers*. The underlying purpose is to motivate boys to excel--"be the greatest!" However, since most boys fail to be as successful as they had hoped, their frustration is relieved by exerting their superiority over women. Furthermore, since women are meant to be mothers, women cannot fulfill their roles in life without first attracting a man; this creates enormous concern in women about sex appeal and attractiveness. Too often the woman's self-esteem comes from how good a man she can attract, rather than from within herself or from her own achievements. Pogrebin believes males have sold the boring, menial job of childrearing to women by glorifying motherhood. On the other hand, she thinks the Women's Movement has made careers more appealing than homemaking, at least for the middle-class, well educated elite. Consequently, it is predicted that 25+% of women between 25 and 29 will not be married but will have careers. Gradually the old traditions are changing. And why not? Men aren't the only ones capable of "bringing home the bacon." And, women aren't the only ones capable of "taking care of the kids."

Feeling inferior and super responsible at the same time

Being considered by society to be inferior to men, some women may simply accept being helpless and become a "Door Mat" (Namka, 1989). Other women may try to over-compensate by trying to become everything to everybody, by feeling super responsible, by taking charge, by loving and giving too much, by pleasing everyone, by becoming "Superwoman." Thus, there are a spate of books about women doing too much for others while forgetting their own needs (Norwood, 1985; Bepko & Krestan, 1990; Leman, 1987; Braiker, 1989). Low self-esteem and shame are thought to underlie this self-depreciatory behavior. Bepko and Krestan say there is a "Goodness Code" for women: be attractive and sexy! be ladylike! be unselfish and thoughtful! be sure everyone is getting along! be competent! and don't be uppity or a bitch! These rules are so pervasive that they seem to "come natural" to women. But part of being "good" is believing you have never been good enough. So, built into women's roles is a mechanism for creating self-doubt, insecurity, and a tendency to take on too much.

Likewise, our culture encourages women to seek perfection in terms of attractiveness. As Rodin (1992) observes, the beauty contest goes on and on. Women worry about their looks, feel vain, and, in turn, are ashamed of how much their bodies mean to them. It is almost immoral if you don't diet and exercise; it is impossible to look perfect all the time; it becomes a trap.

Willis (1981) notes that even "liberated" women are frequently in conflict about other things, such as dependency and assertiveness. Examples: an aggressive business woman acts like an emotional teenager in sexual relationships; a strong, powerful, dogmatic anti-ERA female speaker declares that women's place is in the home being taken care of by a man; an egalitarian female wants a challenging career but feels guilty when she isn't the

main caregiver with the children and makes more money than her husband; a feminist demands equality but doesn't want to be drafted into combat like men. Many women are still struggling with these dilemmas.

We also expect a lot of boys and men

High expectations of men can be enormous burdens for them too (Farrell, 1975). Remember, they are to be God-like, omnipotent, and successful. Examples: Real men are expected to be tough--"big boys don't cry"--and fearless. Men, in turn, become demanding of others too, inclined to criticize and direct or advise rather than empathize. They are supposed to be logical and practical, not emotional and idealistic. They are expected to pretend to be women's equals except whenever they "have to put their foot down" to avoid doing housework or to keep her at home. They must be successful in their trade and have a superior answer to all problems at all times. They must look confident and impress people. They must be aggressive and approach attractive women. And, they must, of course, be a sexual powerhouse--a "stud." Taken altogether those are impossible standards to meet. Anyone (including the liberated female) compelled to be so competitive and so superior has become an unhappy slave to a demanding stereotype (more about this in chapter 9).

What about innate dependency needs?

Sex-role stereotypes and social pressures may not be the sole causes of dependency. Indeed, emotional dependency may not be learned at all, it may be a basic need. Eichenbaum and Orbach (1983), psychoanalytic therapists, argue that males and females have innate dependency needs--needs for love and emotional support. In terms of these needs, men hide their needs more than women but women are raised to meet those needs in men. In short, women learn to be depended upon, not dependent! According to this theory, women may be economically dependent and mechanically (fix the car) dependent, but they are trained to deny their needs and become the emotional and interpersonal caretakers and controllers of the family. The entire family depends on mother; she is the family organizer and therapist. But, there is no one to take care of mother's emotional needs. Certainly men aren't trained in our culture to attend to feelings and to discuss emotional interactions at length.

If we grow up in a nurturing, loving family which gives us self-esteem and teaches us self-reliance, we are fortunate. However, if our innate dependency needs were unmet as a child, we may grow up yearning for the impossible--a soul mate who will love us constantly and make us whole. Many wives provide this emotional support; many husbands do not. Thus, self-sacrificing women look needy. And bewildered men wonder, "What does she want?" According to Eichenbaum and Orbach, much of the dependency problem in marriage goes back to basic deficiencies in the mother-child relationship. The push-pull in mother-daughter relationships is especially strong; for the daughter it involves

needed love and unwanted control. Boys, starting at 4 or 5, can reject some of the emotional involvement with mother as they identify with father; girls don't have that way out of a consuming relationship with a powerful person (mother). Sometimes the intimacy with a lover at age 20-25 revives in a woman the old dependent, push-pull struggles she had with her mother. Sometimes intimacy with and dependency on a good spouse is scary (reminding us of our need for mother), sometimes dependency keeps us in a bad relationship. Sometimes we think we are secure and independent but it is a childhood facade, the bravado of a 9-year-old boy. We all need love, which is something our hormones prove to us at 13 or 14 years of age. We can't escape our biology; our "nature" helps explain our behavior but we can learn to handle these needs and drives.

Women are making progress

Partly because of the Women's Movement and partly due to economic necessity and fewer children, substantial progress is being made in the status of women (Sacks & Rubin, 1982). In 1970, 38% of women had some college. In 1980, 63% have some college. In the late 1980's, about half the BA's and MA's (in all areas) were earned by women and 45% of the Ph. D.'s went to women. By 1995, 75% of BA's *in psychology* went to women, 70% of MA's, and 60% of Ph. D.'s were awarded to females. In 1970, 4 in 10 white women worked for wages; in 1980, 5 in 10 did, and in 1990, 6 in 10. 20 years ago women earned only 65 or 70 cents for what a man got a dollar for, but recent surveys show that they now earn 85 to 95 cents for a dollar's worth of men's work. Low paying service jobs are still dominated by women, however. One third of the children under 6 had wage earning mothers in 1970; in 1980, one half had wage earning mothers; in the 1990's about 70% of these mothers worked outside the home. In 1970, one third of the women between 20 and 24 were not married; in the 1980's, more than one half were not married at that age. Still about half of all marriages end in divorce.

As more and more women break away from the stereotype of marriage, homemaker, and motherhood, women in general will be freer to chose their own life-style, including not marrying, not having children, having children with parenting shared equally, or having children with one parent--the male or the female--doing most of the child-rearing. In spite of dogmatically held personal biases, so far as we know, all would be equally good options in a society free of antiquated stereotypes. The child needs care and love; gender of the lover doesn't matter to the child. (There is evidence that children benefit from having both a male and a female caretaker.)

An independent person will not only decide about life-style but he/she will be self-sufficient. That doesn't necessarily mean earning half of the income but it does mean being *capable of earning* an adequate income if you needed to do so. It means being socially and emotionally strong enough to live alone and/or find another partner if you needed or wanted to do so. It means having a fair division of labor, and the knowledge and skill as well as a positive attitude towards your partner's duties so that you could easily exchange

or take over his/her role. Great personal security comes from knowing you can handle problems that might arise.

There's an old joke: Where does an 800 pound gorilla sleep? Anywhere it wants! Likewise, what is a woman's (or a man's) place? Whatever she wants it to be! Yet, there are powerful forces opposing women being equal; men, being competitors, like their superior position and are threatened by talk of change; already successful women, hoping to keep their status, may not welcome more competition from other ambitious, capable women; the women themselves, wanting good relationships, are hesitant to be assertive and seek advancement. However, since unequals are not likely to be true friends, both men and women have much to gain from being equals (Miller, 1976).

Assertiveness and Excuses For Not Acting

In the 1960's and 1970's the Women's Movement blossomed, not just in books but in millions of families. Women went back to school, got jobs, and asked their husbands to help with the housework and the child-care. One big strength of the movement was the personal support available to women from friends or from consciousness-raising groups. These groups preached equal rights--the right to be treated with respect and have an equal voice in all family decisions, a right to have and express your own feelings, a right to be listened to and taken seriously, a right to set your own priorities, a right to get away from the children for a while or develop a career, the right to have a social life independent of their husband, a right to say no without feeling guilty, etc. (Bloom, Coburn, & Pearlman, 1975). More importantly, perhaps, the consciousness-raising groups encouraged and coached each intimidated and dominated group member. Every small step in each life was discussed and practiced in these groups: how to get a job and how to share more equally child care duties, cooking, cleaning, financial decisions, etc. Remarkable changes were made in many families. Some men resisted but most profited from a happier, more confident, more interesting, and more self-sufficient partner.

The next step in human liberation flowed naturally: several books on assertiveness training appeared, starting with Alberti and Emmons (1970) who wrote, "If you must go through life inhibited, bowing down to the wishes of others, holding your own desires inside you, or conversely, destroying others in order to get your way, your feeling of personal worth will be low." Assertion training is not just a method for overcoming insecurities and submissiveness. It is a philosophy of life involving self-respect, self-confidence, self-direction, and meeting one's own needs and values without offending anyone's dignity or violating anyone else's rights (see method #3 in chapter 13). That sounds perfectly reasonable and harmless, doesn't it? So, what keeps us from standing up for our rights? We have our excuses.

Just like the Asch and Milgram studies of conformity, Moriarty (1975) documented

how reluctant we are to confront a person who offends us or is inconsiderate of us. Only 5% of college students studying for an exam insisted that a neighbor turn down loud music. Another 15% asked the neighbor nicely once to turn it down (which did no good). But 80% said nothing and put up with the disruption. Likewise, loud neighbors in a library were asked to be quiet by only 2%, 23% moved away, and 75% simply endured the disturbance. Most of us just don't want to make waves. What are our excuses?

You will remember that we tend to have excuses for not living up to our values (chapter 3), for procrastinating (chapter 4), for being hostile to others (chapter 7) and now for being passive. Here are several common excuses for not asserting ourselves (Bower & Bower, 1976). See if the shoe fits:

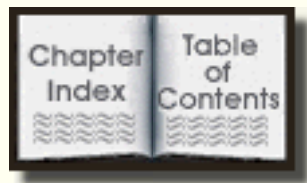
1. "Maybe I'm overreacting--I'll be quiet." You have a right to expect quiet in a library or movie or dorm or your own house, so admit your frustration to yourself and firmly insist on quiet. You have lots of rights.
2. "Everybody has rights." Yes, but *their* rights end where *your* rights begin. This comment is just an excuse for not confronting the aggressive, thoughtless person. Stand up for your rights.
3. "Oh, well, it won't happen again." This may be true but it is an excuse. You should be assertive (a) for your own self-respect and (b) to help the offender be more considerate of others.
4. "I don't want to make a scene." Tactful and rational assertiveness should not degenerate into a loud fight. If you are being overcharged or under serviced, it is your civic duty to point out the unfairness and request better service.
5. "They'll get mad at me." Could be, many people have learned to intimidate others by getting angry. But look at it as another manipulation that doesn't need to upset you and does represent a silly, unfair way of controlling you and others. Don't get angry, just be firmly assertive.
6. "Why haven't others complained?" Like 1 this thought raises our self-doubts. Remember the studies in this chapter that show how very conforming and passive people are. Suppose the napkins in a bar degrade women and when you express your disapproval to the manager, he says, "No one else has ever complained. In fact, many people think they are funny. Maybe you've got a hang up." Don't let this insult put you on the defensive. Tell him that just because most customers don't say anything doesn't mean they like the putdown of women. And to prove your point, if he doesn't change the napkins, tell him you will write a letter to the editor of the local paper asking people's opinion of his attitude towards women. If you are in

public and in doubt about how others feel, conduct your own poll but word your question so that people taking no action appear to support your position. For example, suppose you would like the loud music to be turned off at a picnic, you might ask everyone: "How many here want to listen to the radio?" rather than "How many want to turn the radio off?" That way all the non-responders, for whatever reason, look like they do not want to listen to the radio.

7. "I can't do anything about it." This helpless attitude is the major cause of compliance. It is a self-putdown. It is also a condemnation of "the system" which is seen as unchangeable. Blacks, women, and other minorities "went along" for a long time. Victims give power to the oppressor by doing nothing. Do something! Write letters, talk to the owner or manager, ask a politician to change things, start a group to correct some situation, etc. Chapter 13 gives detailed suggestions for being effectively assertive. The first task, however, is to deal with your excuses and decide that you have a right to take action.

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BREAKING AWAY FROM PARENTS

Our emotional ties with our parents are stronger and often more complex than with anyone else. We have already discussed how vital love and care are to our physical and psychological well being; we are totally dependent for a few years. According to Cindy Hazan of Cornell University, by age 5, we have started to prefer to play with friends rather than with Mom and Dad, but we want to be with our parents when we are upset, and Mom and Dad are counted on for security. Between 11 and 16, we prefer to be with friends and we seek support from peers when we are upset, but parents are still providing us with basic security. By age 17, most of us are enjoying friends more and seeking support when feeling down more from friends than from parents; moreover, over 50% feel friends (more than parents) will be there when we need help. In the 1980's, more and more college students have expected their parents to pay for their college education, at least to the BA level. In hard economic times, many college graduates return to live with their parents until they get a job. So, becoming independent of our parents is a 18 to 25 year process. Even after becoming independent, powerful emotional ties remain forever.

For most of us, loving a child is one of life's most beautiful experiences; giving someone life and helping them mature give profound meaning to our life. Letting go of the loved child or parent can be very hard. As Evelyn Bassoff writes, "A mother's tasks are to create a unity with her child and then, piece by piece, dissolve it." But all the ties can't be dissolved. Mom and Dad are embedded inside us forever; they have enormous power over us. But we have some ability to choose which ties to keep and which to drop.

The process of leaving home is, for some, easy, smooth, and exciting; both parents and children are ready for the child to mature and become independent. Obviously, if the relationship has been enjoyable, both children and parents will miss the closeness and good times but realize "we can't go back." For others, leaving home is a trauma or "just too hard," either for the child or the parent, so the young person stays in or near "home." For others, they have to get away; leaving home is an emotional necessity for the child, the parent, or both. In short, there are a variety of problems when leaving home and during the years thereafter. See chapter 9 for a general discussion of family relations and for generally useful references.

In recent years, there has been an avalanche of books about abuse within the home and how to deal with the after effects (see chapter 7). But there also has been some attention paid to the other end of the spectrum, namely, being too loving, too protective, too indulging, too smothering. These are parents who simply want their children to become happy, well adjusted adults but they want it too much or give too much in the process. Some parents worry constantly about their child; they will do anything for their child (forgetting themselves, their spouse, their own career, friends, other needy people); they become frantic when the child has a problem; they are crushed if the child rejects them or their values. In their desperation, such parents may become demanding dictators, demeaning critics, indulging protectors, smothering best friends, needy don't-abandon-me parents, and so on. All designed to bind the child to them tightly. There are books for over-involved parents and their children (Ashner & Meyerson, 1990; Becnel, 1990), for mother-daughter relationships (Bassoff, 1989; Caplan, 1989), for mothers when their children become troubled (Brans, 1987), and for young adults who are emotionally tied to a parent (Engel, 1991) in what is called "emotional incest" (Love, 1992).

In chapter 7, there is a description of how anger can make it easier for dependent 18-year-olds to leave home when the parent-child bonds have been too tight, too confining, too uncomfortable. For the one third of us who leave home under a cloud of stress and conflict, the strained relationship with Mom and Dad often continues to be a problem. Howard Halpern (1976) and Harold Bloomfield (1983) have discussed ways to cut loose from *and* make peace with our parents, not as angry teenagers (as discussed in chapter 7) but when we are adults. What an important thing to do! Here are some of suggestions, mostly from Halpern.

Many people in their 20's and 30's still get sucked into emotional traps and/or need their parents' approval, so much so that they can't be themselves. How does this happen? Inside us all, no matter our age, is an inner child, a left-over from childhood. The inner child contains many needs and wants--many of them primitive, self-serving, and even self-destructive. Parents still have an inner child too. While parents want their children to be capable and happy, there is another part of them that continues to see their children (even when they are 20 or 30) as weak, naive, and needing guidance. The inner child inside mom or dad may be saying "don't grow up, don't leave me." Some of these parents may resent a strong, independent child who is successful or chooses a different life-style or religion or politics or spouse than they would have preferred. To keep such parents from being upset, hurt, or angry, the little child within us may keep secrets from them or respond with "I need you too" or be overly nice and accommodating to them while harboring resentment. The best way to respond to such parents is to *bypass their child and address their adult part* which wants you to be mature and independent: "It's time for me to live alone" or "Instead of coming home, I've decided to do something else for Christmas this year." Make the interaction adult to adult by giving your reasons in a straight forward manner. Part of your parents may be very pleased you have "grown up" (in spite of their inner child's

needs). They may object; consider their reasoning and make *your* decision.

Halpern helps us recognize these parent-child "song and dance" routines we utilize as long as the child within (us or the parents) is in charge rather than the inner adult. It is a safe bet that you are overly attached to a parent if after 20 you react with anger, guilt, fear of their reaction, or self-pity when you think of a parent. One of the toughest parent roles for a child to handle is *the sacrificing martyr*. The classic is a mother who says, "If it weren't for you children, I wouldn't have suffered so. You forget all I've done for you. And now everyone forgets their dear old mother." Often such a mother felt unloved and unlovable as a child. The mother's inner child is angry, frightened, and demanding. Now she thinks she can get love from her children only by force, primarily guilt. Her message to the son or daughter is, "If you don't do what I want, I'll feel terrible, all because you are so selfish and hurtful." To stop this "song and dance" the son or daughter has to say, "No, I won't do what you are asking, and it's your choice, mother, to suffer or be happy." You can't rescue your mother or father from her/his unhappy childhood. You can carefully explain your reasons for your actions, showing that you considered their wishes, that you love them, but you have a life of your own.

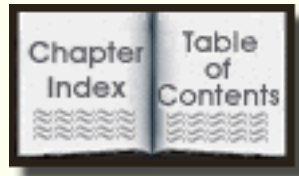
Having a weak, dominated parent may be a problem but even more serious is *a dominant, aggressive, authoritarian parent*, often a father. He/she feels like he/she owns the child. Often the child has been "bought off" with cars, clothes, college, vacations, a nice wedding, etc. The controlling parent's technique for keeping the child (even if 20 years old) down is to keep him/her dependent and insecure. This is often done by belittling the 20-year-old "child." "Be little" and helpless is the dominant parent's message. As a child or young adult, your inner child may fight, surrender, or join the tyrannical parent. The child who was a *fighter* may have had a bitter childhood and then marry someone gentle and passive only to resent the partner's lack of strength and to miss the joy of battle. The *surrenderer* may have been dominated and frightened as a child; they often become underachievers and generally unhappy failures crushed by the overwhelming parent. The *joiners* grab a little of the power by becoming aggressive like the parent or by joining the family business. They never challenge the authoritarian parent and, thus, are never free. The escape from all three of these problematic solutions is to first recognize the scared, angry, threatened little kid inside the authoritarian. How did he/she get that way? Was he/she a spoiled, pampered child? Or a child who got little attention without demanding it? Then decide what you can do: become aware that your inner child is frightened of the parent's inner child. Your reasonable adult will have to take control and end your defiant or "I'm worthless" or imitator song and dance. Be an assertive independent person and plan your own life; be the equal of the strong, critical, distrusting, controlling parent.

Another type of domination is by *a saintly parent* who tells you exactly what to do, feel, and think because it is "good" or "the right way" or "God's word" or "what must be done." Breaking this parent's rules causes shame, a feeling that we are bad or sinful, and arouses an appropriate concern that our parents won't like us. Eventually, you may have

serious troubles: you feel imprisoned, in conflict about what is right and wrong, rejected by others for being so rigid and judgmental, or burdened with lots of psychosomatic complaints. What can you do? Start questioning some of the old rules, using your own reason and life experience. Next recognize there is a scared child inside your saintly mother or father, i.e. that super-confident voice of authority is simply a little child inside saying, "my mommy (daddy) says..." and repeating what he/she heard from his/her saint (your grandmother or grandfather who repeated her/his saint's rules, etc.). Decide your own values (see chapter 3) and just hope your saint can accept you as an independent person who carefully plans his/her own life.

Other parents, according to Halpern, are unloving and narcissistic (self-centered). Others are over-loving and seductive (Oedipus and Electra Complexes). All have their own internal needs that drive them. If you are unloved, the major task is to learn to love yourself, recognizing your parent has a defect in his/her ability to love but it is not your fault. Seductive involvement with the opposite sexed parent causes trouble: guilt, anger, and jealousy; it alienates the same sexed parent and may interfere with establishing more mature and satisfying love relationships. For every problem, Halpern's solution is to learn to recognize the dynamic interaction between your needy, insecure inner child and your parent's inner child. Then deal with your parent in an independent adult manner. Reference to Transactional Analysis in chapter 9 should be helpful in understanding these dynamics. Sometimes a therapist is needed to gain this kind of insight.

Each of us develops and/or were assigned a role within our families. Often we grow up disliking several of the roles we adopted in our family. These roles may even continue whenever we return home years later. Some of these roles are: the clown that everyone makes fun of, the cute doll, the family failure or sad sack or black sheep, the one who always has a problem, the family genius or business success, the rescuer or therapist, mother's or father's helper, etc. You may be uncomfortable with the role the family continually assigns to you. But even if you like it (e.g. the doll or the genius), often you are only encouraged to interact in the one assigned way, as though that is all you are. It may take considerable awareness of what's happening and effort to interact differently in order to break out of your assigned family role. Life is bigger than just one role or one relationship with one parent. Breaking away from parents means being free to grow and develop new roles and relationships, as well as establishing good, new, and different relationships with both parents. Perhaps Halpern's book should be called "helping parents grow up."



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CODEPENDENCY

The term codependency, as first used in the alcohol treatment field, meant any person who's life was seriously affected by an alcoholic. Now the meaning has evolved and expanded. A codependent person today has two problems: (1) a disastrous relationship with an addict or compulsive person and (2) a disabling personal problem of his/her own, namely, an obsession with controlling or curing the other person which leads to frustration.

People who are codependent care a lot; they devote their lives to saving others who are in trouble. Sounds wonderful! But that isn't the full story. Codependency is *caring run amuck*. Melody Beattie (1987) describes codependents as angry, controlling, preachy, blaming, hard to talk to, subtly manipulative, amorphous non-persons, and generally miserable. Not exactly angels of mercy. They have tried so hard to manage someone else's life--to "save" them--but they failed, and sooner or later their life crumbled into bitterness, despair, guilt, and hopelessness. They became martyrs, tyrants, people-pleasers, clinging vines, distraught parents, 24-hour-a-day caretakers, etc. They have lost control of their lives.

Naturally, these "rescuers" are attracted to people who certainly need lots of help, such as alcoholics, drug users, con artists, habitual criminals, sex addicts, mentally ill, physically ill, and, perhaps, most unsuspectingly, selfish, irresponsible, troubled children or ambitious workaholics who need someone to support them while they "do their thing." The codependents of alcoholics have an organization to help them, called Al-Anon (call AA for information). Self-help groups for other types of codependents are available in some cities (call Codependents Anonymous at 602-277-7991). But codependents often do not recognize their responsibility for their own problems; they see only their gallant efforts to help an ungrateful, troubled person whom they now blame for all their misery. They don't see the choices they have made. Much has been written about co-dependency recently (Bradshaw, 1988; Kellogg, 1987; Wegscheider-Cruse, 1990).

The basic traits of codependents--caring and helping--are very commendable. However, the obsession with solving another person's problems becomes problematic (if their cures don't work). The codependent's basic personality problems seem to be excessive other-centeredness, i.e. needing others to be happy; a lack of clear-cut "boundaries" between them and the addict, leading to assuming responsibility for another's life; low self-esteem, self-

criticism, excessive guilt, and shame; anger, nagging, and threats; denial of one's own problems and need for love; unwarranted optimism about changing others; depression and an inability to accept reality. Some theorists say *shame* is the basic cause for addictions and for codependency.

When codependents die, they see someone else's life flash before them!

-Timmen Cermak

Beattie (1987) says *recovery from codependency is simple: detach yourself* from the other person, take responsibility for managing only your own life, and be good to yourself. Then she writes two books describing how to do that (the usual: build self-esteem, become assertive, overcome the barriers to intimacy, set goals, handle your emotions, etc.).

Detachment from another person does not involve rejecting the person, it is rejecting your feeling responsible for them. As Beattie explains, "detachment is caring without going crazy." To become detached from another person requires a clear notion of who *we* are, what *our* purposes are, and what limits we place on *our* involvement in another person's life. Being able to detach involves "having well defined boundaries." The boundaries between people may be very vague and fluid, especially in very close relationships, e.g. a mother or father may "feel for" a son as he struggles with a physical handicap or a daughter as she goes through the loss of her first love. A spouse may feel great pride as his/her partner gets promoted or graduates with honors. Our identification with our children or spouse may be so great that we "live their lives with them," experiencing their joys and problems ourselves. The boundary between their life and our life may be weak; in which case, their life invades our life; as a codependent, another person's life becomes our life...and we try to fix it.

Very dependent people have vague boundaries; they feel the need for others to "take over" and make them feel sufficient and whole. People who have been raised to be caregivers--or to feel unworthy of love unless they give a lot more than they get--tend to believe they should be strong and "take over" and take care of other people's problems (weak boundaries). If we have been controlled by someone, it may be unclear to us what parts of us are ours to control and what parts someone else has a right or needs to control (weak boundaries). Of course, our original bonds with our parents (involving weak or strong boundaries and major or minor control over us) have powerful effects on our relationships throughout life.

If a 25-year-old child or a spouse constantly gets into trouble, say some illegal activity, the weak-boundaried, codependent parent or spouse would continue to respond with dread and excuses for each offense (almost as if he/she had committed the crimes) and feel compelled every time (probably thinking "I can't let this ever happen again") to do

everything possible to buy the best legal defense to avoid punishment. On the other hand, the strong-boundaried, detached person would have regrets but hold the other person responsible for his/her illegal behavior, let him/her fend for him/herself, and let them take the consequences. It isn't a matter of codependents loving the other person more than detached people; rather, it is differing degrees of enmeshment or confused identification with the other person. It is a matter of trying to control someone else's life.

If you are a codependent and overly involved in running someone else's life, you need to withdraw and detach yourself. This is done by "setting limits" or "setting a boundary" with this person. In this way you clarify what you will and will not do for another person; you establish your rights and set the limits of your commitment to the other person (even if you feel you should do everything for them). Explain to the person you have been worrying that you have done all you can, that they must now care for themselves, that they probably need professional help as well as a support group, that you have, do, and will love them deeply, but you want to make the best of your own life. Then, get started immediately focusing on improving your own life. Find useful, interesting, important things to do (see chapter 3). Have some successes and some fun. (Be sure you don't go looking for another addict to take care of.)

How can you tell the difference between codependency and just being a good, caring person? Probably by your degree of involvement and the amount of pain you feel. Examples of codependency: If you only think and talk about someone else's problem, have a long history of unsuccessful efforts to rescue him/her or change his/her behavior, and always feel "I have to do something" to help a particular person, you are codependent and need to detach. If you have been terribly upset for months with a person's problems (or with a series of people with similar problems) and are thinking "I can't go on living like this" but you do, you are codependent and need to detach. If your lover has drained you of all your assets or your spouse has had repeated affairs or abandons you while "working at the office," and you are "going out of your mind" trying to hold on to him/her, you are codependent and need to detach. If you react with horror to the suggestion that you get out of this mess which is destroying your life, saying "Oh, my God, I couldn't do that; I care too much," you are codependent and need to detach.

If our self-concept is low and has weak, unclear boundaries, we may (a) be dependent, taken over, used, or manipulated by others, or (b) feel so identified with a needy person that we are compelled to take over and manage the other person's life. In the beginning, the codependent looks like a strong "savior" but in the end they feel crushed. If our boundaries are thick walls, no one can get close to us and we aren't open to change. Ideally, our boundaries will be strong enough to resist unreasonable, destructive demands (no matter how flattering they seem at first) but flexible enough to let in freely given intimacy and love. More self-esteem (chapter 14) and assertiveness (chapter 13) are needed if our boundaries are overly weak or overly strong. In therapy, codependents are repeatedly told the Three C's: You didn't *cause* it; you can't *control* it; you can *cure* it! In short, you can stop supporting

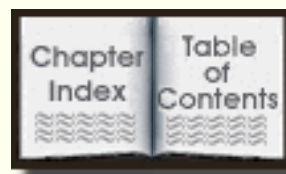
the addict's sickness and get a healthy life of your own.

Mental health professionals are rather critical of the addiction and codependency concepts. For one thing, psychologists often feel parents are unfairly blamed for these problems (and the shame-based inner child), rather than the environment or our culture. Other critics point out that women suffer most of the codependency and women are blamed for these problems, i.e. the victim is blamed. Also, critics point out that caring and loyal codependents are extremely controlled by others and, yet, the recommended treatment by writers in this field is often a 12-step program which teaches "I am helpless" and turns over all the remaining control over their lives to a "higher power." Instead, perhaps, they need to *take control themselves* of their lives and relationships. For more criticism of the codependency concept, see Tavris (1992) and Solomon (1994). The latter author attacks the emphasis on being independent by citing the benefits of mutual dependency or caring in love relationships. Healthy giving and loving support should not be confused with unhealthy codependency.

Melodie Beattie's books are considered "fairly good" by professionals, but many other books about codependency are not respected, especially if they take a very spiritual approach (Santrock, Minnett & Campbell, 1994). More help might be gotten from books about assertiveness and communication (chapter 13), interpersonal relationships (chapters 9 & 10), life-planning and decision-making (chapters 2, 3 & 13), building self-esteem (chapters 6 & 14), and anger or abuse (chapter 7).

[← Back a page](#)

[Forward a page →](#)



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BECOMING AN INTERNALIZER

Believing You Are In Control Of Your Life

In order to feel independent and free and responsible for what happens, you must see yourself as having some control over the situation, over your own behavior, and over the outcome of the situation. Otherwise, you see yourself as helpless and at the mercy of the "powers that be" or fate or chance. We have already discussed self-efficacy, i.e. faith in your ability to handle a specific situation, in chapters 4 and 5 (also see method #9 in chapter 14). That is important but doesn't need to be repeated here; however, the concept of internal or external locus of control does need to be briefly described because it is another important aspect of passivity and dependency.

Some people believe they are in almost complete control of what happens in their lives. They are called "internalizers" because they assume the locus of the controls over their lives to be internal, i.e. inside them (or inside the space ship you are in charge of). Likewise, Humanists and Existentialists believe that we are internalizers and have choices to make that determine what happens to us. Thus, we are responsible for our future and for what we feel.

Self-discipline is when you tell yourself to do something and you don't talk back.

-W. K. Hope

Other people believe they are not at all in control of what happens to them (these people feel like they are merely riding a space ship controlled by a control center far away). It seems to them that external forces, such as other people, fate, luck or chance, are responsible for what happens to them. Such people are "externalizers." At first, it may seem like externalizers would be hopeless, scared, and paranoid. Some are but others are optimistic and blissful because they believe "things happen for the best," life is guided by a kind fate and/or by God's will, or a benevolent God is looking out for them.

Many learning theorists, such as B. F. Skinner, believe that forces in the environment (including previously learned response habits based on rewards and punishment) determine what happens in our lives. This eliminates free will (meaning an undetermined choice--one which is of our doing at this moment and not explained by the environment or our past experience). Yet, many if not most people *feel as if* they make "free" choices and are in control. How could we get the belief that we are directing our lives if everything were determined by external factors (which I don't believe)? Because it "seems like" we are planning and directing our lives, at least some parts of it. I believe that is an accurate perception, but, in addition, research has shown that in certain circumstances there is a remarkable tendency to believe we are in control when we aren't. For instance, Langer (1975) sold \$1 lottery tickets. One half got a randomly selected ticket; the other half got to select their own ticket. Then she asked them how much they would sell their ticket for. The first group would take on average \$1.96. The second group wanted an average of \$8.67, presumably asking much more because they believed it was more likely to win. So it is quite possible to believe you are in control when you aren't. (And, as we saw in Seligman's helplessness research in chapter 6, the opposite may be true too: dogs and many humans too may believe they are out of control when they aren't. More on this later.)

Why might a person believe they have control when they haven't? This view provides hope (of winning the lottery, etc.) and makes the world less scary and more predictable and comfortable. Indeed, considerable evidence suggests we are more effective, more responsible, and happier when we feel we are partially in control, i.e. have made the decisions and carried out the plans for changing things (Deaux & Wrightsman, 1984). But, of course, it is usually impossible to know exactly how much of our good fortune is due to our efforts and how much is due to others, fate, or chance. It is, to some extent, a matter of "beliefs."

Several years ago Julian Rotter developed a simple but now famous personality test for measuring internalization-externalization, called the I-E Scale. It asks these kinds of questions in order to measure your beliefs about your control over life events:

1. Are most unhappy events in your life the result of bad luck or your mistakes?
2. Does it pay to prepare a lot for tests or is it impossible to study for most tests?
3. Can ordinary people influence the government or do a few people in power run things?
4. Do good friendships just happen because the chemistry is right or do friendships happen because both people are making attempts to get along?
5. Does it pay to carefully plan things out in detail or do most things just work out as a matter of good or bad fortune anyhow?

6. Is what happens to you mostly your own doing or are most things beyond your control?

Once you understand the concept, the internalizer answers are obvious, so you can get a good idea of how you would score on such a test.

What does being an internalizer or externalizer have to do with dependency? If we consider our internal cognitive processes, such as thoughts, skills, and decision-making, to be unimportant in determining what we do, it seems unlikely that we would become resourceful, self-reliant self-helpers. If we thought external forces ruled our lives, we'd do little but look for help from others, human service agencies, employers, government, God, or fate. Perhaps we'd adopt an Eastern philosophy that says the universe is unfolding as it should and our lot is to quietly, serenely accept whatever happens.

Beier and Valens (1975) have taken an attributional approach to this issue and described five common *targets of blame when things go wrong*: (1) other *people*, especially parents, siblings, friends, teachers, bosses or traits in others involving selfishness, hostility, stupidity, prejudice or other forms of maladjustment or malice; (2) *forces* beyond our control, such as the government, a lack of money or time, or fate; (3) *ourselves*, in the form of self-blame for physical appearance, size, inability, nervousness, temper and so on; (4) *objects*, such as defective or unreliable equipment--the late train, a computer error, etc.; and (5) *social-psychological circumstances*, including deprived or traumatic childhood experiences, poverty, poor parents, poor education and so on. These targets of blame, including self-blame (internal), become reasons for doing nothing because we see the problems as beyond our control. Surely this is one way to become pessimistic and passive.

On the other hand, believing we are in control of the situation has a powerful impact on our behavior. We try harder. Pain and fears aren't as disruptive if we believe we can control them to some extent. A dramatic but gruesome illustration of this was done by Curt Richter with rats. Wild rats are very good swimmers, being able to stay alive for 80 hours or so in water. However, if they are restrained so they can't escape and frightened right before being put in the water, many will die after a few minutes of frantic swimming. By the way, they don't drown; they just suddenly stop swimming and die. It is as if they give up. Yet, if just a few seconds before dying the rats are permitted to escape from the water, the next time they are put into the water they will swim 40 or 60 or 80 hours. They apparently have learned to have hope. We all need hope.

The little I-E Scale has resulted in extensive research (Lefcourt, 1976; Phares, 1976). Internalizers try harder to change their environment and to change themselves. This involves being more perceptive, gathering more information, remembering it better, and using more facts and care in decision-making about how to cope. Internalizers may be less likely to blindly follow orders; they are more likely to realize there are choices to be made and rely

on their own judgment. Of course, when internalizers fail, it is harder for them to say "it isn't important" or "it's someone else's fault" than it is for externalizers. Yet, externalizers are more anxious (lack of hope?).



Strong people make as many and as ghastly mistakes as weak people. The difference is that strong people admit them, laugh at them, learn from them. That is how they become strong.

-Richard Needham



Remember, regardless of how little confidence you have now in your self-control, there are some internalizer beliefs and some externalizer beliefs in all of us. Furthermore, how we see ourselves (internalizer or externalizer) may depend upon the situation and on whether we are considering successful outcomes or failures. Most importantly, as we gain self-control skills we become more confident internalizers.

There is a tendency, supported by research, to think of internalizers as being healthy and externalizers as being maladjusted. There is some logic to this; however, Rotter believed *extremes* in both directions were unhealthy. *Internalizers may overestimate their control* (there is no guarantee that an internalizer will be competent and some situations are unchangeable) and may be disappointed when they don't get what they wanted--and/or they may feel especially guilty and sad about failing. *Externalizers overlook their opportunities to influence* the situation and may feel unnecessarily helpless. Ideal, as I see it, would be to maximize your control where possible and, at the same time, increase your acceptance of the unavoidable (the Serenity Prayer).

It should be noted that other overlapping factors are important in accounting for our lives, in addition to the internal or external locus of control. For example, there are stable and unstable factors, like intellect is fairly stable but mood is changeable. Weiner (1980) concluded that stable factors influence our expectation of success even more than the locus of control. Naturally some of the internal factors are not stable--our talents and skills will vary from task to task, our effort or mood will fluctuate too, etc. Also, as one can see, there is a question about which factors are controllable (or intentional) and which are not, e.g. perhaps you can control how hard you try but you can't control other peoples' motivation or their ability.

As one might imagine, internalizers and externalizers prefer different kinds of therapy--and probably different kinds of self-help methods. Both respond to rewards but externalizers are not very motivated by the threat of punishment (Deaux & Wrightsman, 1984). Internalizers prefer a therapy in which they can actively participate and from which they can learn how to handle their own concerns. They probably incorporate self-help ideas easily because that is their natural inclination: "how can I use this to mold my world?"

Externalizers prefer a therapy that is directive or authoritative (Lefcourt, 1976). They have greater difficulty seeing the relevance of self-help and remembering to use the information. Once used successfully, however, the self-help methods should be self-reinforcing, even in an externalizer.

The explanation we have of our world is complex--but it is important in understanding how we react and feel about our lives, our selves and our future. Lefcourt (1976) says, "...man must come to be more effective and able to perceive himself as the determiner of his fate if he is to live comfortably with himself." To cope, you need to feel responsible and more in control.

How to become an internalizer

One way, if you had a choice, is to be born into a warm, protective, nurturing, middle or upper class family which models success and encourages independence and self-reliance. Other ways involve learning through experience and training that you can change things, that you have the ability to self-help and influence others, that the future is partly your responsibility. There is evidence that applied psychology courses and workshops, personally useful books, self-help projects, personal growth experiences, and certain skill-oriented therapies increase the internal orientation. This book is designed to give you control over your life, i.e. help you be a realistic internalizer.

To accomplish great things, we must not only act but also dream, not only plan but also believe.

-Anatole France

Learning Independent Decision-making

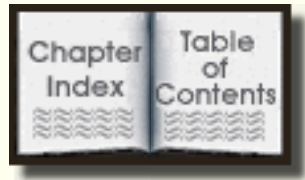
You can readily see the extent that our parents, institutions, culture, and peer groups and our own needs and history make decisions for us and control us. But, if you aren't making decisions, you are dependent. It is not simple to decide how and when to take charge of our lives. To many young people it seems that they must defiantly oppose everyone telling them "how to do things" or else cave in to the pressures from all sides. Fortunately, there is a middle ground because one person can not decide everything entirely on their own and, besides, many external influences incorporate the "wisdom of the ages" that should not be contemptuously rejected (Campbell, 1975). The middle ground is making our own decisions as best we can and as often as we can, but accepting established customs or well informed opinions in situations where we can not make a decision for ourselves.

When we are overly compliant, it means we are (1) discounting our own decision-

making ability, (2) denying the possibility that each situation is unique warranting an individualized decision, and (3) accepting the foolish notion that traditional social practices are based on all there is to know about the human condition. Surely, social attitudes about the "right thing to do" in 2095 will be as different as current attitudes are from 1895. However, no matter how logical it is to make your own decisions and be less conforming and more responsible, it isn't possible in every instance nor is it easy.

[← Back a page](#)

[Forward a page →](#)



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LEARNING TO BE YOUR OWN DECISION-MAKER

How do we learn best? The personal growth model

There are many ways to make a decision. Some people are so unsure of themselves that they try to think what dad or mom (or some other respected person) would do. Other people put off making a final decision. Deciding to do nothing is still a decision. Many people quickly make decisions, not bothering to gather much information. Some people seek advice from a favorite source or two. A few people know where to get relevant, reliable information, consider the pros and cons, and cogently make decisions. Some deciders gather such great volumes of facts that they get bogged down in the process.

Decision-making involves acquiring knowledge and comparing alternatives. It should help you to consider four decision-making or education models: (1) *self-directed, personal growth model*, (2) the *traditional education model*, (3) the *medical model*, and (4) the *super-guru model*. *Traditional* educators assume that the students know little about the subject and the teacher knows a lot. So, the teacher, having a full pitcher of knowledge, pours each student's empty glass full. Teachers oriented towards *personal growth* recognize that students have knowledge to share with the teacher and other students, i.e. they have pitchers of knowledge too. Each student in the self-directed personal growth model seeks out new knowledge and awareness for their own reasons, then they share that information so it can be used in life by others.

The *medical model*, like the traditional teacher, assumes that the expert--the doctor--has all the knowledge and makes all the decisions. The doctor diagnoses the problem, decides how to treat it, does the treatment, and tells you when you are well. The personal growth facilitator does not try to "cure" a "patient," instead he/she helps the other person acquire new needed skills or new outlooks for coping better. Medical model treatment starts with sickness and ends with a cure; growth may start with sickness or wellness and fosters improvement which never ends.

The *super-guru* model assumes that a guru--a therapist, teacher, writer, preacher, etc.--has the answer, a blueprint for living. In contrast, the growth model assumes that the good

life is more complicated than a simple prescription. In self-direction, optimal, creative growth involves the creation of your own values, dreams, and skills, and the avoiding of internal barriers to progress (Elliott, 1973).

As you can see, gathering information--and the way you go about doing that--is closely related to decision-making. In some situations, you may need a teacher who will simply pour out the facts you need. At times, where the decisions are very technical and you have no training, you must surrender your decision-making to an expert. Most of the time, though, you are better off gathering the needed information, listening to the opinions of others, and doing your own evaluation of the pros and cons for different alternatives. Granted, this is work, not the "easy way."

The major life decisions

As we're growing up, we make few major decisions. (Some made impulsively are mighty important, though, such as teenage pregnancy.) But, rather suddenly as a young adult, say 18 to 25, we are often confronted with several major decisions. We may have no one to advise us or we may get conflicting advice. If you ask young people, "What are the most important decisions you will ever have to make?" you get these answers: (1) whom to marry, (2) what career to choose, (3) when to have children and how many, and, occasionally someone mentions, (4) what values and morals to live by. Notice that all these decisions tend to be made relatively early in life, although marriage and children are being delayed more and more.

Ask students what decisions are most carefully and logically made, and they wisely admit: what car or sound system or house to buy. Ask what decisions are made under the greatest social-emotional pressure, and they say: sex and its unwanted consequences, like having an abortion or giving up the child or getting married prematurely. Ask what decisions are made almost accidentally, and they say: whom to date, choice of major (career), and getting pregnant. Clearly, there is a lot of room for improvement in decision-making.

I'm 47 years old and I've figured out what I don't want. All I have to do now is decide what I want.
-Anonymous

If you want a place in the sun, you must leave the shade of the family tree.
-Osage saying

Barriers to careful decision-making

It seems that the most important and pressured decisions are made with the least objective thought. The most careful choices involve cars, sound systems, and houses, where there are lots of technical facts and research, even though there isn't much difference between manufacturers, such as General Motors and Chrysler. In contrast, there are enormous differences among partners, careers, planned and unplanned children, etc.; yet, our selection process is sloppy where the range of choices is great. Why? Largely because strong needs and emotions interfere. As we have discussed, the strong needs for sex and love push us into marriage and/or parenthood. We may spend years in high school, college, and graduate school preparing for a career without even one day of actual work in our chosen field. Furthermore, we may have initially selected that life-long career because we liked one teacher (totally unrelated to the work). Likewise, chapter 3 tells us that the values guiding our lives are often hand-me-downs or pushed on us by parents, friends, or our subculture.


There are many stumbling blocks to good decision-making (Wheeler & Janis, 1980). First of all, we may *deny there is a problem* or assume there is no solution *or grab the first solution* that occurs to us. Or, instead of hastily making decisions, we may *postpone* making them. Kaufmann (1973) called this decidophobia, an incapacitating fear of making decisions.




When you have to make a choice and don't make it, that is in itself a choice.
-William James



Secondly, we *may not consider the long-range consequences* or values we want to achieve. More often, we overlook possible solutions because our thinking is inflexible or defeatist. People often *feel inadequate and this interferes* with good decision-making. For example, we are afraid to "date around" even as a teenager because we don't want to lose the current boy/girlfriend or we avoid dating certain people "because he/she wouldn't go out with me." We don't even consider certain careers "because it costs too much money to go to medical school" or "because I couldn't handle the math" or "because I get all upset by other peoples' problems." These are all self-putdowns. We must master the fears that interfere with good decision-making. We can do that (Marone, 1992).



What is more mortifying than to feel that you have missed the plum for want of courage to shake the tree?
-L. P. Smith



Thirdly, we do not take the time to fantasize about the best and the worst possible outcomes for each alternative in order to consider the advantages and disadvantages. We *do not gather all the information* (how will you and others be affected by each alternative? How will you and others feel about you?) and expert opinion needed for a wise decision, because we don't know how or don't want to bother. Often, it is wishful thinking that the solution will be quick or our intuition will give us an easy answer. Fourthly, we do not know how or take the time to gather the information needed to *carefully weigh all the alternatives*. Deciding is a complex process.

Fifthly, many of us *do not develop a careful plan for accomplishing our goals*; thus, undermining our efforts to change. It is common for people--even smart college students--to believe that deciding where to go is all they have to do to get there, e.g. they set a final goal but develop no specific action plan. They say, "I want to get all A's next semester" but give little thought to getting there. The wish or hope is there but the commitment to a realistic day by day plan is not. Perhaps we don't think detailed plans are necessary to achieve our difficult, long-range goals. Not only are there no plans of attack, there are no contingency plans in case things go wrong either. For example, the premed student, who gets such poor grades for *four* years that he/she can't get into Medical School, responds with "Oh, my God, what am I going to do now?" There must be some reason why we have such inadequate plans for our lives; we plan our spring breaks in Florida in more detail than we plan our careers.

Lastly, Wheeler and Janis say there are two common reactions when things go wrong: *immediately assuming the worst and impulsively adopting the opposite approach*. Examples: Two people decide to break up after their first disagreement. A couple have saved money all their lives until one middle-aged child "borrows" several thousand dollars for a boyfriend who disappears. They decide to spend all their money on a big home and travel. Both examples could be serious errors. Avoid making major decisions when you are very emotional. Let things settle. Figure out why things went wrong. With new knowledge and understanding, make decisions and plans again.

If we can recognize the smoke screens and barriers caused by our own emotions, we will be in a better position to make good decisions. Like other problems associated with dependency, it is helpful to have considerable experience before making major decisions (like who to marry), good skills so that one is assured of eventual success (like finding another lover) even if this effort fails, specific ideas and plans to make it work (not just "live happily ever after"), and generally a positive attitude towards ourselves (I'm a good, considerate, well organized person).

It is so sad to hear a 45-year-old person say, "I've never liked my work, but it's too late to change." Or a 25-year-old mother may say, "I married John because I wanted to get out of the house" or "because I got pregnant" or "because he was the basketball star but I knew he resented my being smarter." Or a 30-year-old father may say, "I married Jill because she was

a knock out before she gained 30 pounds having three kids, now we have nothing in common except the children." It won't do much good to advise a person in love to "wait," because the emotions involved are overwhelming. But, learning about yourself through personal growth and mastering the art of rational decision-making before "falling in love" could prevent a lot of human misery. It might take weeks or months of careful work to make a good decision about your career or partner but it is worth it (see Freud's comment below). Consult with experts and friends. See method # 11 in chapter 13 for detailed decision-making procedures. See chapter 10 for partner selection and chapter 14 for building self-esteem. How could one hope to become self-reliant and self-actualizing without becoming a good decision-maker? Decision-making is not merely a knack or a gift, it is a learnable skill and hard work. It may require intuition too, but logic, information, judgment, and mature emotional reactions are all involved.



When making a decision of *minor* importance, I have always found it advantageous to consider all the pros and cons. In *vital* matters, however, such as the choice of a mate or a profession, the decision should come from the unconscious. The important decisions of our personal life should be governed by the deep inner needs of our nature.

-Sigmund Freud



It has been said that the best way to decide what to do is to ask: "What seems right to do?" Don't ask, "What feels good?" or "What gets me the most?" or "What is the obvious choice?" When the decision is difficult, there is no one obviously correct choice. There will be clever arguments against every choice. So, as much as possible, do the right thing.

A student shared with me something like this; I modified it some. The original writer is unknown.

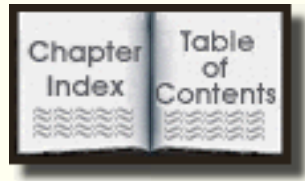
- When you have worked very hard to build something valuable, your contributions will be dismissed as soon as you are gone.
 - Work hard and build anyway.
- When you are empathic and caring, people will say you are manipulative and politicking.
 - Care and do good anyway.
- When you are seeking excellence, you will encounter closed minded, self-centered, and unchangeable people.
 - Seek excellence and achievements anyway.
- When you are active and optimistic, you will be criticized as being an unrealistic

idealist and opposed.

- Be positive and constructive anyway.
- When you seek noble ideals and strive to reach grand goals, you will be swamped with indifference, meanness, and greed.
 - Revere love and truth anyway.

[← Back a page](#)

[Forward a page →](#)



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EXTREME DEPENDENCY AND PATHOLOGY

Dependent Personality Disorder and Psychopathology

Some dependent people, called Dependent Personality Disorder, are so disabled and restricted that they can hardly function alone. For others the disability is less severe, e.g. there are people addicts who must be with someone almost all the time--for some only one person will do (e.g. a parent, spouse, friend, or child), for others anyone will do. In other cases, there is a compulsive "dependency" of sorts but it isn't considered a disorder, such as a highly effective workaholic or a teenager constantly listening to music. People can become addicted to or, at least, dependent on many other specific activities, such as sports or exercise, sex, religion, social activities, hobbies, TV, reading, music, cleaning, dressing, and so on. If you feel insecure and inadequate, then you are more likely to depend on someone or repeat some activity over and over that you are sure you can do. Feeling so inadequate that you feel you can't handle your life must be a miserable existence.

Masserman (1943) proposed that psychological problems, e.g. hypochondria, were a panic reaction to being powerless or feeling unable to cope. He believed almost any neurotic reaction, such as anxiety, social withdrawal, depression, etc., no matter how ineffective, was more comfortable than doing nothing about the real stresses we face. So, being tense or sad is better than being weak and dependent. It is interesting to note that feeling helpless or inadequate has been involved in every emotion we have discussed thus far--stress, depression, anger, and, now, dependency.

The *Diagnostic and Statistical Manual of Mental Disorders-IV-R* describes a diagnosable disorder called "dependent personality." The characteristics are:

1. Passively allows others to assume responsibility for major areas of life because of fears or inability to function independently (e.g., lets spouse decide what kind of job he/she should have).
2. Subordinates his/her own needs to those of persons on whom he or she depends.

This is to avoid conflicts and to avoid having to rely on self (e.g., a dependent or codependent person might even tolerate an abusive spouse).

3. Lacks self-confidence (e.g., sees self as helpless, stupid).

Research spanning 30 years (Greenberg & Bornstein, 1988) suggests that a dependent personality is at risk of depression, alcoholism, obesity, tobacco addiction, and a variety of physical and psychosomatic disorders (note all the "oral" activities). In spite of having many psychological problems, dependent people show a strong tendency to *believe that their problems are somatic* and, consequently, they seek professional help for physical problems or see their depression as a "chemical imbalance." When under stress, dependent people generally seek out others, rather than withdraw. For unknown reasons, if a girl is dependent as a child, there is a tendency for her to remain consistently dependent from early childhood throughout adulthood. On the other hand, passivity and dependency in boys and men are not nearly so stable or predictable. Possibly, we are just more accepting of passivity in women and make fewer efforts to change them.

What are the more common dynamics of dependency? You might see yourself or your friends in some of these speculations:

1. A person may become almost totally helpless, which, as noted in chapter 6, is a basis for feeling depressed. Therapists have observed that a dependent personality often precedes a depressive reaction.
2. Dependent people manipulate others. Getting people into doing things for us may be a self-deceptive way to deny our helplessness or a way to prove our charm or cleverness and/or others' gullibility or weakness. Correspondingly, many people love to have someone depend on them and look up to them; thus, they are easily manipulated: "I just have to be nice and flatter Mom or cuddle up to Daddy and they'll do anything for me." The last example is harmless enough, but the manipulation can involve "playing hard ball." For instance, an effective way to get care and attention from our parents or loved ones is to make bad decisions, be indecisive or irresponsible, and get in trouble. Dependent people learn that weakness and passive defiance are very powerful and difficult to deal with: "I'm powerful, I can drive them up a wall" or "They don't have any choice but to take care of me!" Like an attention-starved child, some dependent people act as though it is better to get in trouble than to be neglected. Sometimes, governmental systems encourage dependency: "It is better to have a baby and go on welfare than to stay in school and have to look for a job." If anyone cares about you, being "down and out" and helpless are powerful ways of getting help. Certainly, being compassionate is commendable, but compassion must strengthen the weak, not further weaken them.

3. Dependency may stem from an insatiable need for love or a need to prove one's importance: "Give me more proof you really love me" or "I want Mommy to love me more than she does anyone else in the world, even more than Dad" or "I want you to love me totally, like my Daddy did." We all have needs to be babied and cared for, of course. And, perhaps, we are all a little resentful that we aren't loved and nurtured enough (for our inner child). But it is only in extreme cases where we constantly demand proof of love.
4. Some psychologists point out the similarity between the fear in dependency and the fear in agoraphobia, which is a fear of being away from home and in crowds or open spaces where we have no support. Both can be intense fears that debilitate us.
5. Martyrdom and masochism may, in some cases, also be closely related. The subservient person who neglects him/herself while serving others "hand and foot" may feel taken advantage of and lead a life of suffering--that's a martyr. Shainness (1984), a female psychiatrist, has written a book, *Sweet Suffering*, describing the tendency of some women (and men) to fear authority and to put themselves down to such an extent that it becomes a form of masochism (an enjoyment of pain and degradation).
6. A common reaction to dependency is anger. Others may respond hostilely to our dependency and we may resent the dependency we see in others. Wouldn't you hate to be weak and considered rather helpless all the time? As we saw in chapter 7, sometimes long-term subservience results in a sudden outburst of violence but more likely it will result in continuing passive-aggressiveness ("I won't do anything as long as you're bugging me"). A resentful child or a disgruntled employee or student will passively (quietly) resist, e.g. the child will procrastinate ("I'll do it as soon as this TV program is over" but forgets), the worker just doesn't pay much attention, and the student pretends to like the teacher but talks about him/her behind his/her back.

Naturally, having someone constantly expect you to take care of them, especially if you feel they could care for themselves, will become irritating (unless you are a needy codependent). It may not be as obvious, but the weak, dependent person is also likely to subtly resent someone who always has more or is more capable or better organized. Resentment is associated with dependency in all directions, including feeling like a victim as we discussed in chapter 7.

7. Mutual unassertiveness or an unverbally compromised arrangement may be the easiest but not the best arrangement. For example, students implicitly strike a bargain with teachers, such as "if you don't make me assume responsibility for planning and controlling my own learning, I'll tolerate your dull lectures over the textbook. Make

it easy for me to get an A or B and I'll not criticize your teaching." A labor union and the management might compromise like this: "I'll let you have the money and status of being the boss if my workload is easy and if I *don't* have to learn about the business, make decisions, or take any other responsibility for running this business." Avoiding responsibility is almost always a form of dependency. If one person *accepts* responsibility (a boss or one spouse in child care or one sex in military combat) and another person *avoids* responsibility, it is hard to assume those two people are equals.

8. Dependency seems to be related to alcoholism, perhaps both in the beginning of the process (dependent needs lead to drinking) and at the end of the process (the disabilities of alcoholism force us to be dependent). Dependency is also related to cigarette smoking; the reasons aren't known.

Dependent people as psychotherapy patients

The dependent person is prone to a variety of physical and psychological disorders. Given the same degree of poor health, dependent people are far more likely to seek treatment than independent people. And, they behave differently from non-dependent people in treatment, e.g. dependent personalities react more positively toward the doctor and comply more fully with doctors' orders; they are more perceptive of treatment procedures and other people; they request extra help and useful information about themselves; they stay in treatment longer (Bornstein, 1993).

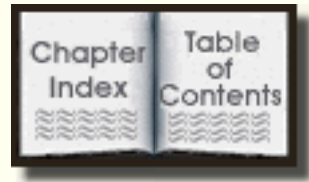
The dependent person is in many ways an ideal patient: quick to come in, observant, cooperative, positive, eager to get treatment, eager to please, etc. The problem is that dependent people will resist terminating this nurturant relationship with a caring, giving authority figure. They often get worse or have a crisis near the end of therapy.

How will a dependent personality react to self-help? An interesting but unresearched question. Probably they would much prefer to interact with a supportive professional than with a self-help book. They may be drawn to a self-help group and become a perceptive, active, helpful group member. But, as in a relationship with a therapist, they are likely to resist making real changes in their lives and may be very reluctant to leave the group. Regardless of whether you are in therapy or doing self-help, you have to confront your dependency. Dependency has many payoffs; you must be willing to give them up before much self-improvement can be made.

Now we will turn to the self-treatment of passivity and dependency.

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METHODS FOR BECOMING MORE SELF-RELIANT AND INDEPENDENT

Overcoming Dependency: Becoming More Self-confident, Self-reliant, Assertive, and Independent

The *major self-help methods* in this problem area are: assertiveness training, problem-solving, and decision-making skills training, building self-esteem, and gaining insight into the causes of our dependency. As in the other chapters, the methods will be discussed by levels.

Level I: Changes in behavior and thoughts

If you have learned to be a follower or to be submissive and indecisive, you might try the following.

Reward your own independent goal setting, planning, and action. This involves more than reading a self-help book like this one. Just reading does not necessarily involve taking responsibility for changing nor does it prove that you can actually improve yourself. You must initiate a plan of action and carry it out successfully before you can truly believe you are capable and independent (method #16 in chapter 11). Practice self-control over and over, using different methods, until you believe you can change things. Several behavior modification studies, using positive reinforcement, have reduced dependent, helpless behavior (Hickok & Komechak, 1974; Harbin, 1981).

Independent behavior can be learned from models. For example, Goldstein, et al. (1973) tape recorded 30 situations and illustrated independent and dependent responses to each situation: You and your partner arrive home late. You are searching for your keys but can't find them. Your partner says, "Why did you have to lose your keys now?"

Independent response: "Well, where are *your* keys?"

Dependent response: "Do you remember where I put them?"

Or: A friend asks you to buy a particular gift for her mother while you are downtown. However, you buy a different present because the one she wanted was sold out. She says, "I think it's ugly!"

Independent response: "Then *you* should have gone yourself."

Dependent response: "I'll exchange it for you."

The subjects were rewarded for choosing the independent response as what they would actually say. After this brief exercise, the subjects (dependent males and females) selected more independent responses during the post-test than they did during the pretest, but it is unknown if they changed in real life.

A self-helper could make up his/her own situations and think up good independent or assertive responses. You can practice the independent responses either overtly or covertly (imagining how you would handle the situation). It is more effective if you improvise and add your own details as you rehearse (Kazdin & Mascitelli, 1982). It would also be helpful to develop self-instructions designed to prompt, guide, and reward independent action and assertive decision-making (method #2 in chapter 11).

As you come to recognize your passive-dependent thinking, e.g. externalizer thinking, poor decision making, and excuses for being conforming and unassertive, **use relapse prevention methods to avoid reverting to weak, passive-dependent responses** (method #4 in chapter 11). Expose yourself repeatedly to situations where it is tempting to "just go along" or where someone will take care of you, *but* don't give in, make your own decisions, do what you think is best, and take care of yourself.

If you depend on or defer to specific people, **avoid those people** so you have to be self-reliant. Piaget (1991) has written about how to stop people from running your life.

Level II: Handling the emotions

If you are inhibited by self-doubts and fears, if it is stressful for you to confront others, if you feel unable to control the situation, if you'd just rather let others decide, if you are in awe of people in authority, if you enjoy being cared for and "helped," there are several things you can do.

Fears and self-putdowns keep us weak and submissive. As we learned in chapter 5,

to overcome them, **fears need to be confronted** --faced and conquered, perhaps by desensitization (methods #6 or #8 in chapter 12) or simply by carrying out the scary but desired behavior over and over. Thought stopping (method #10 in chapter 11) can curtail the self-putdowns.

Passivity. Passive, compliant, dependent people hold back most of their negative emotions because they fear alienating the people on whom they are dependent. They suppress feelings "to keep the peace." They rationalize being quiet and overly nice. They may avoid "feelings" so much they are not even aware of the emotions raging inside of them. The outcome of the suppression may be unfortunate; sometimes such people are said to be "emotionally constipated." Their emotional dishonesty may on the surface enable them to appear well adjusted and self-controlled but they may be hurting inside. Moreover, the unhappy situation will continue if no action is taken. Before a person can become assertive--or even happy--he/she may have to **reclaim and tune in to the emotions inside**. A variety of therapies (Ramsey, 1978; Pierce, Nichols & DuBrin, 1983) have suggested ways of relearning how to emote, how to become whole again. **Try venting your feelings**, as described in method #10 in chapter 12.

Remind yourself. Since dependency is comfortable, you may need to constantly remind yourself of the unwanted long-term consequences of remaining unchanged: resentment of being dominated and/or weak, low self-regard, no life of your own making, loss of respect from others, the unfairness of people taking advantage of you, etc. Make yourself unhappy with your conformity, dependency, and passivity.

Improve your ability to cope. The feeling of helplessness can only be countered by improving your ability to cope and your awareness of that ability. By willfully changing your environment and your own behavior, you start to see yourself as a self-helper, not as helpless.

Expect only gradual changes. Most of the time we can't suddenly become decisive, assertive, and independent. Failures and backsliding are part of learning; don't awfulize and be overly critical of your mistakes. Be gentle but firmly assertive with yourself.

Level III: Becoming skillful.

If you feel you can't make decisions or stand up for yourself, skills are needed to be independent, decisive, and self-assured. The self-help methods at this level are probably the most useful, powerful, and relevant to counteracting passive-dependency.

David Weikart has researched the long-range effects of early childhood education which emphasizes independent thinking (in 4-year-olds!), problem-solving, and sharing their self-help plans and progress with others. Ten years later, at age 15, these students had

better family relations, more part-time jobs, less delinquency, less drug use, and a greater sense of personal control than similar students taught obedience and conformity in preschool (Remley, 1988). Don't overlook the importance of skills and attitudes. If ordinary 4-year-olds can learn this stuff, so can dependent, insecure adults.

Make your own decisions. Making your own decisions is obviously vital to "being your own person." The importance of these skills has already been discussed in this chapter and the detailed steps for making decisions are given in method #11 in chapter 13. **Teaching personal problem solving skills**, much like in chapter 2, has been shown to be effective with dependent clients (D'Zurilla & Goldfried, 1971).

Be tactfully assertive. Being tactfully assertive is the crux of effective relating (Jakubowski & Lange, 1991). Assertion is the opposite of conformity, passivity, blind obedience, etc. discussed above. If you can't meet others, speak your mind, express your feelings and preferences, ask others to explain themselves, give and accept compliments, talk about yourself, and disclose your real self to others, you need assertiveness training as described method #3 in chapter 13. Also see **self-disclosure training** in method #6 in the same chapter.

Research has shown that it is important to identify the exact situations where you have trouble being assertive. A person is seldom unassertive in all ways, just in certain areas. There are six common problem areas: (a) objecting to being taken advantage of, (b) expressing positive feelings, e.g. praise or affection, (c) wanting to approach someone, (d) complaining about a service, (e) expressing a different opinion, and (f) refusing an unreasonable request. You need to practice giving specific responses in troublesome situations relevant to you, because practice in one area doesn't help in other areas. If possible, also get feedback from someone who can provide a model of assertiveness for you and reinforce your good responses.

Furthermore, the assertiveness training needs to be modified according to the reason for your problem, for instance (a) you might not know when it is appropriate to be assertive, (b) you may be afraid of what might happen if you became assertive, and (c) you may not know how to be assertive (MacDonald, 1975). Chapter 13 deals with each of these problems, but you must diagnose your own needs and situation.

Please note: no matter how skillful you become, the other persons' positive reaction to your new assertiveness is not guaranteed. Indeed, they may become aggressive, walk out on you, or have some other unwanted response. Be prepared. Also, there is some evidence that the untrained spouse of a person in assertiveness training becomes *less* effective and *more* anxious socially (Kolotkin & Wieliewicz, 1982). So, as you gain communication skills, be sensitive to any difficulties your partner is having. Perhaps both of you need assertiveness training, e.g. your partner may need to tell you "no, you can do it all by

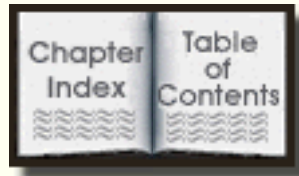
yourself."

Practice is necessary. In learning any skill, as you know, practice is necessary. You can practice new ways of relating with others by imagining yourself saying and doing specific things, but better than that, you can actually practice new ways of acting with a friend or in a group or class, and, eventually, in the real situation. **Role-playing** is one of the best ways to start if you have a good friend or a helpful, understanding group you are comfortable with. See method #1 in chapter 13. Eisler, et al (1974) successfully treated passive-avoidant husbands with critical wives by role-playing common fight scenes and teaching the husbands more assertive ways of responding. Note that in this study, as mentioned above, assertiveness training using other situations (not related to their marital problems) was *not* helpful, so practice the exact behaviors you need to learn.

Learn leadership skills. As Benjamin Franklin observed, "All mankind is divided into three classes: those who are immovable, those who are movable, and those who move." Only the movers--the leaders--are growing and changing things. If you are tired of being a follower, a cog in a wheel, a hired hand, then you need to take the initiative and learn to lead, to move things along. By **learning leadership skills** you are preparing to move into more responsible positions (see method #15 in chapter 13). These traits are also discussed in chapters 9. You may first need to get out from under the control of others before you can become your own boss (Piaget, 1991).

"I" statements. Anyone who has a problem relating to another should be familiar with "I" statements. The overly dependent person should become an expert in communication, noting exactly how he/she influences others and gets them to meet his/her needs. "I feel _____" statements can certainly be used to maintain our own dependency, but they can also be the most effective and tactful way of asserting oneself and being independent. See method #4 in chapter 13.

The low key, compliant, unassertive person will profit from knowledge and communication skills, such as **persuasion methods**, as well as assertiveness. The more knowledge and experience you have, the more appropriate solutions you will be able to conceive. But, how and when you present those ideas--the effectiveness of your communication--will largely determine how influential you are. See method #16 in chapter 13.



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METHODS FOR BECOMING MORE SELF-RELIANT AND INDEPENDENT

Level IV: Self-concept, attitudes, expectations, values, and motivation.

If you have few values and goals of your own, if you feel inadequate and helpless, if you believe fate or other people are guiding your life, if you truly believe others are more important than you, if you only want to sacrifice and support others, it is not possible to be an independent, self-reliant, self-actualizing person.

Guiding principles. To be self-directed requires certain guiding principles --a personal philosophy of life--that are constantly used. Our major **life goals** and objectives should be clear to us. See chapter 3. Ask yourself: What needs to be changed in my family, my school, my job, my town, or the world that I'm not helping with? Do I have my priorities straight? Why am I not asserting myself? Are these answers valid or excuses? How can I remove the barriers preventing me from doing what I think I should? Most of us probably need a mission or a cause to spur us into action.

Stand up for your rights. One of those principles-to-live-by is that "all persons should be dealt with as equals." This isn't just a nice quotation; it is something you must really believe and act on to be assertive. You have equal rights within a marriage, a family, a friendship, an organization, within school and a place of employment. If you find yourself discriminated against, you have a right, indeed an obligation, to **stand up for your rights** and the rights of others. Insist on being equal, not superior or inferior.

Build self-esteem. A good self-concept and self-acceptance greatly facilitates independence. How can you be self-directed if you think you are unimportant, stupid, or bad? Why would anyone follow you if you didn't have confidence in your ideas and like yourself? There are many **methods for building self-esteem** (Canfield & Wells, 1976; Susskind, 1970) and for correcting the irrational ideas that lead to excessive self-criticism (chapter 14). You need some self-confidence before you will allow yourself to manage even a small part of your life. As confidence grows, you can take control of more and more.

The development of a "can do" spirit is not just changing your thinking. The fact is that self-confidence is gained by practice, from *doing*, from trying out one's skills and succeeding. It is vital to try to do for yourself, to work alone and enjoy being by yourself, to give help as much as you get help, to speak out and stand up for your ideals against opposition, etc.

The correction of self-critical ideas is facilitated by understanding the source of your ideas. For instance, Wolfe and Fodor (1975) use Rational-Emotive therapy in assertiveness training groups for women. As the group members re-experience and/or role-play recent unassertive episodes, they try to remember "early childhood messages" and "what they were thinking in the recent situation." The focus is on the old **internal belief systems (irrational ideas)** that interfere with expressing yourself, usually self-putdowns:

Irrational beliefs

- a. "I shouldn't hurt anyone's feelings, especially my parents. I must visit them over the holidays; if I don't, they'd say I was being mean and uncaring."
- b. "It is better to avoid trouble. If I complain, it will just create tension."

Early messages (female socialization) that cause the ideas above:

- a. Women are supposed to take care of others' needs before their own.
- b. If I'm real good, other people will take good care of me and love me (the Cinderella story).

Ideas which challenge the above beliefs:

- a. Is it really "hurting others" to consider my own needs and preferences equal to others' needs? I am equal!
- b. Who said life is easy? Who believes that justice always comes to the person who is good and quiet? Challenging tradition and "the way it's always done" may be stressful but beneficial and fair.

Many of these irrational beliefs lead us to expect a catastrophe to occur if we are assertive. Thus, these erroneous ideas stop us from acting. We can discover these ideas we carry constantly in our own heads are not true (but only by taking risks).

Furthermore, by **learning many other new self-help skills and attitudes**, by using these skills for self-improvement, you can change your self-concept to being decisive,

effective, fair, self-sufficient, self-controlled, likable, skilled, and considerate of yourself and others.

Defeatist attitudes can also be reduced. Defeatist attitudes are corrected by honest self-disclosure--by learning that others are like us, that our feelings, opinions, hopes and problems are accepted by other people, and that some of our self-critical ideas are wrong. **Supportive groups** or friends or therapists are very helpful for getting through the initial steps of self-doubt and intimidation (Millman, Huber, & Diggins, 1982). Having fantasies of coping effectively by yourself can overcome self-doubts associated with dependency. But remember, you must behaviorally become independent before you are "cured."

Level V: Awareness of the driving forces within you.

If you are passive and dependent because you are too immature or irresponsible to manage your own life, realizing that should be sobering and provide motivation to change. If you are weak and helpless so you will be taken care of or attractive to dominant men or nurturing women, you have settled for a dependent, subservient way of life, perhaps without carefully weighing the long-term pros and cons. If your helplessness is to punish yourself or to frustrate someone else or a way of saying "don't expect much of little old me," an awareness of those payoffs might be painful but liberating, allowing you to make better use of your capabilities.

Recognize there is a child in all of us that wants to act impulsively and delights in being nurtured and pampered.. A more mature, rational part of us has to regulate the child so that it gets indulged occasionally but doesn't dominate our lives. It helps to be in touch with the child. See chapters 9 and 15.

Recognize that the inner child gets its way by providing us with excuses for being passive-dependent rather than strong-assertive (see earlier discussion). The inner child shuns positive thoughts about ourselves (it is "arrogant" or "selfish" or "contrary to God's will") and encourages weak, needy thoughts. The inner child is selfish and insensitive to the needs and rights of others ("it's not my job," "nothing can be done," "it's the victim's fault," and "I'm too busy right now"). Detecting our rationalizations and childish needs are a major part of becoming self-controlled. Refer to Snyder, Higgins and Stucky (1983) for a complete discussion of **excuses**.

Observe the antecedents and consequences. Observe the antecedents and consequences (method #9 in chapter 11) of your submissiveness, your deference to authority, or being a martyr. Look for the payoffs. Try to **figure out the origin of this behavior** --did you have a dominant parent? or a dysfunctional parent? Were you taught that good girls (or boys) should be quiet and obedient? Were you the "caretaker" as a child? Were you the "spoiled" child? Are you angry and afraid to let feelings out? Are you self-punitive and/or enjoying your suffering?

Also record your thoughts that lead to submissiveness or "going along to avoid conflicts" and so on. Some people think that many of us attempt to "read other people's minds" and then do what we think they want. The trouble is we are frequently wrong (when mind reading) and, consequently, we may end up *doing things with other people that no one wants to do*, just because no one said, "I don't think I want to do that."

Read about the dynamics of dependency. Insight can come from **reading about the dynamics of dependency** --the need to be cared for, the fear of authorities, a way to exercise power, a hostile using of someone, seductiveness, etc. Unconscious motives are easier to understand in others but that understanding can, with patience, be applied to ourselves. Several excellent references are cited in this chapter, such as Halpern (1976), Piaget (1991), and Shainness (1984). Thoele (1994) offers encouragement to be your own person.

On a morning talk show, J. R. of Dallas fame said: "Many women say, 'My father--or my husband-- is just like you!' and when I say, 'Doesn't that bother you?' they respond, 'Oh, no, I love it.'" They love the male arrogance and domination of others?

Become more sensitive to the relationships that often have a master-slave aspect to them: parent-child, teacher-student, husband-wife, boss-employee, male-female, seducer-seducee, authority-client, minister-parishioner, doctor-patient, coach-player, senior-junior, urban-rural, wealthy-poor, smart-dumb, attractive-ugly, etc. There is no reason those can't be equal relationships or, at least, more equal than they have been. Remember Frederick Douglass's famous cry to slaves: *The power of a tyrant is granted by the oppressed*. Furthermore, as the military says, familiarity between unequals breeds contempt. So, be everyone's equal.

Final comments

While I have chosen to deal with dependency in a separate chapter, it is an area with close ties with other emotions and personality traits. In many ways, conformity and compliance may just be the calm, tolerant, flexible end of the anxious, hostile, rigid dimension. Perhaps conformity is, in many cases, simply adapting easily to others' needs and whims. In other ways, the weakness of dependency and the selflessness of conformity seem the opposite of self-actualization, i.e. joyfully finding your real self and maximizing your potential (see next chapter). Like most aspects of personality, compliance and dependency are very complex and different from person to person.

Perhaps the greatest overlap is with depression (chapter 6) because dependency is closely tied to helplessness. Like "learned helplessness," the dependent, compliant person

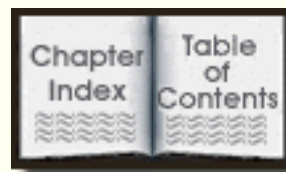
sees no alternative way out. They need to learn to say to themselves, "I can handle this myself" or "I don't have to agree with everything someone else says." They need to challenge self-limiting ideas, such as "I could never do this without _____'s help," or "I'd be scared to move a long way away from my family" or "Oh, I'll never make it without all the good luck I can get." Take charge. Test your ability. See if you can't accomplish much more than you have thought you could. Build your optimism and self-confidence (see methods #1 and #9 in chapter 14).

Because shame is thought to underlie the addictions and codependency, there is a strong tendency in this area to blame parents ("dysfunctional families," "toxic parents," etc.) for our problems. There is also great emphasis on 12-step treatment programs. Certainly, understanding the origin of our difficulties is useful, but instead of merely parent bashing, we would profit more from recognizing our reaction to parental anger, fears, over-protection, domination, punishment, abuse, emotional disturbance, etc. Not all abused, neglected kids have problems; some find ways to adjust. We need to understand *our* reactions to good and bad circumstances; then become survivors and copers.

Some therapists believe blaming our parents and going to 12-step groups are not as helpful as it could be. These critics (Tessina, 1993) say the emphasis is unduly on past troubles and misdeeds--not on new skills, new views of the situation, new expectations and goals, new plans for changing your life. No doubt that is true--it would be delusional to believe that current 12-step programs will remain the best possible treatment for the next 50 years. But 12-step programs serve many people well (at low cost); they are a good "first effort," a place to start, and they provide many effective procedures. Researchers need to find additional treatments to add to the 12-step programs. Unfortunately, some people's devotion to and *dependency on old methods* as well as a fear of change may inhibit the development of even better treatment methods in this area. Research is just good thinking.

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UNDERSTANDING OURSELVES AND OUR RELATIONSHIPS

The chapter starts with several general descriptions of human personality and its development. Then relationships are discussed, including "games" we play, family relationships, and the long-term effects of childhood experiences. The chapter ends with a review of common interpersonal problems, the difficulties we have keeping relationships together, and the continuing conflicts between men and women (love and sex are in the next chapter).



Introduction



Personality--the major types

- Ancient theories about types--Enneagram
- Modern theories--Myers-Briggs and Jungian Types
 - Modern theories continued
- Other personality types



Understanding the parts of our personality

- Parts: Parent (superego), Adult (ego), and Child (id)
- Keeping the parts in balance
- Other parts and motives--Jung, Adler, Allport



Theories of development: becoming a person

- Table 9.1: Stages of life



Personality involves relationships with self and with others

- TA's Life Positions
- Life Scripts
- Other human needs



Traits of a mature, self-actualizing person



Self-understanding can come in many ways

- Getting to know your inner child
- Talking to your "parts"
- Reading for self-understanding: Bibliotherapy



Relationships with others

- Why are so many relationships unhappy
- The "games" we play with others
 - Put downs of others
 - Put downs of one's self
 - Ego-boosting
 - How to stop game-playing
- Other self-deceptions: excuses and self-handicapping
- People cause our problems and provide relief
 - Sources of help: Friends, family, self-help groups, therapists



Relationships within the family

- The family
- Child-care--useful references (and a little history)
- Problems within the family (Satire)
- Increased role for fathers
- How psychological problems begin (parent blaming?)
- The causes and results of alcoholism and abuse
 - Alcoholism, neglect, and abuse
 - Sexual abuse, incest

- Table 9.2: The effects of childhood experiences & poor parenting



Common interpersonal problems and needed skills

- Fear of approaching someone
- Handling the first few minutes
- Conversing and making friends
- People addicts and people haters
- Self-disclosure and self-acceptance
- Misunderstandings--checking out your hunches
- Empathy responding



Sustaining long-term relationships

- Why we can't communicate
- Being taken for granted
- Resolving conflicts
- Control of and by others
- Unconscious controlling of others
- How to handle difficult people
- Driving each other crazy



Competition and feeling superior to others

- Gender differences in values, purposes, and orientation
 - Competition vs. cooperation (values)
 - Developmental differences: Male aggression & female loss of self-esteem
 - Male-female differences in conversation (commun. problems)
 - Women's ways of knowing
- Society establishes gender roles for men and women
 - Gender roles for women; problems
 - Gender roles for men; problems
 - More male-female differences
 - Learning our gender roles
 - Misunderstandings between men and women about sex roles
- Chauvinism

- [Chauvinism as a nation](#)
- [Chauvinism as parents and in child care](#)
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INTRODUCTION

Understanding ourselves probably aids self-acceptance, self-control, and good relationships. But self-understanding only comes from interacting with others; we know ourselves in comparison to others. So, the two--self-awareness and insight into relationships--develop together. Indeed, we have a relationship with ourselves as well as with others. Jo Courdet in *Advice From A Failure* observes: "Of all the people you will know in a life time, you are the only one you will never lose." This relationship with the "me" inside is crucial; the better we know ourselves, the better we know others, since our perception of our own self provides us with our primary means of understanding all other humans.

Thus, this chapter, of necessity, explores both our "personality" and our social interactions. For most people, this is the "crux" of psychology. Of course, we need to know ourselves. But interpersonal relationships are the most important part of living for most of us, i.e. our family relations while growing up, our teenage friends and early loves, our serious romances and marriage(s), our children and grandchildren, our close friends and colleagues, and so on. This is the heart of life--for better or for worse. This chapter reviews information useful in each of those parts of life, and the next chapter deals in greater depth with the most intimate relationships--dating, sex, marriage, and divorce.

Earlier chapters have already dealt with some of the major features of our personalities and our interpersonal relations: values, habits, anxiety, sadness, anger, and dependency. So if you need help deciding what to do with your life or what will raise your self-esteem or what can reduce your prejudice or how to control your stress or anger, see those previous chapters. This chapter focuses more on common, normal development and relationships. To some extent it is a catch-all but all-important chapter covering various topics about understanding ourselves and our relationships.

The chapter starts with several general descriptions of human personality and its development. Then relationships are discussed, including "games" we play, family relationships, and the long-term effects of childhood experiences. The chapter ends with a review of common interpersonal problems, the difficulties we have keeping relationships

together, and the continuing conflicts between men and women. Select the topics that interest you at this time.

Personality Theories

Ancient theories about personality types

Scientific psychology, like many modern disciplines, tends to discredit anything discovered or written more than a few years ago. Actually, it is enlightening and humbling to know about the personality theories of many years ago. An old theory has recently surfaced. It is the **Enneagram**, which may be 5000 years old, i.e. 2500 years older than Buddha, Confucius, and Aristotle and 3000 years before Christ. This psychological folk wisdom was developed in the Middle East and passed along orally, probably by minstrels as well as Jewish and eventually Christian and Moslem teachers, and certainly taught by the Sufi masters. The theory describes nine different personality types, hence the name Enneagram (ennea means nine in Greek). These character types make sense today; they are as complex and sophisticated, including unconscious needs and drives, as the currently popular lists of personality types described later.

The purpose of the Enneagram was and is self-enlightenment, partly by discovering the hidden driving force--an unwanted compulsion--which underlies your surface personality. Indeed, it is assumed that your visible personality traits were developed to conceal your "sinful" compulsion from yourself and others. The nine personality descriptions are far more richly detailed and prescriptive than I will be able to provide here, but this will give you the idea and whet your appetite (see Beesing, Nogosek & O'Leary, 1984; Palmer, 1990; Riso, 1990):

Type #1--The *we-can-do-better inspirer*: wise, conscientious, idealistic, hard-working, and perfectionistic. It bothers them when things are not done "the right way," so when frustrated they may become critics of others and of themselves. Their underlying drive or compulsion is *to avoid anger and avoid being wrong or criticized*. It is important for them to be right, to maintain control over their emotions, and to not receive anger or express it. However, few things or people are perfect, so life is never easy for them.

Type #2--The *good Samaritan*: compassionate, attentive, empathic, warm, caring, and constantly giving. May become so concerned about "preaching" love that they overlook actually helping, but always have lots of good intentions. Their hidden compulsion? Neediness. They have strong *needs to be needed*, appreciated, and loved, but they want to avoid recognizing those needs. Nothing is done without a reason, not even by the "selfless" giver.

Type #3--The *go getter*: confident, high self-esteem, ambitious, inspiring achiever.

May become overly competitive, wanting to always come out on top, continually trying to impress people. Their compulsion is *to avoid failure* and rejection, which forces them to work hard for success. They believe their personal worth is determined by their achievements.

Type #4--The *creative person*: artistic, sensitive, in touch with feelings, true to self. May become moody, easily hurt, and socially or emotionally withdrawn, feeling emotionally overloaded and different from others. They are striving *to avoid being ordinary or defective*; they want to be special and unique; they sometimes feel deeply but more often "on stage" or like an impostor.

Type #5--The *learned one*: intelligent, logical, loves being alone and learning, original thinker. May become absorbed in abstract trivia, proving their own theory, or counter-attacking criticism. They are attempting *to avoid being empty*--empty of knowledge and understanding of the world, empty of answers when asked a difficult question, and empty of opportunities to learn more. Absorbing knowledge is their addiction, not using knowledge.

Type #6--The *dependable, admiring follower*: likable, engaging, friendly, loyal, trustworthy, concerned with making friends. May become indecisive and insecure but remains devoted and a "team player." Their compulsive fears are of rejection, being alone, and especially condemnation by an authority figure. Their drive is to follow all the rules, to be approved, and *to be secure (without becoming self-reliant)*.

Type #7--The *happy hedonist*: enthusiastic, practical, playful, accomplished, enjoying life, knows and wants the best of everything. May become materialistic, hyperactive, easily frustrated, and compelled to buy new "toys" and find new ways to have fun, including alcohol and drugs. Their fear is of deprivation and boredom. Their compulsions are *to avoid personal pain*, not even see it in others' lives, to put off anything unpleasant, and to have more of everything. Life should be fun.

Type #8--The *conquering hero*: strong, assertive, "can-do" attitude, loves challenges, natural leader, champion of causes. May become a risk-taking entrepreneur or a righter of wrongs, intimidating or "having it out" with others and feeling he/she must get his/her way. The driving force underlying this personality is *a fear of being dominated or the avoidance of weakness*. They favor radical change (by them).

Type #9--The *complacent pacifist*: accepting, patient, unpretentious, open, relaxed, just a nice reassuring person. May become too submissive or accommodating, too self-effacing, too indifferent, and falsely reassure others in order to gain peace at any price. They *fear conflict and separation from others* due to conflicts. They will do anything for harmony, even deny reality. Their approach is: "What's the big deal anyway?"

The best way to use these nine brief descriptions is to go back through the list and identify your basic personality type by noting primarily *the positive characteristics* because that is what we know best about ourselves. Then, your insight should come from noting the underlying (unconscious?) fears and compulsions of your personality type. Next, you need to spend a lot of time considering possible ways your hidden fears or desires have influenced your life. By becoming more aware of these hidden needs or forces within you, perhaps you can see yourself in a different light and find better ways to cope with your problems. I'd encourage you to read more about the Enneagram personality types.

Judith Sills (1993) takes a similar approach; she argues that good qualities often have unwanted side effects or "excess baggage." Examples: a well organized person may insist that things be done his/her way; a bright, informed person may so need to be right that he/she can't admit being wrong; a person with noticeably high self-esteem may feel superior; an interesting, warm, engaging person may be driven by strong needs to be the center of attention; a person who constantly fights injustice may need to criticize and express anger. It is common to speculate about these kinds of internal dynamics.

Modern personality types

The idea of personality types is still very much in use today; for instance, types of personality disorders are used as part of **modern psychiatric diagnoses**. The current types used for diagnosis emphasize the negative or "problem" end of a dimension and include (the # indicates the Enneagram type which are likely to have this kind of problem): Antisocial personality (#3 & #8), Avoidant personality (#4 & #5), Borderline personality (#6 & #9), Dependent personality (#6 & #2), Histrionic personality (#4 & #7), Narcissistic personality (#3 & #8), Obsessive-compulsive personality (#1), Paranoid personality (#5), Passive-aggressive personality (#9), Schizoid personality (#4 & #5), Schizotypal personality (#5 & #7), Self-defeating personality (#6), and Sadistic personality (#3 & #8). As you can see, 5000 years later we haven't changed our thinking about personality very much. If you are interested in learning more about these personality disorders, see a personality or abnormal psychology textbook or American Psychiatric Association (1994).

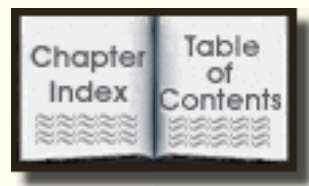
The term "type" refers to a person's general disposition; most theories describe only a few types. The term "trait" also describes a characteristic or tendency, but a person may have many, many traits--or needs or motives or talents or handicaps. Indeed, Cattell (1965) factor analyzed over 50 human traits and found they could be summarized by just 16 major personality factors. Some say only five factors will describe our personality: (1) nervousness vs. feeling secure, (2) sociable vs. reserved, (3) independent (flexible) vs. conforming, (4) helpful (trusting) vs. hard-hearted, and (5) conscientious vs. disorganized. Whether it is 50 or 5 is pretty arbitrary.

The notions of types or traits or motives are useful because they help explain and predict behavior that isn't easily explained by external forces. A motive explains behavior in more general terms than a habit (like a habit to eat a candy bar in the afternoon). For instance, if we know a person has a "sweet tooth," we may not know exactly what behavior will occur (eating candy, ice cream, cake, pie, etc.), but we can predict that such a person will be motivated get something sweet. Henry A. Murray named 39 specific needs, such as to socialize, nurture, be taken care of, have sex, etc. We have already discussed achievement needs in chapter 4.

Keep in mind that labeling a trait or attempting to explain a behavior by merely naming a need supposedly underlying the behavior is hardly a full, adequate explanation. To understand a person's actions or feelings you must know the *origin* of that behavior; you must explain how the trait or need developed. Don't let your psychological explanations get too glib, sloppy, and lazy. Example: to say that someone is a high achiever because he/she is "driven" does not say anything; you must explain in detail how the person became driven. Now, let's look at a more recent example of types. Then we will discuss "parts" of our personality and more about motives.

[← Back a page](#)

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PERSONALITY--THE MAJOR TYPES

In the last ten years, the **Myers-Briggs Type Indicator®** has become very popular within industry and schools. These personality types deal with normal people, not psychopathology, so you don't need to be a clinical psychologist to use the instrument (but you need training in the use of psychological tests). But the four dimensions on the Myers-Briggs, all originally described by Carl Jung in the early 1900's, seem (intuitively) to reflect personality characteristics of a fundamental nature:

1. Where do you live mentally? Do you attend mostly to the external world of events and people (you need people) *or* to the internal world of your thoughts and reactions (you need privacy)?

Extroversion or Introversion

2. How do you take in information? Do you attend to your senses telling you what is happening and useful right now (likes detail and routines) *or* do you tune into the pattern of what is happening so you can anticipate possibilities for the future (likes imagination and change)?

Sensing or iNtuition

3. How do you make decisions? Do you use your head--objective data, logic, justice, and reason to analyze causes and effects *or* do you rely more on your heart--feelings, values, relationships, and vague, subjective reactions?

Thinking or Feeling

4. What is your lifestyle? Your way of dealing with the world? Do you have clear ideas about what "should be done" and carefully plan and organize for each anticipated event (seem rigid and stuffy to P's) *or* do you prefer to wait and see what develops, remaining open to new or different options that you can select spontaneously (seems loose and messy to J's)?

Judging or Perceiving

Thus, depending on your score on these four scales, you fall into one of sixteen personality types, e.g. INTJ, ESFJ, ENFP, etc. Even though there are only four scales, a great deal can be told about each of the 16 personality types. The Myers-Briggs types are reported to be quite useful in understanding managers and subordinates, teachers and students, marriage partners, and many others. I'll give you two brief sample descriptions of these types. This is the INTJ type, which is my type:

This type, being an original thinker, has a vision of how to do something better and he/she perseveres in trying to persuade others that he/she is right. They do have good organizational ability, but they think they can improve everything. Indeed, unless the thinking or judging dimension is strong, there is a risk that the introverted intuitive (IN) person will be absolutely convinced he/she is right, even when wrong. Difficult problems fascinate him/her; routine jobs are considered a waste of time. They make good scientists. They are not easily directed but will consider new facts and other opinions when carefully presented. They tend to be skeptical and critical, frequently not considering other peoples' feelings as much as they should.

For comparison let's look at the ESFP personality type. This type makes decisions by how they "feel," rather than by thinking or logical foresight. Their world centers around people; they are friendly, tactful, accepting, fun-loving and fun to be with. They are also sensitive and aware of others' feelings, good judges of people, and good compromisers. They may be good with practical matters and concrete facts but are not abstract thinkers or grandiose planners. This type is realistic, relying on their own senses--perception of the situation--and not on expert opinion, theory, or book-learning. They may not develop a plan for coping with a troublesome situation; they simply handle problems as they arise, often with confidence. They like using their senses--looking, hearing, tasting, feeling--and may be good with machinery because they can "see" how it works. They like material possessions.

Obviously, these are two very different types of people. Jung's theories and the Myers-Briggs scales make it clear to us that two people in the same circumstances may be experiencing two entirely different "worlds." I recommend you take the Myers-Briggs test and read a book about the types (Myers, 1980; Kroeger & Thuesen, 1988). It will help you understand and work with others and yourself.

The Myers-Briggs Types are based on Jung's 70-year-old description of personality types. Let's discuss that briefly. Jung's basic focus was on the introvert-extrovert dimension. As described above, note that his "introvert" had little to do with being socially shy; an introvert directs his/her mind inward towards his/her thoughts, feelings, and awareness. The introvert wants to understand life before living it. An extrovert directs his/her attention outward towards external objects, people, and actions. The extrovert plunges in and lives life, then he/she understands it, maybe. Secondarily, Jung ranked people according to mental

processes: thinking, feeling, sensing, and intuiting. He believed one of these four functions tends to dominate but an optimally adjusted person would be facile with all these functions. Jung spoke primarily of 8 major personality types:

The **extroverted thinking** type depends on rational reasoning and observing the external world, he/she represses his/her feelings. He/she wants to run the world rationally. The **introverted thinking** type is also the thinking type but the focus is on his/her ideas, not external observations or the words of some authority. He/she wants to analyze the world, not run it. He/she appears cold, aloof, and inconsiderate. The **extroverted feeling** type is controlled by the wishes and expectations of others. He/she is friendly and avoids conflicts. Thinking is repressed. The **introverted feeling** type is quiet, unexpressive, hard to understand, and perhaps depressed but capable of intense feelings inside. He/she is like a fur-lined coat--warm inside. He/she is loyal to close friends and committed to his/her values.

The **extroverted sensing** types seek thrills and pleasures; they have little interest in thinking or reasoning but they are very perceptive of what is going on around them. They accept reality and are tolerant of others as well as him/herself. Often they are primarily concerned with eating, partying, enjoying art, and having a good time. The **introverted sensing** type absorbs many facts but may overreact to outside stimuli. The reactions are often unempathic, even irrational. Example: an casual remark may be interpreted in an odd way or as having great significance; yet, little interest is shown in the person making the remark. He/she may be hard-working, patient with details, and systematic. The **extroverted intuitive** type is confident and innovative--constantly looking for an opportunity to take advantage of the situation--perhaps a merchant, a politician, a champion of causes or a person intent on making all the "right social connections." He/she hates routine, even his/her own projects may become boring. The **introverted intuitive** type is caught up in his/her own unreasoning understanding of the world or of their selves. Since they may underutilize thinking (judging truth or falsity) and feelings (judging good or bad), this type may have difficulty realizing when they are wrong. They may not communicate with others very well.



Note: on first reading, these personality types are much too complex to readily understand. Full effective use of any classification system only occurs after working extensively with the types. You need to take the test yourself, read extensively about the meaning and implications of each type, and practice using the classification system to describe and understand friends, relatives, co-workers, teachers, etc. After a week or so, you start to think in terms of the types you are studying. Eventually, you will find the personality types an aid to understanding people and predicting their reactions in different situations. An employer or manager can use personality type to assign each employee the kind of work he/she does best or to decide who will work best together on a team.



Other personality types

Recently, Harary and Donahue (1994) recently published a self-administered, self-interpreted personality test. It includes self-tests and exercises designed to help you explore and understand five aspects of your personality: your expressive style (quiet to dramatic), interpersonal style (introverted to extroverted), work style (unmotivated to driven), emotional style (positive to negative), and intellectual style (analytic and linear to creative and global). If you are looking for a research based, practical way to objectively assess your personality traits, I'd recommend this workbook (or go see a counselor for a professional interpretation of a personality test--see chapter 15).

Hundreds of other theories of personality have attempted to explain certain types of people. Freud, for instance, described "oral," "anal," "phallic," and "genital" characters. Each type originates during a particular psychosexual stage of development, i.e. you can get stuck at any stage. **Oral** characters may have been overindulged or neglected as infants when eating was our most important function; the outcomes are described in Table 9.2.

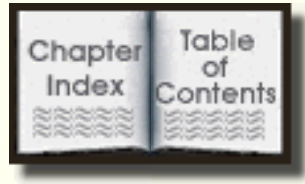
Anal retentive characters have traits that supposedly originate during toilet-training; they include being orderly, persevering, compulsively clean, and reluctant to give things away. **Anal expulsive** characters are messy, unconcerned with cleanliness, careless with money and everything, disorganized, and, when pushed, stubbornly rebellious and defiant. **Phallic** characters have never resolved the Oedipus or the Electra complex and tend to be strident, proud, dominant, and arrogant. Such men are often self-centered, macho Don Juans obsessed with proving their sexual attractiveness; such women are resentful of men and try to dominate them. **Genital** characters are healthy; they have gone through puberty; they are physically and psychologically mature. They have learned to handle external stresses and internal conflicts by coping with the previous stages of "psychosexual" development. During puberty when there is a demanding upsurge of sexual interests, the genital characters are able to draw on the skills and rationality they have acquired. As adults, they have the maturity to cope well with others, with love, with work, and with the conflicts within.

Adler typed people according to birth order and research still supports some of these differences. Adler described the **first born** as anxious, conscientious, and dependent on authorities, the **second** child as socially oriented but competitive, and the **youngest** child as pampered but always having to "catch up."

The ancient Greeks classified people as cheerful-sad and emotional-unemotional, not very different from our current Type A and Type B personalities. Much research has assessed the relationship between physique (heavy, muscular, and thin) and character; there is some connection. You will find many lists of "types" throughout this book; such lists will help you understand the enormous variations among us human beings.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDING THE PARTS OF OUR PERSONALITY

If we realized the many different parts of our personality, we should be better able to discover what we are really like inside--what "makes us tick." Personality theories provide a kind of road map of the parts of our personality which generate the complex and conflicting feelings, thoughts, and behaviors we experience. Such theories fill entire books (e.g. Monte, 1980; Byrne & Kelley, 1981; Mischel, 1981). I will summarize here only Freud's parts of the personality--id, ego and superego--and Eric Berne's (1964, 1973) parts--the "child," "adult," and "parent." Freud's and Berne's ideas are similar and together they probably are still the most commonly used theories (Psychoanalysis and Transactional Analysis or TA) for understanding ourselves and others. The purpose is to help you find your way around inside--to explore your psyche and gain awareness of the many forces and views fighting for expression inside us.

The id or the "child"

The id contains the primitive biological urges assumed (by Freud) to strive for expression in all of us. These drives include the needs to be loved and cuddled, the desires to have all kinds of sexual stimulation, and the tendencies to be aggressive and destructive in general and hostile in particular towards anything that interferes with our gaining the pleasures we seek. The id is not rational or realistic; it has no morals. It seeks immediate gratification. Some of its urges may be conscious, like wanting to look at your mother's breasts; some are unconscious, perhaps homosexual urges or murderous impulses. The id's motto is "If it feels good, do it."

Eric Berne's "child" ego state is similar to Freud's id (or "it" in German) except he divided this part of our personality into three sub-parts:

1. The **natural child** is the fun-loving, carefree, impulsive, creative, pleasure-seeking, impatient part of us that provides much of our motivation, excitement, and energy. The natural child part also provides some of our important emotions, such as joy and curiosity when we are happy and anger and vengeance when we are frustrated. Without this part, life would not be nearly so much fun or as mean.

2. The **adaptive child** is the compliant, orderly, neat part of us that encourages us to act "grown up," attempts to please others, hides our anger and greed, and generally seeks the rewards of doing what we are supposed to do. It is the need to be a "good boy" or "good girl." As we learned in chapter 8, however, the needs to be "good" and conform are often opposed by the needs to rebel; dependency is followed by resentment. Thus, the adaptive child also contains urges to subtly resist orders and tradition. It may procrastinate rather than openly rebel; it may get sick to get attention; it may devise a "script" (a life plan) to please a parent's "child" which wants the son or daughter to fail or to be "bad;" it may play "games" to hurt itself or others; it may become neurotic or psychotic or just unhappy and grouchy if such an adaptation has a payoff (see Sooty Sarah in chapter 6).
3. The **Little Professor** is the intuitive, clever, observant, conniving, manipulative part of us which figures out how to relate to others to get what we want. Examples: it may say, "if I'm nice to my brother and sister" or "if I'm cute and smile a lot" or "if I say 'I love you' frequently" or "if I throw a temper tantrum" then I'll get what I want. The Little Professor may help us be good or it may be a trouble-maker.

Your "child" is probably in control when you:

- act on feelings and/or act impulsively and/or make an emotional decision.
- use words such as won't, can't, hate, love, give me, now, damn, and so on.
- get upset with other people or when something gets in your way.
- look for and do whatever seems to be the most fun (rather than what you should do in terms of common sense or morals).
- notice that people are playful and comfortable with you and enjoy being around you (at least at a party).

These three sub-parts of the "child" are responsible for much of our personality and interaction with others. The key questions to ask are: Is my "child" happy or unhappy? Is it free and having fun (part of the time)? Is it suppressed and angry? Has it felt forced to adapt by being sickly (and complaining) or weak or disruptive or rebellious or deceptive? Later in this chapter we will study the "games people play;" these "games" are devised primarily by the unhappy adaptive "child" to get some pay off to replace the love and attention it can't get by straight-forward interactions .

The superego or the "parent"

Early in life we start to realize that all of our pleasure, love, and sexual needs can not be satisfied. Some desires may be impossible to fulfill; other urges are taboo; still other urges anger people who are important to our survival. Thus, a part of us starts to say, "You can't do that" or "You shouldn't think about those kinds of things; they are bad." This internal voice becomes the superego or "parent" part of our personality. Freud gave detailed explanations of how the superego developed. For instance, in chapter 5 we have already learned how the scary Oedipus and Electra Complexes are resolved by identifying with the same sexed parent. For example, for girls: "If I ally myself with Mommy--become like her--then she will like me and not hate me." Thus, the parent's values, morals, and attitudes are absorbed as part of this identification process. Furthermore, parents, baby sitters, relatives, and older siblings have morally guided the young child by repeatedly encouraging good behavior and reprimanding bad behavior, so that the superego of the child takes over that controlling role.

Freud recognized two aspects of the superego: the conscience and the ego-ideal. The conscience is learned through criticism and punishment by parents and others. The ego-ideal, a perfectionistic ideal (often a glorified image of the same sexed parent) held up for the ego to strive for, is acquired by being rewarded for being good. Likewise, Berne divided Freud's superego functions into two "parents:"

1. The **nurturing "parent"** is the part of all of us that is caring, loving, helping, supportive, giving, and protective towards others and towards one's self. This part of our personality may include giving ourselves and others practical hints about coping, bits of wisdom, values, wise sayings, and other suggestions about how to live. This part talks to us and says things like, "You are a good person when you help your parents" or "You don't have to do what others want you to do, you have good judgment, make up your own mind."
2. The **critical "parent"** is the part of us which criticizes our own or others' behavior (or feelings or thoughts) when we do something we shouldn't. It is our conscience; it is filled with "shoulds" and "thou shall nots" and "oughts." When we do something wrong, the critical parent can be very severe and harsh with us, causing shame, guilt, and depression. Freud believed that the stronger the id's unacceptable love-sex needs and aggressive tendencies, the more critical the superego must become. Thus, there is a constant struggle between the id and the superego--between the "child" and the "parent."

Your "parent" is probably in control when you:

- obey rules or follow customs unquestioningly.
- use words such as awful, good, silly, cute, disgraceful, disgusting, dirty and so on.
- do what others think you should rather than what you prefer to do.

- are bossy, give advice or instructions, and explain a lot of things to others.
- talk and act the way your mother or father did.
- stand over others, point your finger at them, and lecture.

Ask yourself: Is my nurturing parent or my critical parent strongest and most predominant?

The ego or the "adult"

Obviously, both the pleasure-seeking, destructive id and the cruel, demanding superego must be controlled, which is one of the assignments given the ego (Freud's word was "I" in German) or the "adult." The ego tries to find realistic ways to placate the passions of the id and still stay within the moral boundaries set by the superego. Moreover, the ego must learn to deal with the outside world--what others will tolerate and what demands are made on us for survival and for approval by others. The ego is the perceiving, thinking, reasoning, logically deciding part of us--our Mr. Spock or our computer which helps us decide what is rational to do. (Actually, it was later psychoanalysts who in the 1950-70's developed theories, called Ego Psychology, which emphasize the normal, conscious, coping functions of the ego.)

Neither the id nor superego is realistic. The id demands constant gratification; the superego is impossibly idealistic. The ego or "adult" has to deal with reality--and reality includes (1) the id's emotional impulses, (2) the superego's moralistic demands and censure, and (3) complex external reality, including understanding how things really work in the outside world and how to get along with others. As Freud said, "Life (for the ego) is not easy!" It has an enormous task and, as we saw in chapter 5, when our ego becomes overwhelmed, we feel anxious. The anxiety may come from the id (the urges are about to break loose), the superego (the criticism is devastating), or reality (things are falling apart in the external world).

Not all of the work of the ego is conscious, i.e. it does many things without telling us. For instance, the ego represses some of the id's desires because consciously thinking about these selfish or sexually perverse or brutally hostile urges makes us anxious (the urges are still there). The ego's defense mechanisms, as discussed in chapter 5, operate unconsciously. In a similar way, our ego unconsciously devises a variety of excuses which enable us to escape the critical wrath of our superego (see chapters 3 & 7). The best solution is to acknowledge (as we become able to do so) all parts of us, the good and the bad. That's why

this road map to your psyche should be helpful for self-exploration.

Your "adult" is probably in charge when you:

- gather information for making a rational decision.
- check out reality to see if certain beliefs are actually true.
- weigh the pros and cons for several courses of action, considering the long-term practical consequences, the moral values, and the pleasure involved.
- make decisions in a reasonable way and then assess the effectiveness of those decisions.

Keeping the parts in balance

Ask yourself, "Is my adult free to make rational decisions or is it so 'contaminated' with emotions from the child or false beliefs from the parent that it can't think logically?" Examples: Feeling others are against us may come from a scared or frustrated "child." The angry "child" may convince the "adult" that "no one likes me" or "they hate me" (a projection). Our "adult" must learn to recognize the "child's" unconscious attempts to influence our thinking. Prejudices are false beliefs held by the "parent" part of the personality. If the "adult" doesn't rationally check out these false beliefs, we may genuinely believe that all Jews are shrewd, untrustworthy businessmen, all blacks are lazy (except in sports), and all whites are materialistic chauvinists and prejudice. The "adult" must check reality to keep the "child" and the "parent" under control. Sometimes they overwhelm the "adult."

Also, ask yourself, "Are the three parts of my personality reasonably well balanced with the 'adult' in charge?" If not, there are problems:

Underdeveloped	Results	Overdeveloped	Results
The parent:	Poorly developed conscience	The parent:	Overly critical of child and adult
The child:	All work and no play	The child:	All play, impulsive, angry or sick

The adult: Loss of contact with reality, impulsiveness, or even insanity

The adult: Overly serious, intellectualizing

For each of these deficiencies, the solution is for the "adult" to recognize the situation and strengthen the weak part, so there is a healthy balance. If the "parent," for instance, is too strong, we feel beaten down and guilty. In this case, Harris and Harris (1985) suggest relaxation, enjoy the moment, tell yourself "it ain't so bad," go to a calming place, exercise, and do something fun. We need all three: a strong conscience, a playful, creative "child," and an even stronger "adult" in charge.

How to use this personality theory

It is vital to "know thy self," i.e. *all* parts of you. You can practice doing this by frequently asking yourself how each of your parts feel, realizing that *each part has a different answer to almost any question*. For example, suppose you were asked how you like going to school. You might ordinarily say, "It's all right." Actually, there are six (using TA theory) answers:

- The natural child--"It's boring, I hate it, I want to travel" or "Classes are dull but the parties and the men/women are great."
- The adaptive child--"It's going fine, thank you" or "I have to work so hard. I never get to bed before midnight (feel sorry for me)."
- The little professor--"I'm doing really well. One teacher told me I was the best student he had ever had. But I may have to drop out because my money is running out (so how about a donation or a loan?)."
- The nurturing parent--"I realize that a good education is priceless and can never be taken away from you. I feel real good about doing well in school."
- The critical parent--"Well, I goof-off a lot and I'm not a good student anyway. I just can't make myself work."
- The adult--"Some parts are enjoyable and some are not, but I need good grades to get an assistantship in a good graduate school, so I'm trying to do as well as I can."

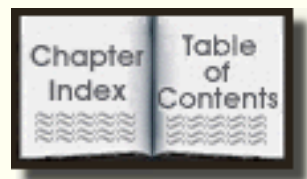
Hopefully, this conception of our personality will open us up to considering all kinds of needs, wishes, motives, urges, beliefs, etc. as being inside of us. Perhaps it will be less scary if we know everyone probably has fears, childish dependency, murderous hostility, and

perverse sexual urges, although many people would deny these traits. Your ego can rationally arrange compromises between the id and the superego if you know what unconscious needs are pushing for expression. Besides, self-discovery can be an exciting, enjoyable adventure. See the everything-is-true-of-me method #1 in chapter 15.

There are several other ways the parts of our personality can be used: The Gestaltists encourage you to engage in long conversations between parts, like the "top dog" and the "under dog" (see the empty chair technique in chapter 15). Neurolinguistic Programming has the problem solving part of us (the ego?) find another way to satisfy the part that is making us do something that is getting us in trouble (see reframing in chapter 15). When we develop new self-instructions (chapter 11), we are strengthening the rational control part of us. There are many self-help possibilities once we realize we are made up of lots of competing parts.

[← Back a page](#)

[Forward a page →](#)



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UNDERSTANDING THE PARTS OF OUR PERSONALITY

Other parts and motives of our personality

As you read more about personality theories, you will find other notions that give you insight into your self. For instance, Jung had a creative mind and besides describing the personality types above, suggested there are several parts of our personality beyond the id, ego, and superego. He believed that humans are innately prone to act certain ways and have certain beliefs, e.g. young children and animals are seen as "cute," almost every culture has created the notion of God and an after life, all societies have heroes and heroines, spiritual-mystical powers are thought to influence the weather, crops, health, etc., and the same children's stories are heard in all parts of the world (see Joseph Campbell's *The Power of Myth*). These universal beliefs or themes were called *archetypes* by Jung. Instincts and archetypes make up our "*collective unconscious*," which is this tendency for all of us to view the world in common (not necessarily accurate) ways.

In Jungian theory, there is a part of our personality called the *persona* which includes the masks we wear when relating to others--it isn't our real self. In contrast to the publicly acceptable masks (Jung looked for opposites), there is the *shadow* which, much like the Enneagram, is our dark and evil side--our sexual, greedy, aggressive, and power-hungry needs which are difficult to control. If a normally well controlled person suddenly had an angry outburst, the Jungian might assume it is the work of the devilish shadow. Yet, the shadow is always there; it compliments the conscious ego; a wise person will understand, accept, and consider (but not give in to) the shadow's needs.

Jung also believed we all inherited both an archetype for being masculine, called *animus*, and an opposing one for being feminine, called *anima*. These masculine and feminine tendencies not only influence how we behave but also what we expect from and how we see others. The anima part within a young woman may cause her to "think like a woman" and see her new boyfriend, who might only be interested in sex, as being sensitive and caring. At another time, her animus part (thinking more like a male) may arouse her suspicions that a guy is "on the make" when he really wants love.

For Jung, the *self* is that part of us that defines our highest potential. It is our unique, genuine, and best qualities. Self-realization is difficult to achieve, however, because there are so many conflicts to resolve inside us that we are, at best, middle-aged before we reach selfhood. As the self learns about the archetypes, the persona, the shadow, the anima and other parts of our unconscious, it provides more and more stability and balance among the opposing forces within our personality. If and when we do become more self-actualized, according to Jung, the self takes over control from the ego (Ryckman, 1978).

Another use of personality "parts" or "traits" is made by Jean Bolen (1985), a Jungian analyst, in *The Goddesses in Everywoman*. Her idea is that the characteristics of Greek gods and goddesses are in all of us. Examples: women especially have the potential of drawing upon the strengths possessed by these goddesses:

Name	Goddess of	Strengths
Artemis	the hunt and moon	Strong, able to reach goals, independent
Athena	wisdom and crafts	Smart, practical problem-solving, logical
Hestia	hearth and temple	Spiritual strength, comfortable alone
Hera	marriage	Devoted, committed for a lifetime
Demeter	grain	Maternal, nurturant, generous, giving
Persephone	the underworld	Can accept new ideas and ways
Aphrodite	love and beauty	Sensual, enjoys beauty & pleasure, creative

Women (and men) can learn to recognize, enhance, and utilize these strengths. These parts need to be developed *before an crisis occurs*, however. One must practice being independent and assertive long *before* the crisis of divorce. One must learn to think and reason long *before* deciding serious matters. One must practice caring for others long *before* having children. One must be sensual long *before* having sex with a lover. It takes work to be god-like or goddess-like; we don't become strong and smart automatically or mystically or by magic. You can't wait until trouble strikes.

Alfred Adler (1951) had a very different view of where our basic motives come from: rather than being pushed by animalistic sexual-aggressive instincts, as Freud suggested, or by ancient archetypes, as Jung suggested, Adler believed we are *pulled towards certain goals*. This is a little like Jung's self. Example: as children we often feel inferior but we come to strive to overcome these feelings--to be superior. The healthy person tries to be optimally effective--maybe even perfect--in such a way that he/she contributes to the welfare of others. Each person sets his/her own goals and develops (by age 5 or 6) his/her

own life-style for reaching those goals; in this way, we are responsible for our own destinies (see the discussion of life script later). Likewise, the existentialists (Fromm, 1941; May, 1953) suggested that humans are motivated to find meaning in their lives and are guided by the meaning they seek. The Humanists also believe we are motivated to achieve our highest potential. Adler was a strong advocate of respect, equality, cooperation, and love between people, including spouses or parents and children (see later section). He was also a pioneer in psychosocial education and in the development of Child Guidance Clinics.

There are obviously many other ways to conceptualize the parts of our personality. Allport, for example, thought the uniqueness of each personality was one of the most important things to understand. Part of this uniqueness is due to the many, many parts of our personality. He and many other psychologists considered reflexes, habits, skills and special abilities or weaknesses, drives or needs, beliefs, our particular view of our environment, goals or intentions, values, attitudes, and traits as being the kind of factors that determine what we do. Thus, "personality" becomes *very* complex. Moreover, Allport did not see us as slavishly controlled by innate or external factors (like Freud and Skinner did) because humans have the ability to actively, creatively, and rationally make conscious choices about how to behave.

There is an enormously rich literature about personality. *It provides a map to the mental maze inside us.* It not only describes the parts or structure of our personality, it also speculates about the development of certain traits, motives, and character types. The best overviews of this provocative and fertile material are in the textbooks for courses in theories of personality. Such summaries provide a guide for selecting additional books to read for more self-awareness. See the recommended additional reading at the end of this section.

Theories Of Development: Becoming a Person

Many personality theories describe the stages we go through as our character develops. Understanding our own personality development should greatly improve our insight into our current drives, values, and views. With greater awareness perhaps we can be more in control or, at least, more accepting of ourselves and others. Indeed, Carl Rogers's and Abraham Maslow's basic notion was that we are all struggling to become our "real," true, unique selves. What stands in our way? For Rogers it was the tendency to deny our own needs and feelings, to pretend to be someone we aren't, to avoid facing our true self. For Maslow it was the necessity of satisfying our basic needs first--food, health, safety, love, self-esteem--before we have the luxury of carrying out the enjoyable and noble achievements that reflect our highest values and talents. According to both Rogers and Maslow, our true selves just naturally emerge if we are lucky enough to meet our basic needs and openly experience our basic emotions and motives. That's the rub: it is very hard to meet all our basic needs and become aware of all the feelings inside of us. Meeting

those challenges is, as Rogers said, *the process of becoming a person*. Sadly, many of us never get to the point of carrying out the desires of our true self. If we knew more truth about human nature and coping, perhaps we would have more time to "actualize" our true and best selves.

How long does it take for our basic personality to develop? How fixed or stable are personality traits over time? How changeable are personalities from one situation to another? Some parts of our personality are remarkably stable. Freud, Berne, and others believed our basic personality and "scripts" were established by age 6 or so. On the other hand, William James and many current researchers believe our personality changes substantially during childhood, adolescence, and perhaps early adulthood but becomes fixed after age 25 or so. The best current evidence is that certain personality *characteristics are fairly stable over time*: emotionality (neuroticism), introversion-extroversion, openness to new experiences, masculinity-femininity, agreeable-irritable, and conscientiousness (dependability, orderliness). Don't forget, the Minnesota twin study researchers have claimed that your genes have more influence on these traits than your parents' child rearing practices. These genetic characteristics may form some of your "basic personality."

Nevertheless, other characteristics seem more likely to *change from one stage of life to another*: mood or morale, assertiveness, dominance, independence, alienation, and satisfaction with life. These traits, emotions, or behaviors may be more influenced by the person's life events, situation, or viewpoint (Goleman, 1987). For example, your level of alienation, happiness, and self-satisfaction when you are 20 has little to do with your adjustment on the same traits when you are 60.

The researchers, who believe our personality is set in concrete at 25 or 30, discount the idea of life stages or crises producing changes in our character, as described in Table 9.1. Yet, some people's personal traits clearly change after marriage, having a baby, getting promoted or fired, a heart attack, a serious accident, a divorce, death of a loved one, etc., especially if the person previously had certain personality traits. The traits most likely to change are emotionality, impulsivity, and irritability. I suspect we humans are *capable of changing* at any time much more than we imagine or try to change.

Beware of over-simplified personality theories. Besides there being hundreds of personality parts, many of our specific traits *change from one situation to another*. We may lie and cheat only in certain circumstances, not all the time. The introverted student, who won't talk to his/her teachers, may be the most talkative person in his/her peer group. The big grouch at home may be "Mr. Cool" or "Miss Sunshine" at work. Indeed, some people put on many different "faces" and play different social roles in many different situations, while other personalities remain about the same wherever they are (see chapter 8 and Snyder, 1987). You probably know people who are chameleon-like, eagerly

changing themselves to meet their needs at the moment. The degree to which we *change* our personality to please others is probably another *stable* characteristic. Human personalities are fascinatingly complex.

Stages of life

Personality theories also describe the development of our personal traits. This knowledge should help us understand the significance of our history and the possibilities of growth in the future.

I have summarized some developmental theories about life stages in Table 9.1 and several references about personality development are given at the end of this section. Obviously, a thorough understanding of the normal process of growing up will require much more information than I have provided. Moreover, to understand where we went wrong, i.e. how our own personal problems arose, we need general knowledge of normal development as well as serious probing of our specifically unique history. Remember too, regardless of the effort expended, that any attempt to understand ourselves has to be tentative--an educated guess, at best. We can't be absolutely certain of why we behaved or felt the way we did. In the later section on Relationships Within The Family, Table 9.2 is provided. It shows some current theoretical speculation about the possible origins of several personality problems. Use it only as a rough guide to possible causes and as a stepping stone to further exploration (see the autobiography method in chapter 15).

Table 9.1 provides an overview of personality development throughout life. Even though certain traits are fairly stable over the years, we all go through unavoidable stages of life. There is a time to go to school, to go through puberty, to fall in love and have sex, to marry and have children, to have an "empty nest," to be grandparents, and to die. In each stage, we have things to learn, opportunities to grab, and problems to handle.

Table 9.1: Stages of Development

Stage of Life	Relations	Stage name (needs)	Good vs. Bad Outcomes
Infancy (Age=0-1)	Mother (caretaker)	Oral stage (needs to be held, loved)	Trust vs Distrust; Decides others are OK or not OK.
Early Childhood (Age=1-3)	Family	Anal stage (needs physical contact, play)	Confidence vs self-doubt; Decides I'm OK or not OK.

Play age (Age=3-6)	Family, play group	Phallic stage (needs relationship with parents)	Takes initiative vs guilt & self-doubt. Develops life "script.". Sees a purpose in life--or doesn't
School age (Age=6-12)	Family, friends	Latency stage (needs to act like a boy/girl)	Develops industry vs shame; Enjoys work or resists work (scared)
Adolescence (Age=12-18)	Friends, opposite sex	Genital stage (needs boy/girlfriend)	Knows who he/she is vs feels confused; Relates well or poorly.
Leaving family (Age=18-22)	Friends, lovers	Identity vs lostness (needs career & lover)	Defines who he/she is. Tests one's abilities.
Entering adult world (Age=23-29)	Mate or Lover, friends.	Love vs aloneness (needs to master world)	Establishes "home" and own life-style or remains lost. Shifts dependency to partner. May find mentor at work.
Settling down (Age=30-37)	Mate, children, peers	Productivity vs self-centeredness.	New questions and crises arise: Why can't things be better? Grows, advances or stays at low level. Is this all I can expect from life? Why am I oppressed?

<p>Becoming your own person (Age=38-45)</p>	<p>Family, co-workers, friends</p>	<p>Generativity <i>vs</i> stagnation. Caring for others & passing on wisdom <i>vs</i> self-absorbed.</p>	<p>By this age "the die is cast." "I've got one last chance." May become a mentor and help family members <i>or</i> feel a failure. May relax and seek fun.</p>
<p>Mellow years (Age=45-60)</p>	<p>Spouse, co-workers, friends. Children leaving home.</p>	<p>Love of all people <i>vs</i> disgust and despair.</p>	<p>Become closer to spouse or leave empty shell. Need friends. Fewer money worries, more health worries. More content with past and future <i>or</i> disappointed. Death of our parents reminds us of our destiny. Life's a routine.</p>
<p>Retirement (Age=60-70)</p>	<p>Spouse, peers, grandchildren</p>	<p>Finishing work with zest <i>vs</i> hating the work.</p>	<p>Planning retirement. Has time for self and spouse. Major changes stressful: no work, less money, excess time, missing productive work and co-workers.</p>

Facing death	Spouse, children, care-takers, dying friends	Acceptance of death but interested in living <i>vs</i> obsessed with and dreading death and doing little living.	Living <i>vs</i> complaining. Coping with a failing body. Much leisure time, so finding constructive ways to use time and talents <i>or</i> unhappy. Has a sense of completion.
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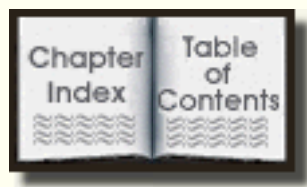
Table compiled from Erikson (1950), Levinson, et al (1978), Gould (1975), and April, 1975, Time.

Several books discuss the human passage from youth to old age (see the bibliography at the end of this personality section). We all go through stages in critical areas of our lives—love, child rearing, work, friends, health, etc. Knowledge of others' lives can help us.

The above discussion of character types and personality development helps us recognize how similar or how different we may be from one another. And, as we have just seen, it is important to understand the origin of the many different personality types. Others are different from us because they simply have a different background, different genes, and are in a different environment, i.e. a different developmental history. Besides the types discussed above, however, there are descriptions in hundreds of books of many types of mothers, fathers, children, lovers, wives, husbands, teachers, students, bosses, employees, poker players, etc. With experience, you will develop your own lists as well. That's fine, but don't prejudge people and falsely label them just because your first impression is a certain type. Each human is unique. Now, we will explore several other varieties of personality types which may help us understand others as well as ourselves.

[← Back a page](#)

[Forward a page →](#)



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PERSONALITY INVOLVES RELATIONSHIPS WITH SELF AND WITH OTHERS

Transactional Analysis's Life Positions

Beyond the parts and the personal traits, our personality is powerfully influenced by our relationships with ourselves and with others. In the simplest terms, you can either like or dislike yourself and like or dislike others. Thus, Transactional Analysis (Harris, 1973) suggests that we live our lives according to one of four "**life positions**." The four basic types are:

"I'm OK; You're OK"--this is the only healthy attitude. The "adult" must be realistic, aware, and tolerant but in control of the "child" and the "parent." A person with such an orientation feels positive; they are winners.

"I'm not OK; You're OK"--this is the position we all begin in, according to Harris. Our life is sustained by others, so they are OK. When young, we are weak and unable to do many things others can do, so we feel "not OK." If we are repeatedly put down, if we are taught we are sinful, or if we become severe self-critics (like Sooty Sarah in chapter 6), we may take the "I'm not OK" attitude with us throughout life. If so, we run a risk of being anxious, depressed, passive and, in general, a loser.

"I'm OK; You're not OK"--this is a self-centered, self-serving position. If parents are unduly harsh, negligent, inconsistent or irrational, one learns that others are uncaring, unfair or unsupportive, i.e. "not OK." Such a person may certainly feel he/she is better than others, maybe even superior. They are likely to be distrustful, aloof, and unconcerned with helping others (who are no good). They may take from others without feeling guilty; they may insult others; they may avoid or hurt others.

"I'm not OK; You're not OK"--this is the most futile and helpless position of all. There is no way to turn for help; others won't help and you can't. Nothing seems

worthwhile. At the least, this is an unhappy state of affairs and in the extreme, such a person's only recourse may be to withdraw into the utter hopelessness of depression or insanity.

You can see the crucial role that interpersonal relations play in determining what we are like, personality-wise. In Transactional Analysis, your life position is related to the "**Life Script**" you follow throughout life and the "**Games**" you play constantly with others. Scripts will be discussed next, games when we discuss interpersonal relations.

The "scripts" we follow

A "life script" is the unconscious plan or expectation one has for his/her life. It reflects the kind of relationships we have had and expect to have with other people. Our life script is developed or, at least, started by the time we are 5 or 6, before the "adult" and "parent" are fully developed, according to Transactional Analysis (Berne, 1973). Our "child," probably the "adaptive child," makes these judgments (the life position) and plans (script) based largely on messages sent by our parents' inner "child."

The messages from our parents (or whoever raised us) get inside our heads and become part of our life position and life script. Included in the myriad of messages are instructions, called *injunctions*, about what not to do. In response to these injunctions we give ourselves instructions, some of these self-messages are helpful in counteracting the injunctions, called *allowers*, and some are harmful, called *drivers*. Examples are given below. Consider the first example: the message from the threatened parent's "child" is, "Don't do so well that you feel adequate." To cope with feelings of inadequacy, the child's "child" may try to give a helpful self-instruction, such as "Be perfect!" This message "drives" us but, because it is unrealistic, assures that we will fail and feel inadequate (as commanded by the parent's "child"). We could, of course, learn to give ourselves a more realistically helpful message, an allower, such as "It's OK to be yourself and less than perfect." Kahler (1974) describes several common injunctions, drivers (not OK messages) and allowers (OK messages):

Injunctions	Driver Messages	Allowers Messages
Don't succeed. Don't feel adequate.	Be perfect!	It's OK to be human & succeed.
Don't be fast and efficient.	Hurry up!	It's OK to take your time.
Don't make it.	Try and try again!	It's OK to just do the best you can.

Don't think and feel what you want; think and feel what I want you to.	Please others, not yourself!	It's OK to consider and respect yourself.
Don't feel.	Be strong!	It's OK to be emotional and need others.

It is these sorts of primitive messages, plus other aspects of how we are dealt with (respected, valued, spoiled, neglected, resented), that determine how we feel about ourselves and others, and which produce a script for our lives. It is scary to think that we may be compelled to live out our lives in accordance with a five-year-old's interpretation of confused and subtle messages from our parents' irrational inner child. Many people seeking self-understanding reject this notion and disagree with Berne's (1973) book on scripts. Many of us don't like the idea that unconscious forces, like a script, are directing our lives. Liking or disliking something has little to do with its truth, however.

Your "child's" view of life as being positive or negative is related to your script being for a "winner" or a "loser." Our life script not only unconsciously controls the role we play but it also manipulates others into playing the roles needed for our script. For example, if your script depicts others as disliking you, you may act in irritating ways that insure a negative reaction from others. Yet, all we see is that "people don't like me." It may seem to us as though we are planning and living our lives rationally as adults but perhaps we aren't. If you experience the same kind of things happening over and over again with different kinds of people, suppose they all show little interest in being friendly, you should start looking for an underlying script. In any case, being aware of possible unconscious scripts should be helpful.

The best way to understand life scripts is through case illustrations. Sooty Sarah in chapter 5 and Stella in chapter 15 illustrate a "I'm a lonely, sickly, no-good person" script. They acquired the script in different ways, however. Berne described six common kinds of scripts based on one's orientation to time: (see if you think in any of these ways)

1. A "before" orientation would involve *focusing on the near future*, e.g. "Before I get married, I'm going to do a lot of hell raisin" or "Before I get fired, I'm gonna take this company for all I can."
2. An "after" orientation *focuses on distant events*, e.g. "After I finish college, things will be a lot better" or "After we get married, I'll get serious about holding a job" or "After I get a raise, I'll relax with the family more and slow down."
3. An "over and over" orientation *expects history to repeat itself*, e.g. "Over and over

again I fail, just when I think I am going to succeed" or "Over and over I think I have found the right person, then they screw me over."

4. An "always" orientation sees things as *remaining the same*, e.g. "My job...my marriage...my family...the world will always be the same, so why try to change it?"
5. A "never" orientation reflects a wish that *will never come true*, e.g. "I'll never be able to..." or "They will never change..."
6. An "open ended" orientation is where *the original script has been played out and now we have no script*; thus, we feel lost. Berne believed most of us have a notion of when we will die. If we live beyond that time, we may have no script to guide us. Also, Berne believed it is hard for our "child" to out do our parents and may have no script for doing so. This had personal significance for Berne because his father was a physician who died in mid-life and his mother was a writer and close to her son. Berne, a writing physician, felt he was living on "borrowed time" after middle-age and he died of unknown causes about the time he reached the age of his mother at her death. Other examples of having a vague script are (1) a student who has been in school for 20 years and facing graduation has little notion of what professional life will be like or (2) a person who gets a divorce after 20 years of marriage and has little idea of what being single will be like.

Hopefully, a few brief descriptive phrases can convey to you the general nature of several life scripts or attitudes towards life. Remember these are "life plans" of 5-year-olds, which influence their life-style and continue to dominate their lives even as adults. Try to see which ones "ring true" for you.

I'm-A-Winner Scripts

- I'm the greatest, a conquering hero, a big shot.
- I want to do something worthwhile and I will.
- Let's live it up today, let's party, and I'll show you how much fun I can be.
- I'm a stud or a sexy thing.
- I'm a little angel or a good boy.
- I'm a fantastic _____ (student, athlete, talker, mechanic, reader, etc.)
- I'm the class clown, I make people happy.

- I'm a good person, I help people in need.

I'm-A-Loser Scripts

- I'm down on myself, I hate myself (see Sooty Sarah in chapter 6).
- I'm always messing up other people's lives. I just do and say the wrong things.
- I try hard but I am always making mistakes. I'm a sad sack. I can't do anything right.
- I'm so unattractive, no one will ever want me. It is better to be alone than to be rejected.
- I am weak and sickly, I've got problems, please don't abandon me (see Stella in chapter 15).
- I have a heavy cross to bear. I'm preparing for the worst, because it's coming.
- I'm a little rebel, a real trouble-maker, I'm never going to get along.
- I don't want to upset anyone, ever. I don't ask for much because I don't deserve it. I apologize (for being alive).

The idea of scripts is useful in uncovering and identifying possible unconscious forces that direct our lives. Yet, scripts aren't the only forces at work. The TA theorists tend to neglect the "adult's" conscious, reasonable planning and decision-making. As discussed in chapter 3, we can consciously choose our own values and life goals. We can pit our constructive self-help efforts against our unconscious, childish scripts, and live more rationally. You can give yourself realistic and practical "I'm OK" messages which can override any unconscious putdown messages. Furthermore, besides a "script," there are perhaps hundreds of driving forces, habits, and traits trying to find expression within us.

The notion of human needs

Most theories try to simplify our personality so it is understandable, i.e. three parts or nine character types or "the environment determines the behavior." Henry Murray and other theorists argued for much greater complexity. Murray wrote, "a personality is a full

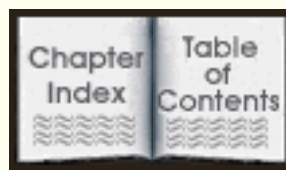
Congress of orators and pressure-groups...and a psychologist who does not know this in himself, whose mind is locked against the flux of images and feelings, should...make friends...with the various members of his household." A **need** is a force that causes us to act, to try to satisfy our specific wants. Murray identified 20 or more needs, including dominance, deference, aggression, autonomy, nurturance, achievement, order, understanding, sex, self-abasement, and to avoid harm or blame from others. The strength of these needs are constantly changing but the strongest needs at any one time strongly influence our behavior. Therefore, it is important to be able to measure the relative strength of our needs, as done with the Edwards Personal Preference Schedule (see chapter 15). Also, if needs determine our behavior, then it is vital to self-understanding that we know how our needs developed. Just saying "I have a need" is hardly a complete explanation.

Fromm proposed these five needs: (1) the *need for human contact*, especially love but including destructive interaction (domination, sadism, or submissive dependency) if love isn't possible. (2) The *need for transcendence* --to rise above and change things--can be positive or negative. If we love ourselves and others, we can act creatively. If we are powerless, we are likely to be destructive. (3) The *need for rootedness* stems from our almost universal dependency on our mothers. This need is related to the need later in life to worship and slavishly follow male authority figures; Fromm believes peace, justice, and equality will only come when we truly love and are well rooted in our identification with our fellow humans all over the world. (4) The *need for identity* involves knowing ourselves and accepting who we really are. (5) The *need to believe in something* and be devoted to those beliefs.

Abraham Maslow's *hierarchy of needs* was described in chapter 4 because unsatisfied basic needs take priority over higher needs. That may explain why certain changes in behavior are hard to make, i.e. pressing needs take priority over the desired new behavior. However, if basic needs are satisfied, we are supposedly free to self-actualize. What exactly does this mean? What would we be doing if we were well adjusted and free of worry about physical-safety and love-self-esteem needs? Maslow studied successful, creative people to find out.

[← Back a page](#)

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[reading room](#) [treatment](#) [resources](#) [& administration](#) [help](#) [feedback](#)

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TRAITS OF A MATURE, SELF-ACTUALIZING PERSON

Specific traits of a mature, self-actualizing person

If you don't know what healthy adjustment is, how can you ever get there? Self-actualization generally includes being knowledgeable, emotionally aware, self-directed, and at peace with the world (O'Connell & O'Connell, 1974). Several specific traits were consistently found in Maslow's self-actualizing subjects (Jourard, 1974):

1. They see reality, and knowing "the facts are friendly," they accept reality more than most people. They see through phoniness, deception, and "games"--and avoid them. They cope with problems, rather than avoid them.
2. They accept themselves and others; thus, they can honestly self-disclose and forgive others' shortcomings.
3. They are spontaneous with their ideas, feelings, and actions, being genuine and confident.
4. They focus on solving problems but their "problems" tend to be outside themselves. For instance, they often have a "mission" that may be difficult to accomplish but gives excitement, challenge, and purpose to their lives.
5. They enjoy privacy, withdrawing sometimes to be free to have their own thoughts. Occasionally, they may have mystical experiences in which they become part of all mankind or of nature.
6. They resist culturally prescribed roles, e.g. masculine or feminine. They resent unfairness caused by social roles and prejudice. They insist on thinking for themselves and completing their mission, even in the face of social criticism.
7. They enjoy and appreciate the commonplace, the little things in life--a rose, a baby, an idea, a considerate comment, a meal, a loving touch, etc.

8. They feel a kinship, a closeness, a warmth, a concern for every human being.
9. They are close to a few people, although not always popular. They can live intimately and love.
10. They do not judge others on the basis of stereotypes, like sex, age, race, or religion, but rather as individuals.
11. They have a strong self-generated code of ethics--a sense of right and wrong. Their values may not be conventional but they do guide their lives.
12. They are creative and do things differently, not in rebellion but for the joy of being original and talented. They are clever, even in their ability to be amused instead of angered by human foibles.

Unfortunately, Maslow assumed, without evidence, that these self-actualizing traits can not be pursued directly via self-help. He thought self-actualization automatically resulted when you met your basic needs and committed yourself to a worthy cause, such as beauty, truth, justice, love, etc. He believed that without a cause--a mission--we stagnate. I think it may be possible to accelerate our self-actualization via self-improvement. We can select our own mature values and goals (see chapter 3). We can gain self-control. We can avoid slavishly conforming to social roles and stereotypes (chapter 8). We can develop tolerant attitudes (chapter 7). We can gain self-understanding. We can do these things early in life.

Shostrom (1983), based on humanistic theories, suggests it would be healthy to learn to *express all of our genuine feelings (the full range)*, not just selected emotions and roles in which we get stuck.

A. Dominant response	B. Response to be strengthened	C. Synthesis
anger	loving	assertiveness
strong	bending (adaptation)	courage
critical	supportive	appreciation of differences
controlling	dependent	interdependence

If a response in column A is habitual for you, then strengthen the response in B. If the B response is stronger and A is suppressed, strengthen A. To be fully alive, we must experience all our emotions. When the feelings in A are integrated in a wholesome way with B, we experience C. All of us have the potential to experience all kinds of feelings, the self-actualized person is free to express them without denial, faking, or manipulation. This is, I

assume, a learnable skill. We don't scientifically know the limits of self-help yet.

Please note: No one knows for certain what a mature, healthy personality is. Maslow, as a humanist, had his opinion, but what you consider to be an insightful (self-knowing), optimal personality depends on your values and ideals. An authoritarian or a technocrat would pronounce a different kind of person to be "healthy," "mature," or "self-knowing" (Wicklund & Eckert, 1992).



Sow an act and you reap a habit.
Sow a habit and you reap a character.
Sow a character and you reap a destiny.



Self-Insight Can Come In Many Ways

Get in touch with the inner child

Within the last 10 years, the phrase "your inner child" has become popular, especially within treatment programs for shame-based compulsives, addicts, and depressives (see discussion in chapter 6). (It is similar but not the same as TA's child ego state.) In a dysfunctional family, the inner child is likely to believe the troubled parents are OK and "normal." Moreover, children often feel "to blame" for Dad getting mad, Mom being drunk, Mom and Dad getting divorced, etc. The child feels shame and thinks, "I must have done something bad" or "I'm a terrible person." Years later when the child becomes an adult, he/she may be unhappy and have problems similar to his/her biological parents--or different problems, e.g. he/she may find it impossible to trust and express emotions, he/she may feel like he/she doesn't fit in, or he/she may constantly take care of others. The shame-based, insatiable child often seeks another addiction rather than the one that ruined his/her parent's life, e.g. eating rather than alcohol. This troubled, needy, inner child can seriously mess up our lives.

Many therapists and treatment groups attempt to reach this wounded inner child. This isn't easy because re-living the childhood experiences and seeing clearly what really happened to us as a child can be very painful. Also, returning to childhood may make us very mad or scare us because we doubt that the childhood distortions and pain can ever be eliminated. It is a hard choice: continue a miserable adult life or re-live a hurtful childhood. Therapy (and self-awareness as discussed in chapters 6 and 8) offer hope if we can accept our inner child and take care of some of its needs (Hancock, 1989; Bradshaw, 1989).



Let the parts of your personality speak for themselves

Another insight approach is interesting. By knowing what parts to look for inside, we can discover more about ourselves. Example: Give several of your parts a name, such as "Baby" for your dependent child, "Toughie" for your aggressive bully, "Spock" for your reasonable adult, "Hunk"/"Beautiful" for your flirty part, etc. Talk to them. Let them talk to each other. Realize that you can control your life by controlling which part is in charge. By reading psychological cases and explanations of dynamics, we can learn about ourselves. By knowing the stages of development that others go through, we understand our growth better. By realizing how certain personality traits and characters develop, we have greater insight into our personality. By recognizing the drives, needs, and scripts that push us in different directions, we may gain better control over where we are going. Recommendations: read a lot of psychology, especially explanations of actual cases. Use several methods in chapter 14 for changing attitudes and in chapter 15 for gaining insight. Don't be afraid of your unconscious. These forces can do less harm if we realize unconscious factors may be at work. Indeed, exploring our unconscious can be fascinating and enlightening but seldom easy.

Self-understanding is a life-long project

It concerns me that a few people might believe that a few pages about personality types or parts and about basic human motives or needs contain all they need to know. No! No! There is so much inside each of us to try to understand--our growth, our thoughts and feelings, our dreams (last night and in the future), our values and motives, etc. Understanding ourselves and others are endless tasks. All the chapters from 3 to 10 offer insight into what makes us tick in specific areas. Also, chapter 14 deals with building self-esteem, correcting our thinking, and altering our motives. Chapter 15 is filled with methods for finding out things about yourself you don't know yet--fascinating! Don't fail to get to know yourself. You are fascinating. If you find problems, there are many sources of help.

A book is the only place in which you can examine a fragile thought without breaking it, or explore an explosive idea without fear it will go off in your face... It is one of the few havens remaining where a person's mind can get both provocation and privacy.

-Edward P. Morgan

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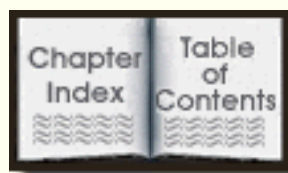
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RELATIONSHIPS WITH OTHERS

Why Are Relations With Others Important?

Don Hamachek (1982) answers this question this way: (1) we understand ourselves by comparing us with others. Example: we know how attractive or how irritable we are by noting how good-looking or crabby several others are. Especially when we are feeling afraid or upset, there is a strong need to compare notes with others, preferably similar others in a similar situation: "misery loves miserable company" (Schachter, 1959). (2) We overcome loneliness, which can be excruciating, by being with others. Also, living entirely alone is hazardous to your health (see chapter 5).

Humans are social animals, much of our joy comes from interactions with others. Loves and friendships are very important, no one would deny that. We must, of course, relate to others effectively and intimately, but we must also know how to be alone, self-reliant, self-aware, and effective at work. The ideal human adjustment isn't just having a wild, gleeful, fun-time with friends all the time. Good, caring, loving relationships are important but they aren't everything.

Why are so many relationships unhappy?

There are many reasons. Sydney Jourard and Ted Landsman (1980) say a healthy relationship has (1) open, honest communication, (2) reasonable expectations or demands of each other, (3) concern about the other's well being and (4) freedom for both to be themselves. That sounds pretty easy but is it? What interferes with healthy relationships? Hamachek (1982) says (1) we underestimate the changes we need to make but push too hard for other people to change, (2) not liking ourselves is usually associated with not liking other people, (3) shyness inhibits closeness and intimacy with others and (4) playing deceptive, self-serving "games" will drive others away. Brown (1995) describes the decline of true intimacy in our culture and tries to explain why Americans are becoming more and more unable to sustain meaningful relationships.

What can be done about these barriers to good relationships? A lot! For example, we

can understand ourselves better, as we just discussed in the first part of this chapter and in the other chapters. We can gain insight into our socialization processes so we can build, person by person, a more caring, cooperative, egalitarian, and less competitive society. We can allow others the freedom to be themselves, as Carl Rogers (1972) repeatedly advocates. We can accept ourselves without lessening our self-help efforts. We can learn social-communication skills (see chapter 13) and overcome shyness (chapters 5 & 12). We can be honest and involved with others and not play "games."

What are the "games" we play with other people?

Surely, many of our needs could best be met by having loving, secure, intimate, satisfying relationships with others. However, Eric Berne (1964) contended that three undesirable (and unconscious) needs motivate "games" between people which actually interfere with finding friendships, love, and closeness. The three major destructive needs or motives are (1) *expressing hostility* or putdowns towards others, (2) *expressing self-hatred* or self-criticism (see Sooty Sarah in chapter 6), and (3) *ego-boosting* by exaggerating one's assets or someone else's faults. It becomes clear why these transactions or games would be unconscious; they are mean and/or selfish.

Berne's book, *Games People Play*, was a best seller for several years. It was and is meaningful to many people. *What is a game? It is a put on...a dishonest interaction* designed (by the "child") to deflate someone or to inflate the game player's ego. Every game has *three steps*: (1) the initial interaction which appears on the surface to be reasonable and straightforward. This is the "hook" or *the "set up"* --a deceptive front or pretense which hides the true purpose of the game. (2) There is a *secret ulterior purpose* --the destructive need. This is a hidden agenda, and gradually a "switch" is made from the pretense to the real motive. (3) There is *an unhealthy, childish, "sick" outcome, a "pay off"* that usually degrades the player him/herself or the other person. An example will make it clear. Suppose you volunteer to help a friend with her math problems. If there is a part of you (the child) which unintentionally makes the math lesson more difficult or confusing to her than it needs to be, then you are probably playing a game. If you use her feeling stupid to make yourself feel smart and superior, than it's a game. If you get some pleasure out of seeing her feel inadequate and scared or feel satisfaction out of proving again to yourself that most women are dumb, then it's a game, since you aren't really helping, although you may consciously think that is your motive.

Games, as defined by Berne, are always destructive to relationships. They aren't "fun and games;" they end up being very serious and cruel interactions. So why are they performed over and over? As mentioned before, we have needs to "one up" another person, to punish ourselves, to feel self-righteous, to get attention (even if negative), to deny our fears and self-doubts and responsibility, to cut down others and so on. In the service of these needs, games yield a variety of immediate, primitive, pleasurable feelings, e.g.

- I'm smarter than you are!
- I'm always being dumped on so I have a right to get revenge--to be mean and nasty.
- I'm always messing things up, I don't deserve good things, I deserve to be punished.
- See you are an SOB! So, it's all right if I rip you off.
- Other people are to blame for my problems, not me.
- I'm a bad person, I guess you'll just have to spend a lot of time with me, correcting and punishing me.

Also, the outcomes of the games we play confirm our prior opinions; they prove we were right, e.g. I'm not lovable (not OK), other people are stuck up (not OK), men are only interested in sex (not OK), etc. In this way, the games each of us play reflect our particular life position, our life script, and our expectations of others. Games are a major means by which we unconsciously carry out our expectations about who we are and what we are going to become.

In the last 20 years several books have described hundreds of games (Barnes, 1977). Some are specialized, e.g. sexual games (Chapman, 1969), student games (Ernst, 1974), alcoholic games (Steiner, 1971), and games avoiding closeness (Oden, 1974). These books will help you understand your relationships. Also, see chapter 15 for methods of identifying your life position and script. A few more examples of games will aid you in recognizing when you are or someone else is playing a game.

Yes, but...

The set up: "Hey, help me solve this problem." When the other person tries to help and offers advice, the response is "Yes, but I could never do that" or "Yes, but I tried that once and it made things worse" and on and on. Every suggestion is shot down (then the helper and the helpee begin to realize they are in a game).

The ulterior motives: to prove that "no one can tell me what to do," to control the conversation, to picture oneself as being the innocent, suffering, pitiable victim of an insolvable situation, or to demonstrate that "I am superior--I thought of a tough question and found fault with all your answers."

The payoff: I'm OK (smart and powerful); you're not OK (wrong every time!).

Rapo

The set up: a couple meet and have a good time together. He tries to impress her; she flirts.

The ulterior motive: after a fun evening, he asks to take her home or to stay the night and she responds, "You creep! What do you think I am? I'm no slut! You are just like all

men; all you think about is sex." Or... he tells her he is in love with her and she sleeps with him, then he dumps her thinking, "Wow, are women dumb! They will believe anything you tell them."

The pay offs: to put down the opposite sex, to have an ego trip proving one's attractiveness, to justify one's anger towards the opposite sex, to avoid sex and/or an intimate, long-term relationship, to project dirty, crude sex to males or desperate needs for love to females, to confirm that I'm OK but you're not OK.

Now I got you, you SOB (referred to as "NIGYSOB")

The set up: the game player uses a minor incident, perhaps an oversight or a simple error, to "try to help" the other person do better or to correct some alleged injustice done by the other person.

The ulterior motive: The game player, whose anger has been secretly building for a long time, has been waiting for (or manipulating) an ideal occasion which would justify venting his/her full rage and nailing the other person to the wall. Examples: a rival at work makes mental notes of all your mistakes and then "tries to help you" by publicly criticizing you in front of co-workers and the supervisor. Or... you play NIGYSOB with your boss by finding he/she has made some mistake and then you denounce him/her as being inexperienced or stupid to all your buddies. Or... a jilted ex-lover may confront the former partner about not returning some minor items (say some bed sheets). The tirade takes place in front of the ex-lover's new partner and many other vitriolic accusations are thrown in: "You screw over people and don't care... you are the most arrogant, self-centered b _ _ _ _ I've ever seen...."

The payoffs: As the aggressor, one manufactures an excuse for venting one's pent-up anger, one can hurt the other person's reputation, one can avoid recognizing his/her own mistakes and weaknesses by focusing on the other person's faults, one can build his/her own ego while demonstrating that other people are SOB's.

If it weren't for you

The set up: a person, usually in a long-term relationship, wants to explain why he/she has lived the way they have. Example: the teenager with a mediocre school record says, "my parents weren't interested in school and didn't make me study." A middle-aged man says, "I could have been much more successful if I hadn't had to take care of a wife and family." A housewife says, "I could have gone to school and had an exciting career if I hadn't done all these things for my family which no one appreciates."

The ulterior purpose: to deny responsibility for one's life, to blame others for the misfortune one experiences, to seek sympathy, to express anger and resentment towards others or the world or God.

The payoff: to prove I'm not responsible, I'm faultless (OK); you are to blame (not OK) and deserve my resentment. This is similar to the game of "See what *you* made me do."

Note that many games are repeated over and over again with new victims, i.e. a Rapo or a Yes, but player may go through the same routine hundreds of times, suggesting the game player needs to frequently gain a certain pay off. In TA terms, this is called a "racket," that is, a need to play certain games and feel a certain way repeatedly--angry, neglected, superior, inferior, cheated, etc. Sometimes game playing leads to "Stamp Collecting," a TA term for storing up points for feeling bad, e.g. being "dumped," or for doing good. Then, "Brown Stamps" for being hurt can be cashed in for a guilt-free temper outburst, a week end binge, or some other revenge. "Gold Stamps" for being good can be cashed in for a good time--a shopping spree or a night on the town--which you wouldn't let yourself do if you hadn't been so good.

Thus far, we have described games that put down others. There are self-put down games.

Put downs of one's self

Kick me or drop me

The set up: when we are feeling insecure and unlovable, we might put ourselves down and, indirectly, ask others to reject or hurt us. We might be self-critical and bore others until they leave. We might cling so tightly to our boy/girlfriend that we suffocate them and drive them away. We might be so clumsy or incompetent or insecure that we invite others to poke fun of us. It is as if we put a sign on our backs that says "Kick me."

The ulterior motive: to feel bad, unloved, rejected, and/or hurt without realizing that we, as "kick me" players, intended for it to happen precisely the way it did. Indeed, most "kick me" players then proclaim their innocence by playing, "Why does this always happen to nice, little me?"

The pay offs: to avoid having others expect us to be responsible and capable, to avoid intimacy, to re-create a loss of parental love, to get sympathy and some enjoyment when we tell others our "ain't it awful" stories, to deny any responsibility for what happened, to get positive strokes when putting ourselves down (see Sooty Sarah in chapter 6) and negative strokes when we are kicked, to confirm that I'm not OK ("No one likes me") and/or that you're not OK ("You can't trust people"). Hurt feelings earn us "brown stamps" which can be cashed in for many pay offs, like a good sulk, a run-away-from-home, a fight, an affair, a lost weekend on the town, etc.

The "kick me" game is self-defeating, similar to a "gallows transaction" in which a

person manages to get his/her friends to laugh and give other forms of attention when he/she makes mistakes, drinks too much, shoplifts, drives dangerously, cheats on a boy/girlfriend or on an exam, etc. In this way, the misguided friends help lead the person to the gallows of self-defeat and misery.

Wooden leg

The set up: "the reason I'm not a fantastic track star is because I have a wooden leg." "I dropped out of school because my parents were poor and from the wrong part of town." "I wasn't promoted because I wasn't in the right social circles."

The ulterior motives: to have an excuse for one's actions, to deny responsibility for one's own life, to get sympathy.

The pay offs: "surely you wouldn't expect much from me, considering that I have this handicap--a wooden leg, the wrong parents, the wrong friends, the wrong size, the wrong sex, the wrong age, the wrong race, etc."

Alcoholism

There are many reasons why people drink or use drugs: to forget problems, to reduce inhibitions and get courage or power, to have an excuse for doing things one wouldn't ordinarily do, to have social interaction, to get some sexual satisfaction (overt or subtle; heterosexual or homosexual), to hurt the family, and to satisfy physiological needs.

The TA interpretation of alcoholism is that the drinker needs to suffer, to feel awful during the hangover, to be criticized, to degrade him/herself. I think it's more complicated than that.

Ego-boosting games

The exaggerated friendliness of a used car salesman, a politician, or a striving administrator probably does little harm because the self-serving purposes are obvious. The greatest harm occurs when the game player starts to believe he/she really is superior and deserving of privileges because of income, status, education, looks or whatever. Some brief examples:

Comment

The friendly phony: "I really like you."

"I'm the boss."

"Yes, boss, you're right."

Purpose

Notice how wonderful I am.

Adore me if you want a raise.

Now, how about that raise?

"You are really great."	Now, like me and say "you too."
"I have a Ph.D. (MD, JD, MBA...)"	You should be in awe.
"I love you."	Now, come on to bed.
"Ain't it awful."	Let's get buddy-buddy and feel superior by bad-mouthing someone.
"Let's fool the cop or boss."	We'll show them who is the smartest.
"The secretaries make the coffee."	We managers are superior; we are waited on.
"Women are so emotional."	We males are superior.

Another ego-boosting game might be called the "education game." If you make up a paragraph which sounds good but is total nonsense, the high schooler will tell you, "I don't know what this paragraph means." The college student will be uncertain but will take a guess. The graduate student or Ph. D. will say he/she knows what this nonsense means and will tell you with an air of confidence. As we get more educated, we become more sure of ourselves (or pretend to be) than we have a right to be.

The purpose of education is to provide everyone with the opportunity to learn how best he/she may serve the world.

Finally, there are some games that simply create stress, but the stress has a purpose.

Uproar

The set up: a touchy or explosive topic is brought up prior to going out for a nice evening or doing something important.

The ulterior motive: to avoid having a good time and becoming more intimate with the partner (because you are mad at him/her and/or are afraid of being in love and then getting rejected and/or are too insecure to leave an unhappy relationship).

The pay off: a good fight that reduces the closeness and intimacy in a relationship where intimacy makes us uneasy.

Power struggle

The set up: two people, usually spouses, co-workers, or parent and child, are trying to impress each other or get the other person to do something. "My _____ (house, car, job, performance, brain, social ability, etc.) is very good."

The ulterior motives: to feel superior by putting the other person down, to have the other person serve or defer to you. "My _____ is bigger and better than yours; therefore, you should do what I want you to do."

The pay offs: an ongoing, competitive argument about who is best and who should be the boss. There is always some hope of winning the argument and so the relationship continues on but without emotional depth.

Summary of games and how to stop them

First, recognize that games involve deception. The way to stop gaming is to see what is really happening. That isn't easy, but ask yourself if any of the above games sounds slightly familiar or similar to your own behavior. That is the only hint you will have; don't expect to always have instant insight and think "Oh, I do that!" Our unconscious doesn't just pop open as soon as someone peeps in.

Second, realize that we are all frustrated and angry at times (see chapter 7). Games involve lots of putdowns. It is not surprising that we try to express our negative feelings subtly. It's safer to be sneaky! And, besides that, secret attacks are harder to defend against. Furthermore, if we feel angry and mean, it is less stressful sometimes if we do not think about our hostility, i.e. if our destructive urges are shoved into our unconscious. Thus, the interaction in games is rather strange: no one knows what is really happening! *Neither the game player nor the victim is consciously aware* of the purpose of this social interaction, until the pay off of the game is being collected. Even then, neither person may recognize what happened, the game player just knows this happens to him/her a lot. In addition, an interaction with any one person may produce many pay offs, some desirable, some destructive, some mixed. This helps conceal games. Example: the teacher who enjoys belittling and putting down students who haven't done their homework, may be a good teacher in other ways, such as lecturing or kidding around. The detection and control of games, for all these reasons, requires insight and a conscious motivation to change the unconscious interaction.

The only solution, for the game player, seems to be for your "adult" to become aware of what your unconscious parts, usually the "adaptive child" or occasionally the "critical parent," are doing via games. How does the "adult" gain control over the gamy interactions? It does so by (1) learning the games and the pay offs, (2) learning the situations in which you play games, and (3) consciously deciding that it, the "adult," will stop the manipulation and refuse to permit the sick pay offs to occur.

When we recognize a game-playing situation (try to detect the beginning of the set up), we can avoid it or have a pleasant, constructive, caring, straight, genuine, and intimate interaction, instead of playing a game. When we recognize a tendency to put down others, we can practice empathic responding (chapter 13) or try to strengthen our understanding and tolerance (chapters 7 & 14). If we tend to put down ourselves, we can instead build our self-esteem (chapter 14). Take pride in your new-found insight and conscious control. Say to your "child," "I caught you playing games again, didn't I?" or "I (the adult) love you (the child) and I need you, but let's see if we can't find a better way to get the "strokes" we both need."

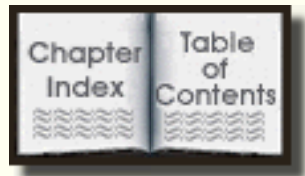
If someone is running a game on you, refuse to go along. Examples: if he/she is playing "Yes, but," refuse to solve his/her problems for him/her. If he/she is putting you down, as in "NIGYSOB" or "If it weren't for you," you can simply refuse to take the blame and get away from the game player. Remember, the game-player may get mad if you do not play his/her game, especially if you start "analyzing" his/her behavior. Be sure to reward his/her being genuine. Also, remember he/she isn't conscious of his/her game playing. But that doesn't mean you have to "put up with it."



Every (person) is a good (person) in a bad world--as he/she him/herself knows.
-William Saroyan

[← Back a page](#)

[Forward a page →](#)



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RELATIONSHIPS WITH OTHERS

Self-deception: excuses and self-handicapping

As "games" illustrate, it is vitally important that we humans learn to face the truth and avoid fooling ourselves and others. Yet, there seems to be powerful basic human needs to "look good," to appear competent, to be right, and to be in control. This is referred to as impression management (Schlenker, 1982). We all (almost) put "our best foot forward" or "show our best side," although at times it seems to our advantage to appear weak and troubled. Lerner's (1993) new book, *The Dance of Deception*, describes many ways of avoiding the truth and their consequences.

Nonchalance is the ability to look like an owl when you have acted like a jackass.

Excuses (explanations or actions, used when we have goofed, to make us look as good as possible under the circumstances) are an excellent example of deception. Note that excuses are deceptive in three ways: (1) our attempt to hide our bad parts and "save face" with others, (2) our attempt to justify our own bad behavior to ourselves and (3) we are quite often not aware--and don't want to be--of what we are doing. Snyder, Higgins and Stucky (1983) claim that excuses come in three basic forms: (1) "*I didn't do it* ." Sometimes we say, "someone else did it" or our memory (our "story") distorts the facts so we feel better. (2) "*I did it but it's not so bad* ." Sometimes we fail to be helpful (see chapter 3) and say "I didn't think it was serious" (when there is famine) or "It isn't my responsibility" (when Kitty Genovese was killed while many watched). When we harm others, we may blame the victim (when we discriminate) or discount the harm we have done. When we get negative feedback, we attack the source and say the critic is stupid or we say the test is unfair. Men are more likely to use this type of excuse than women. (3) "*I did it and it was bad, but I have an explanation*." Sometimes we say, "Everybody does it" or "Anyone would have done the same thing" because the task was hard, "I just had bad luck," the "situation was awful," "I had a bad cold," "I didn't know," "I was confused," etc. Sometimes we reduce our shame or

guilt by implying we weren't ourselves: "I didn't mean to" or "I only did it once" or "I didn't really try" and so on. Women are more likely to use this type of excuse.

Excuses are a way of saying, "I'm really better or more able than you might think (based on what you just saw me do)." They are our "public relations" efforts. They also soothe rough relationships: "I'm busy" sounds better than "I don't want to be with you" and "I forgot the assignment" is more acceptable than "I thought it was a waste of time." Snyder says excuses also help us accept our limitations, help us feel better about ourselves and help us take chances, since we know we can always come up with an excuse if we fail. So, excuses may do some good. However, there are several major difficulties with using excuses: (1) we seldom work as hard to excuse other peoples' behavior as we do our own (see chapter 7). (2) Constant excuses become irritating and drive others away. (3) Denial of real weaknesses may undermine self-improvement; if the excuses work well, we feel little need to change. (4) Excuses can become self-applied labels and self-fulfilling prophecies, such as "I had a little to drink" used as an excuse becomes in time "I was drunk" becomes "I have a drinking problem" becomes "I am an alcoholic." Excuses can become permanent and serious disorders (of course, the etiology of alcoholism is more complex than this).

(5) People who are especially insecure and concerned about disapproval by others will go to great lengths to avoid putting themselves to a true test of their ability. Often they will exaggerate any handicap which provides another explanation (rather than low ability) for their poor performance, for instance a person may not try very hard so he/she can still believe "I could have done better if I had wanted to." Others may say, "I don't do well on those kinds of tests" or "test anxiety really messed me up" or "I was really tired." There is also "*self-handicapping*," i.e. actually arranging another handicap (not inability) which can be offered as an explanation for a poor performance. Examples: Partying all night before a test or agreeing to help a friend instead of doing an assignment. The handicapper's purpose is to forestall or avoid the painful conclusion that he/she just doesn't have much ability or not as much ability as one would like to have others believe one has. We strive mightily to keep our self-esteem and to feel we are in control of the situation (Jones & Berglas, 1978; Baumgardner, Lake & Arkin, 1985).

There is increasing research supporting Alfred Adler's 75-year-old ideas that we unconsciously use symptoms (physical complaints, test anxiety, depression, drinking) as an excuse, an "alibi," for poor performance. We also exaggerate the trauma in our background if our personal history can be used to excuse our failures (Snyder, Higgins & Stucky, 1983; Baumgardner, Lake & Arkin, 1985).



What an individual seeks to become determines what he remembers of his has been. In this sense the future determines the past.

-Rollo May, *Existence*



No wonder we use excuses so much; they provide their own negative reinforcement, i.e. excuses allow us to escape unpleasant situations (see chapters 4 and 11). But the high price we pay for this temporary relief is distortion of reality--we lie to ourselves, we fail to see things as they really are, one part of us attempts to fool other parts as well as other people. It is also quite clear that if we actually drink, take drugs, have physical complaints, or procrastinate (see chapter 4) as a means of excusing our poor performance or as a self-defeating effort to bolster our self-esteem, we could be in serious trouble if this excuse is used too often. The difficulties we face in this situation are: how do we detect the stresses and self-deception before serious damage is done? How do we control personal traits that normally make us feel better but with close scrutiny make us feel very uncomfortable? Discovering the unconscious is a problem for self-helpers, i.e. all of us. I'll give you the best answer I can.



When an archer misses the mark he turns and looks for the fault within him/herself. Failure to hit the bull's-eye is never the fault of the target. To improve your aim, improve yourself.



The part of us (the "adult") that wants to face the truth must be valued and encouraged. Those of you who have a strong part (the "child") that is impatient with this topic and wants to get on to something else are the ones who most need to ask yourself some questions, such as: Do I give a lot of excuses, like those mentioned above? Am I a procrastinator (they always self-con, see chapter 4)? Do I think I could do a lot better if I really tried? If so, why don't I try to do my very best and honestly observe the results? Do I feel under the weather more than others--tired, headaches, sleepy, tense (see chapter 5)? Do I think the way I was raised and other life experiences are keeping me from getting what I want? Do I so emphasize being free and happy that I overlook doing for others? (See chapter 3) Do I use irrational ideas or set unreasonable goals and create my own sadness or anger? Am I prejudiced? Do I feel superior to certain kinds of people--and might that be a way of hiding my own undesirable traits? Do I feel discriminated against, and do I use that as an excuse for not working harder? Do I have excuses for not asserting myself and not trying new things? (See chapter 8) Do I play games, as described earlier in this chapter, and, thereby, excuse myself for being aggressive or inconsiderate of others?

If you suspect you are deceiving yourself in one or more of these instances, it is important to face the situation squarely. Think about your possible underlying motives. Ask a friend who is frank (and doesn't think you are a candidate for sainthood) if your unconscious might be at work in certain situations? Accept the way you have been, but decide how to improve and start self-improving NOW. Don't continue deceiving yourself

and, most importantly, don't continue to be inconsiderate of others without realizing the harm you are doing. We can surely find better ways to reduce our tension than by lying to ourselves and to others.

People--our closest loved ones--cause us problems and provide relief

Most of us humans are filled with social needs. People are the primary sources of our misery and our happiness--the sources of our troubles and our help. Many therapists believe that conflicts with others account for most stress. Thus, if you went to a psychiatrist or psychologist with headaches, anxiety, depression, eating disorder, or insomnia, he/she would ask you about your relations with others. Therapy often consists of resolving current or former (childhood) interpersonal situations. This focus on relationships comes partly from Adler (1951) who saw adults as striving for power and superiority over others. He encouraged his clients to develop a caring (anti-chauvinistic) "life-style" that lead to self-improvement and served others. Sullivan (1953) also emphasized how interpersonal relationships influence our "self"--our personality and our drives for security, power, pleasure, empathy, physical intimacy and so on. According to these writers, insight helps us change. Then, Berne (1964) wrote *Games People Play*, which we have just reviewed.

Even if interpersonal stress is not a cause of a problem, other people can often help with the solution. As you may remember from childhood, often a problem doesn't seem so big after we have shared it with another person, especially if he/she holds us lovingly on his/her lap. Often, as adults, we turn to friends and relatives just for comfort (not necessarily for sage advice) when we are in trouble. Friends are a very important part of our lives (Rubin, 1985), even though we change friends from time to time. In addition, there are "arranged friends" in the form of self-help groups, relative strangers offering help to people with special problems. It is usually especially reassuring to talk with people who have had the same problems as you have had. These support groups include the famous Alcoholics Anonymous and hundreds of other specialized groups for dieting, Parents Without Partners, parents of children with terminal illnesses, ex-psychotics, unemployed, abusive parents, people going through divorce, etc. etc. Call your Mental Health Center to locate the self-help group of interest to you. If there is no group near you, find two or three others nearby with similar concerns, if needed consult with a counselor, and start your own self-help group. These experienced, caring self-help groups provide a very valuable service free (see Method # 3 in chapter 5 and Lieberman & Borman, 1979).



A real friend is one who helps us to think our noblest thoughts, put forth our best efforts, and to be our best selves.



As our families scatter in a mobile society and each person is left on their own to make friends (Keyes, 1973), we sometimes become lonely. We may have no friend or relative to turn to when we need emotional support. Because of this isolation and the availability of mental health services, more and more people are seeking professional help with living without people or living with them (Howard, 1971; Schutz, 1975; Verny, 1975). William Schofield (1964) called psychotherapy "the purchase of friendship." In recent years there has been less of a stigma against "seeing a shrink." Thank goodness! It is a cruel and stupid idea to put down people for seeking help. What's really dumb is to *not* seek help when you need it! Besides individual therapists, there are group therapies, encounter groups, and church groups, like marriage enrichment. Most towns, schools, and hospitals have a psychologist or social worker available. Most counties have a Mental Health Center staffed by competent professionals. All these resources concentrate on helping us get along with each other. Don't hesitate to go for help.

Keep in mind, however, that it is difficult to "treat" a relationship (e.g. a marriage) if only one person is in treatment. Likewise, a weekend encounter may help you disclose intimate feelings with your temporary, two-day "friends" but these skills may not generalize to your permanent "friends," like spouse, father, daughter, co-worker, etc. Indeed, some psychologists argue that it is much more effective and reasonable to learn new skills, attitudes, and awareness while interacting with your spouse, friends, relatives and colleagues at work, rather than in encounter groups with "instant friends" (Flanders, 1976). In certain circumstances, however, it is better to not know the other group members (so you can disclose more openly). Several references will help you decide if growth and encounter groups have much to offer you (Egan, 1972; Lieberman, Yalom & Miles, 1973; Schutz, 1975; Shiffrin, 1976). It's best just to try it and see.

The relationships within a family

The Family

The central parts of our self-concept are introduced by saying "I am a ____" or "This is what I do." Almost equally important, however, is our identification with our family, as when we say "My father was a ____" or "Our family home is (was) in ____" or "I'd like for you to meet my family ____." Our *family of origin* (Mom, Dad, brothers and sisters) and our childhood are important, permanent parts of us. In addition, our need for intimacy is so strong that most of us expect to marry and have another family of our own, our *family of procreation*. We want emotional closeness; we want to share our lives. Fortunately, 60% of children get along well with their parents. The greatest fear of children is of losing their parents. Early in our lives, our parents know us better than anyone else and they are more likely than anyone else to love us unconditionally throughout much of our lives. Our family of origin also provides us with other life-changing, life-long relationships, namely, with our siblings. Our brothers and sisters have a powerful impact on us--sometimes fierce loyalty, sometimes bitter rivalry, sometimes both--but siblings are mostly overlooked by current

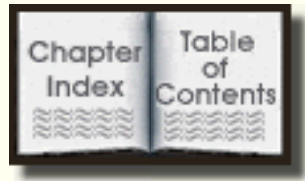
psychology (Bank & Kahn, 1982; Klagsbrun, 1992). Our parents, our siblings, our spouse, and our children are, for most of us, our most important relationships.

No doubt our role in our family of origin influences our role in our family of procreation. Blevins (1993) helps you understand those relationships. Marriage counselors have found that the closeness (separateness vs. togetherness) and the flexibility (adaptability from rigid to chaotic) within each partner's family of origin influences the current relationship. Our marital expectations and conflicts frequently originated in our childhood. The chauvinistic aspects of traditional families are discussed in the last section of this chapter.

Creating a child takes no thought; yet, deciding to have a child is probably the biggest decision you will ever make, so do it carefully. Elizabeth Whelan (1976) has a self-help book that might help with the decision to have a baby or not. Parenting a child is a demanding life-long job.

[← Back a page](#)

[Forward a page →](#)



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RELATIONSHIPS WITHIN THE FAMILY

Child care--useful references

Many of us as parents-to-be had little advanced warning of what an enormous task raising a child really would be. It is truly life altering! There are 24-hour-a-day chores and so many problems we don't know how to handle. Thus, thousands of child care books have been written. Dr. Spock's (Spock & Rothenberg, 1990) and Dr. T. Berry Brazelton's books have calmed and guided many of you readers and your parents. Dr. Spock was eventually criticized for being too permissive, i.e. not authoritarian or punitive enough with children, and too outspoken against the war. Almost everyone agrees that the early years are psychologically crucial, however. Freud said, "The child is father of the man." Harry Harlow (1973), who studied the early development of monkeys, said, "primates love early or they probably hate forever."

Parenting is such a complex area involving efforts to help and change children (as well as to self-help by changing your own parenting) that I will only summarize the major themes of current thinking. Mostly I will help you find useful knowledge.

There are many approaches to child-care, depending on the child's age and the problem. Inform yourself. Universities, public libraries, and bookstores have mountains of books on parenting. There are excellent general reference books covering normal development and how to cope with common problems: For guides to pregnancy and childbirth, see Kitzinger (1985) and Eisenberg, Murkoff & Hathaway (1988). For good advice about baby and child care, see Brazelton (1983, 1984, 1987, 1989 & 1992) and Leach (1983 & 1991). Dr. T. Berry Brazelton is currently America's baby doctor. **If you aren't a reader**, several videos show parents how to handle many child rearing problems (see Research Press, Champaign, IL)

Because a teenager must struggle to become his/her own person (to be independent while still dependent) within a controlling environment, the complicated relationships between parents and teenagers have to some extent already been covered in the chapters on anger and dependency. Good general references for coping with this stage of life are

Ginott's (1971) highly respected and recommended *Between Parent and Teenager*, Elkind's (1984) *All Grown Up and No Place to Go: Teenagers in Crisis*, and his (1994) *Parenting Your Teenager*, Clarke et al's (1990) *Help! For Parents of School-Age Children and Teenagers*, and Steinberg & Levine's (1990) *You and Your Adolescent: A Parent's Guide for Ages 10-20*. There are circumstances no doubt when "tough love" is needed (get tough, make demands, and let the teenager take responsibility for his/her actions), but many mental health professionals are skeptical of this approach (York, York & Wachtel, 1982). There is little or no research. The experts prefer a gentler approach involving a show of understanding and care, long thoughtful discussions, and warm tolerance instead of cold, immutable punishment (Santrock, Minnett & Campbell, 1994). A good book is Faber & Mazlish's (1980) *How to Talk so Kids Will Listen and Listen so Kids Will Talk*.

One of the more mysterious phenomena in human development is the loss of self-esteem in girls during puberty. Several changes are occurring at this time, such as bodily developments in both sexes, sex hormones surging in boys, sudden intense attractions to boys, looks and popularity become much more important than intelligence and careers, and self-confidence or self-esteem plummets. This problem is discussed in more detail later in this chapter. Look for a flood of books dealing with this problem (Orenstein, 1994; Pipher, 1994), but more research is really needed for us to understand this developmental crisis.

Another pool of ignorance thwarts us as parents, namely, how to raise boys into good men. Considering the level of violence by men, the chauvinistic attitudes of men, their engaging in date rape and sexual harassment, their high rate of unfaithfulness and divorce, and their abandonment of children (not marrying their mothers or infrequently seeing the children and paying support after divorce), why wouldn't any parent worry about the morals of his/her sons? Several psychoanalytic books (Bassoff, 1994; Pittman, 1993; Silverstein & Rashbaum, 1994) address the problem but little relevant research exists, as yet, in this vital area. One area of research is interesting: some boys raised in homes without a father tend to be hyper-masculine, i.e. aggressive, violent, tough, criminal, etc. Girls raised in fatherless homes have sex earlier, get pregnant more often, and have more relationship problems with men.

There are an astonishing number of even more specialized books: **adoption** (Melina, 1989; Melina & Roszia, 1993; McNamara, 1976), **prenatal and infant care** (Spock & Rothenberg, 1985; U.S. Government Publications), **nutrition** (Eisenberg, Murkoff & Hathaway, 1986), **safe medicine** (Abrams, 1990), **child birth and nursing** (La Leche League, 9616 Minneapolis Ave., Franklin Park, IL 60131; Neifert, 1986, 1991; Eisenberg, Murkoff & Hathaway, 1989), **general parenting** (Satir, 1988; Ginott, 1965, 1971; Gordon, 1975; Chess & Thomas, 1987; Gardner, 1973), **single parenting** (Dodson, 1987; Evans, 1989), **step parenting** (Burns, 1986; Evans, 1988; Banks, 1990a; see chapter 10), **yours, mine, and ours** (Bernstein, 1990), **part-time fathers** (Atkin & Rubin, 1976), **better fathering** (Barkin, 1988; Levant, 1991), **preschool child** (Gallinsky & David, 1988), **child abuse** (see chapter 7 and later in this section), **aggressive-angry children** (Patterson,

1976, 1987; Samalin, 1991), **disabilities** (Brutton, Richardson, & Mange, 1975), early childhood **fears** (Newbridge Communications), **stress** (Saunders & Remsberg, 1985), **sleep problems** (Ferber, 1985), **bed-wetting** (Azrin & Besalel, 1979), **discipline** (Wyckoff & Unell, 1991; Peters, 1990; Gordon, 1991; Samalin & Jablow, 1988; Dreikurs & Grey, 1970), **dealing with two or more children** (Samalin, 1996), **behavior modification** with children (Silverman & Lustig, 1988; Mc Carney & Bauer, 1989; Krumboltz & Krumboltz, 1976), **study skills** (Schaefer & DiGeronimo, 1994), getting **schoolwork** done (Greene, 1993; Canter & Canter, 1988), **dishonesty** and other bad behavior (Hayes, 1991; Samenow, 1989; Ekman, 1991), **drugs** (Clarke, et al., 1990), **teaching values** (Eyre & Eyre, 1986; Popkin, 1987), **common problems** (Schaefer & Millman, 1994), improving **family life** (Patterson, 1971; Stinnett, et al., 1979, 1980, 1981, 1982; McCubbin & Figley, 1983), **overwhelmed parents** (Bartz & Rasor, 1978), **anxious parents** (Schwartzman & Sacks, 1992), **pushy parents** (Elkind, 1988), **co-dependent parents** (Becnel, 1992), marital conflict involving children, the struggling **working Mom** (Crosby, 1991), dealing with **teenagers** (Nelsen & Lott, 1990; Steinberg & Levine, 1991; Satir, 1972, 1988; see chapter 8), **acting-up teenagers** (Bayard & Bayard, 1981), a book for **black parents** (Comer & Poussaint, 1992), **when parents do too much** (Ashner & Meyerson, 1990), **loving** your child (Kern, 1987), caring for his/her **emotional health** (Philadelphia Child Guidance Center, 1993), **sex education** for a child (Sheffield, 1979; Mayle, 1973, 1975), a **thinking child** (Shure, 1994), a **grown-up child** (Halpern, 1992), when a **child needs therapy** (Doft, 1992), and on and on.

One book provides an annotated listing of over 350 children's books written to help them cope with specific problems (Pardeck & Pardeck, 1994). Here is a *brief summary* of this child care literature: To produce happy, well adjusted, energetic, self-reliant, self-controlled, friendly, achieving children, (1) show children more **love** and genuine concern than hate, give more praise than criticism, give more **rewards** than punishment (see chapters 4 & 11). **Spend time with them.** (2) **Share your feelings and reasons** with your children (see "I" statements in chapter 13). Value their ideas; encourage verbal give and take. **Touch them** lovingly. (3) Be fair, **listen empathicly and give respect**, resolve differences by talking about problems as equals (see Gordon's, 1975, no-lose method in chapter 13). (4) Distinguish between the person and his/her actions (Ginott, 1969, 1971), rather than "you are a lazy punk" say "I feel furious when I see your filthy room." **Dislike the behavior; love the person.** (5) Children **need to be guided, corrected, and given high goals**, values, responsibilities, and self-assigned chores, depending on the child's abilities and needs (Weiten, Lloyd & Lashley, 1990). They need help in becoming thoughtful of others. Encourage physical toughness and emotional strength; discourage dependency and demands for attention. (6) Lastly, I want to add a personal belief: **every child deserves well trained parents, a child care specialist, and at least 2-4 hours a day away from parents.** During this time away, the child should be with a skilled, experienced child care professional or teacher who also loves the child and collaborates or consults weekly with the parents. Raising a good human being should not be left to chance nor to untrained parents; child rearing takes more than a few minutes a day; it should be

our highest priority. We need research. How else are we going to produce a much better world?

If you think we humans just naturally love our children and have a "nurturing instinct," you are sadly misinformed. Read some history (McCoy, 1981)! Loving children is a new development! Remember, only 100 years ago, 20% of women were killed by childbirth (or some related complication) and 20% to 50% of infants *died during the first year of life*. Life expectancy was only 45 in 1850. Until the 19th century (only 4 to 7 generations ago) *children were often considered worthless possessions* --"just another mouth to feed" or "unimportant and uninteresting parasites." Children were often unwanted (no birth control), treated coldly (no cuddling and bonding), swaddled, and even beaten regularly and terrorized (some religious folks thought they had to drive out Satan and "the stains of original sin"). Of course, there were always loving families. But, even if you were born into wealth, you would have been sent to a wet nurse's house to live, perhaps, for the first two years. Parents rarely visited. At age 5 or 6, most children started working in the fields with their parents. By 9 or 10, they were often sent to apprentice with a craftsman or to a sweat shop to work. What about schools? The idea of public schools was only incubating during the 1800's. Even by 1900, one third of our states did *not* require students to attend school. Kain (1990) documents that there have *always been lots of single-parent families* (caused by death); *women have always worked outside the home* (as servants and in the fields). Thus, the species has survived in spite of this wide-spread neglect, abuse, and lack of education, but the pathology and ignorance from the neglected earlier generations still may be seeping to the surface. There is great hope, however: the family and the schools have changed remarkably in just 100 years, so maybe the whole species can improve greatly. If so, the world should already be reaping the rewards of more and more loving child care. Is it? It's hard to tell.

In contrast to 200 years ago, today's family tries to create a loving environment for everyone, especially the children, although both parents frequently work outside the home. Ideally, the family lives for one another, however. Families are supposed to be accepting and tolerant of children so they will develop self-esteem. Yet, families should also provide a sense of purpose, an understanding of rules, values, obligations, and a feeling of where you fit in. Home should be a pleasant, loving environment for growing and interacting. Possibly 2/3rds of our families today give fairly good child care. We have come a long way in terms of health and physical comfort! However, we may not have learned much psychology. All of us parents will still need help--therapy, consultation, information--many times during the process of raising a child. Lee Salk (1992) reminds us of the importance of a good family life and gives us advice about nurturing family values and a loving, caring environment.

Problems within the family

Families are responsible for producing a healthy, well adjusted, caring, reasonable, productive and loving new generation. That is *an awesome responsibility* and probably the hardest job in the world. Indeed, we are clearly expecting too much from *untrained, often emotionally stressed parents*. We all should help each other achieve those goals (that means we must seek guidance about our most intimate relationships and not hide our parenting "behind closed doors"). The quality of a child's entire life should not be entirely in the hands of his/her parents. Schools help some but there is much more useful knowledge they could be providing all of us before and after we create new lives (see Satir, 1972; Poguebin, 1983). Furthermore, to promote love and health, families must offer all members friendship, especially time and love--whenever it is needed. "Home is a place you can always go and they have to take you in." Instead of dominating and controlling one another, families can grant equality and freedom to each other. Families can freely give and receive love. That's so much better than fighting for advantages or control.

Virginia Satir (1972, 1988), a renowned therapist, wrote two of the best books about families. She says that **troubled families** have four areas to improve:

1. *self-esteem* --in healthy families every person feels good about him/herself, not just Dad and/or Mom.
2. *communication* --in healthy families there are clear, honest, direct messages sent and everyone avoids these four responses to threats:
 - a placater--"I always want to do what you want to do." (I'm worthless. Payoff: Hides my needs.)
 - a blamer--"You screwed it up again." (I'm always right. Payoff: Hides my need to be close to the other person.)
 - a computer--"I'll calmly give the right answer; I don't want to get emotional about this." (I've got it together...almost. Payoff: Hides all my feelings.)
 - a distracter--"I'd rather talk about something else, something irrelevant to the issue at hand." (No body cares what I think anyway. Payoff: Hides everything.)
3. *family rules* --in healthy families rules are flexible and reasonable rather than rigid and inconsiderate. The rules should be democratically arrived at, not dictated.
4. *outside contacts* --in healthy families there are good connections with persons outside the family, so that we are not fearful, placating, or blaming inside or outside the family.

Satir gives detailed suggestions for achieving these healthy conditions in families. We know a lot about how to provide a healthy environment for families. Why aren't we using this knowledge?

Another "classic" about the family is *The Family Crucible* by Napier & Whitaker (1978). It describes a family systems approach to family therapy, but in the process it clarifies how psychological problems evolve from relationships within the family. Perhaps we do not have "individual" problems as much as we have "family" problems, i.e. difficulties arising from interactions and conflicts within our family. What are the common sources of problems according to this viewpoint? Polarization (stress between two or more people), escalation (participants intensify the conflict), triangulation (two people gang up on another, sometimes as a way of avoiding their own troubles), blaming (a "it's your fault" defense), diffusion of identity (the family does not permit a member to be his/her own person and free), and fear of immobility (a fear that the family will disintegrate or die, and you can't escape). Even though this book is for professionals, it can enlighten any reader.

There is growing evidence that advances in modern medicine, better nutrition, sanitation, clear air, and exercise--all the things we obsess about--are not responsible for doubling our life expectancy and improving our general health! What is responsible? Leonard Sagan (1990) says it is *the affection and security associated with the modern family* compared to the hard rural life 200 years ago. Good health involves learning to be self-responsible, to use knowledge, and to be optimistic about controlling your life. Good health is as much a psychological achievement as a medical one. And the family is instrumental in our psychological development. In contrast with the high stress popular magazines constantly write about, modern living, without the threat of wild animals or raiding parties and without families of 10 to 15 (plus 2 or 3 deaths in infancy or childhood), is surely less scary than it used to be. Still each child needs lots of love and attention. In general, small, stable families who want a baby provide more care. But, while our society attends to acid rain, the Spotted Owl, chicken manure in Arkansas rivers, etc., it does little or nothing to improve the psychological-emotional environment within our homes, which is critical to our health and adjustment. Did you know that fetal and infant death rates for married mothers is only half as high as for unmarried mothers? Did you know that a teenaged mother is 7 times more likely than an older mother to abuse her child? Did you know that 70% of delinquents have no father at home? Did you know that children of divorce die 2 to 4 years earlier than children from a stable family? Family life may be getting better for some of us but as a society we have a long way to go.

An increased child-care role for fathers

By 1996, it is estimated that 2/3rds of the mothers of even preschoolers will have

outside employment. Currently, about 40% of fathers put in over 50 hours per week at work. Companies often expect this kind of dedication. The conflict between career and family is intense. Child-care from Dad is required in a two-career family; about 45% of fathers in 1993 claimed to share the child care responsibilities 50/50 with his wife (only 20% of their wives agreed that the work was shared 50/50). In any case, men in a stable marriage are now more deeply involved in caring for their kids than ever before, and most really like it. However, 25% of all American children born in 1993 had unmarried mothers (in 1995 another estimate was 33%). About 25% of children (60% of black children) are raised by a single parent. About 12% to 16% of all children live with step-families. After a divorce, only 16% of children see their biological father once a week or more. Ten years after a divorce, 2/3rds of children have almost *no* contact with their fathers. How sad (see discussion of the serious effects of divorce in chapter 10).

This evening, 40% of all American children will have no natural father at home to tuck them into bed. If divorced fathers do not have partial custody and/or very active involvement with childrearing, over 50% of them have little contact with their own children after 2 or 3 years. Over 50% of all children will live away from their fathers sometime between birth and 18. The high divorce rate causes serious, long-lasting *personal* problems for many (30%-50%) children of divorce. Blankenhorn (1995) contends that many of our *social* problems--crime, domestic violence, high divorce rates, babies having babies, children on welfare, young men without goals--are due in large part to fathers abandoning their children and leaving home. His solution? A responsible father for every child. How achieved? Through social and moral persuasion and pressure.

The birth of a baby sometimes raises the father's "**provider instincts**," resulting in his working longer hours *outside* the home. Of course, a few fathers are glad to be out of the house and avoid the crying and dirty diapers. But most are working to provide for the family. On the other hand, the new baby can raise mother's "**maternal instincts**," resulting in an intense involvement with the baby. Some mothers, especially older, better educated, previously career-oriented women, *monopolize the parenting role*. Some clearly "want to be my baby's main care-giver;" some believe "I can attend to the baby better than his/her father." This pushes the father aside and he may then get jealous or critical and withdraw. Child-care provided by a controlling older female, say a grandmother or an aunt, can also drive the father away from the child. To avoid these pitfalls it is important to involve the father at birth and ever after. Let him work out his own techniques with the baby, don't criticize or laugh at his early efforts. This tiny little critter needs Dad's style of love and play; Dad will forever cherish the involvement; Mom needs the help; the marriage will be better.

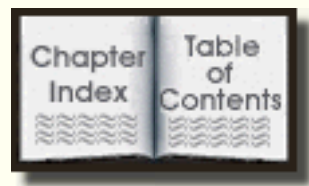
Sometimes both *Mom and Dad* get so involved in attending the baby's needs that they *neglect each other* and the marriage. Over 90% of new parents have more marital conflicts than before the baby. Each parent has to keep a realistic perspective, in spite of this helpless, charming, fascinating little darling. Both parents have equal responsibility and

opportunity to love this child but they have an even greater involvement with the spouse. Children are socially dependent on parents for only 12 to 15 years; they have to share their parents with siblings; they are physically in their parents' lives for only 18 to 20 years. The spouse, on the other hand, is our most important relationship for perhaps 60 years. A loving marriage is probably the most important role model you can give your precious child, certainly more healthy than a model of a doting parent.

Good parenting is one of life's major intellectual and emotional challenges. It isn't something that "just happens." We need training and experience *before* our child is born. No society has learned to do this yet. Wise child-rearing requires us to use all the available wisdom about controlling our behavior and emotions (discussed in previous chapters). The communication skills discussed in chapter 13, such as good listening, empathy, and persuasion, are even more needed with loved ones than with strangers. Problems centering around chauvinism in the family are discussed later in this chapter. Love, sex, marriage, and divorce are dealt with in the next chapter. Fanning and McKay (1994) offer men help in achieving a "new masculinity," including being nurturing, unaggressive, and expressive of feelings.

[← Back a page](#)

[Forward a page →](#)



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RELATIONSHIPS WITHIN THE FAMILY

The beginnings of our problems, parent blaming

Freud saw psychological problems as originating in childhood, i.e. caused primarily by parents, and this view has been hard to discredit. At the end of this section, **Table 9.2** summarizes some of the possible consequences of certain types of parenting and certain circumstances during childhood, such as an alcoholic parent, divorce, abuse, etc. In general, there are *two basic notions* about how the harm is done to children. One idea is that *parents over-control the child*, suppressing the true, basically good nature of the child. The other idea (Pillari, 1992) is that the over-whelming needs of the parents cause them to be *abusive and overly critical*, causing low self-esteem and self-defeating behavior in the child (who passes it on to the next generation). No doubt, both happen.



It is a humbling experience to have been a kid when everything was the kid's fault and a parent at a time when everything is the parent's fault.



Several well-known therapists (Bradshaw, 1985; Forward, 1989; Miller, 1983) describe harmful child rearing practices, called "poisonous pedagogy." When parents suppress a child's emotions--anger, fears, dependency--and needs--fun, sex, love--the true nature of the child is lost. *The child is so preoccupied with getting Mom and Dad's love* by doing what they want him/her to do, that the child loses sight of his/her own feelings and desires. In short, *the children never get to know their true selves*. Thus, such children are programmed to act out childhood roles ("games" and "scripts"), rather than become their real self. Such children also latch on to compulsions that help them deny or control their suppressed emotions and awareness, thus, the attraction to drugs, music, TV, socializing, exercising, romantic love, sports, etc. (Another consequence is that people who lack self-awareness project their "bad" qualities on to others who are different, such as Blacks, Mexicans, Jews, welfare recipients, etc. See prejudice in chapter 7.)

A psychologist (Caplan, 1989) found that *mothers are blamed* for over 70 kinds of psychological problems. Until very recently, fathers were blamed for very few problems (except in the areas of alcoholism, physical or sexual abuse, and abandonment). This widespread mother-blaming is not fair or valid. Phares and Compas (1992) reviewed the relationships between "sick" fathers and psychopathology in their children, and basically found that *it doesn't make much difference which parent is maladjusted*. That is, an alcoholic, a hyperactive, or a brutal father affects his child in the same way a similar-behaving mother does. (An exception may be depression: depressed kids tended to have depressed mothers but not depressed fathers.)



When I was a boy of fourteen, my father was so ignorant I could hardly stand to have the old man around. But when I got to be twenty-one I was astonished at how much the old man had learned in seven years.

-Mark Twain



Who is to blame for our faults? If we looked carefully and with an accepting heart, we'd see the deep-rooted reasons for our parents' behavior, even abusive acts. The reasons usually go back generations, either in terms of genes (ability, interests, temperament) or acquired personality traits and needs. Of course, there is also the influence of our friends and culture, and the effects of our social-economic class and religion. Nor should we deny our own responsibility between 5 and 25 for discovering our true self, correcting our childish behavior, and straightening out our distorted thinking, regardless of what our parents did to us or taught us. In short, the blaming should be spread around or stopped altogether.



I had no shoes and complained, until I met a man who had no feet.



If our parents are held partly responsible for our problems, then they surely deserve an equal share of the credit for our good traits too. For instance, research by Koestner, Franz, and Weinberger (1990) has shown that our level of empathy as an adult is positively related to specific characteristics of our parents: (1) Dad's involvement in caring for us, (2) Mom's tolerance for our being dependent, (3) Mom's encouraging us to control our anger and aggression, and (4) Mom's satisfaction from being a mother. We need much more detailed knowledge, such as this, about many connections between childhood experiences and adult adjustment, but we don't need to blame anyone. We can usually forgive ourselves for how we raised our children (see Dwinell & Baetz, 1993).

One approach has been for therapists and clinicians to look backwards and describe or speculate about the parent-child relationship difficulties associated with (causing?) specific problems, such as alcoholism or family violence. Ackerman (1994) describes "emotionally silent" sons from dysfunctional families. A related clinical approach is to describe the common problems associated with (caused by?) specific situations, such as rapidly changing mother-daughter relationships during adolescence (Apter, 1990) or continuing mother-daughter conflicts later in life (Firman & Firman, 1990). Recently, there has been some focus on the problems resulting from certain kinds of father-daughter relationships (Goulter & Minninger, 1994), such as romantic-sexual difficulties (Secunda, 1992) and compulsive, perfectionistic codependency (Ackerman, 1989). Most of these descriptions are based on talking with troubled people, not on objective research. Nevertheless, it may be useful information (it's better than being ignorant). Clinical opinion alone is not good enough, however.

There is advice for adult men (Llardo, 1993) and women (Boynton & Dell, 1995) who want to re-create a healthy, independent relationship with their same sexed parent.

The causes and results of alcoholism and abuse--the clinical vs. research description

Since the "drug counter-culture" of the 1960's, our society has been obsessed with the effects of alcohol and drugs. One positive consequence of this concern is the highlighting of the problems of **adult children of alcoholics (ACA's)**. A flood of self-help books describe ACA's variously as overly anxious and responsible, passive placaters, martyrs, apathetic, substance abusers, poor problem solvers, distrustful, out of touch with their feelings, unable to maintain relationships, codependent, shame-filled, suicidal, and so on. These are the clinical descriptions that come from actual case histories; no doubt *they are valid descriptions of many ACA's lives*. However, when Wright and Heppner (1991) compared ACA's with non-ACA's using objective tests, they found *no differences* on these kinds of characteristics. One possible explanation is that Wright and Heppner surveyed college freshmen and some therapists have contended that the problems of ACA's don't become pronounced until the middle 20's. So, a study of 25-35-year-olds might yield different results. Another possibility is that, while some have serious problems (seen by therapists), many ACA's may not be aware of their problems or may not have problems, at least not serious enough to drive them into therapy. In any case, if you are an ACA with problems, there are many books available: Seixas (1979), Hobe (1990), Messina (1989), Wholey (1988), and Napier (1990). Individual or group therapy may be necessary.

Clinical theories first described the type of *families that produce children who abuse*

drugs and alcohol. Only now are objective, scientific studies being done (Glantz & Pickens, 1991). Again, the clinical and objective studies don't entirely agree. One common clinical notion is that young drug users are emotionally over-involved ("enmeshed") with an over-indulging Mom and have distant or strained relationships with Dad. Then, supposedly, the youngsters find a drug-using crowd which provides a way to escape--to a limited degree--from his/her smothering, emotionally ambivalent family situation. Another clinical theory is that the young drug user is unconsciously helping the family carry out certain functions, namely, (a) his/her mischievous behavior (and peer group) diverts attention away from the poor marriage of his/her parents or (b) his/her drug use with friends provides an illusion of "I'm growing up" and "on my own" while holding the family together via his/her defiance of parents' rules. Surely there is emotional parent-child enmeshment sometimes but not always.

Indeed, objective research (e.g. Volk, et al, 1989) paints a different picture: *teenaged drug users are often uninvolved or disengaged, not enmeshed with a parent* at the time (perhaps earlier). Teenagers, who do not use or abuse drugs, on the other hand, have emotionally close relationships with both parents, especially father, and are willing to take advice from mother (Coombs & Landsverk, 1988). These non-users are also willing to follow the "rules" established by their parents about homework, TV, curfew, etc. (Their parents have more rules and are seen as stricter, but they do not punish more than users' parents. Instead, they use praise more.) Of course, excessive drug-use by an adolescent would ordinarily worsen the parent-child relationships (and kids who cause no trouble have better relations with Mom and Dad), but we still don't know the connection between the start of drug use and family relationships. Surely friends play a big part; general psychological well being and other factors may play a part too. There also appear to be gender differences, e.g. female college students with drinking problems tend to be "too far apart" *or* "too close" with mother and, thus, had a poorer sense of identity. College males with drinking problems did not show this too close-or-too distant relationship with either parent; peer groups may exert more influence on college males (Bartle & Sabatelli, 1989). We have so much more to learn about helpful parenting.

Do abused kids become abusing parents?

It is a popular notion that people who abuse their children were abused themselves. That happens, of course, but it is not predictable. Many abusers were not abused! And, if you were abused, it does not mean you will abuse your children. *Only about 30% of abused children abuse their children*. Secondly, the abuse may not be the same, i.e. a physically abused child may emotionally abuse his/her children.

What is the most common childhood factor in the background of abusive parents? Feeling unloved and unwanted by your parents! The abused-neglected child tends to suffer more problems than normal as an adult: depression, alcoholism, sexual acting out, criminal behavior, and a variety of other psychological problems. The more the abuse, the more psychiatric problems. As a society, we pay a heavy price for this neglect through the

Criminal Justice System and the Mental Health System. A study of 15 teenaged murderers found that 13 had been murderously abused. See Miller (1983) for a powerfully depressing picture of abuse and the long-range consequences.

The consequences of abuse are worse when the child is mistreated for a long time, early in life (before puberty), by a close family member, and in a very stressful, hurtful, degrading manner (Goleman, 1989). The bad effects are more lasting if the family environment is emotionally cold. Indeed, if the abused child has significant, continuing contact with just one supportive, nurturing adult, this can "save a life." One more thing: it has been observed by workers in this field that the effects of abuse are often worse when the victim denies that the abuse occurred. They may say, "it wasn't that bad" but will describe horrible atrocities when asked for details. They may say, "I deserved it," feeling they were so bad that harsh punishment was necessary. When parents or other care-takers have been cruel, it is healthy for the child to believe "my parents were wrong" and "I was innocent."

Sexual abuse

In the last two decades, we have discovered astonishing things about men (mostly) molesting children. About 17% of women and 12% of men were touched sexually as children, 96% of the time it was by someone they knew, not a stranger. 22% of women have been forced to do something sexual, but only 3% of men have been (Laumann, Gagnon, Michael & Michaels, 1994). Between 20% and 30% of all women report having an unwanted sexual experience with a male before they are 18. Freud at first thought child sexual abuse contributed to many emotional problems in adults, but he couldn't believe abuse occurred so often. So, he decided that children had sexual wishes and *imagined* the childhood sexual experiences. Today, many therapists (Forward & Buck, 1978) believe real, actual sexual abuse is fairly common and contributes to many psychological disorders, especially multiple personality, but also eating disorders, psychosomatic disorders, substance abuse, and others. About 40% of women hospitalized with a psychiatric disorder have been sexually abused. We don't know why but women victimized before 18 are 2.4 times more likely than others to be victimized again as an adult. By the way, young boys, as well as girls, are sexually abused (see Berendzen, 1993, for an unusual case of seduction by a psychotic mother, which supposedly resulted in the victim making obscene phone calls many years later). Other recent surveys have found that 10-18% of men and 20-45% of women were sexually molested as children (Janus & Janus, 1993). The sexual abuse of girls tends to occur in situations where domination of and violence towards women is tolerated.

At least 2% of American girls are victims of incest. Between 8% and 15% of all unwanted sexual contact is by a close family member. The average age for incest to occur is 7 to 9! Of course, it can occur at any age. The emotional trauma to a young girl is greatest when the incest occurs *before* puberty rather than after and when the offender has previously been well known and liked by the child, i.e. when the abuse is *a betrayal of trust*. The *initial effects of incest* on the victim may be fear, anger, sadness, shame, guilt, and feeling inferior.

Sometimes these feelings are intense. More *long-term effects may include* depression, a very negative self-concept, anxiety attacks, phobias, nightmares, conflicts with parents, difficulty trusting others, sexual problems, and other psychological stress (Blume, 1990). (Note: many other non-sexual experiences may also cause these problems.) As yet, we do not know why being abused results in the victim feeling very negatively about herself. This is important to research. This seems strange but imagine the difficulty, as a child, of deciding to keep "the secret" or expose the crime. Imagine that the offender may be a very important person in your life... and you might have ambivalent feeling about the sexual activities. In short, it can be a terrible experience (a very high price for a child to pay for some older person's momentary sexual pleasure).

Sexual abuse of children is obviously a serious problem but little good research has been done about preventing it (Adams, Fay, & Loreen-Martin, 1984). About all we know is that sexually abused children tend to be in situations where a parent is absent, such as working, and, interestingly enough, where the level of family conflict is high (Benedict & Zautra, 1993). Several untested educational programs attempt to teach children about sexual abuse-- what it is, who might do it, the many forms it takes, how to know it is happening to you, how to stop it, how to report it, etc. These are commendable efforts, but this is a very complex process for a 5 or 6-year-old child, or even an adult, to handle. A 30-minute discussion at school will probably not be adequate. Also, potential harm can be done (nightmares, fear of strangers [or family], negative attitude towards sex, etc.). What about parents, can they help? Yes, but less than 1/3 ever discuss sexual abuse with their children, and, perhaps understandably, less than 1 in 16 ever suggest that a family member might try to abuse them (Reppucci & Haugaard, 1989). Parents need help in this area (for prevention see Adams & Fay, 1981; Adams, Fay, and Loreen-Martin, 1984). The school-based efforts need to be more carefully researched and improved. Unfortunately, society's moral zealots would be enraged if schools attempted to distinguish among (a) psychologically harmful sex, such as abuse, (b) non-sexual contact, such as tickling or wrestling, and (c) good sex, such as self-pleasuring or even "exploring" with same-age friends. Some people want children to be sexless, but that may be another very harmful attitude.

I believe we need, among other things, an intense national effort to teach males that a girl/woman saying "*no*" means to stop immediately and permanently. Certainly, males need to be bluntly disabused of the idea that a young girl or woman will want and enjoy sex play even if she is misled, wooed, flattered, pressured, intoxicated, threatened, or forced. The same confrontation with reality is needed with date rapers, sexual harassers on the job, and rapists. All men must also realize that sex with a minor is a serious crime, even if she agreed to have sex or invited it. Most importantly, males must be confronted with how truly horrific sexual abuse, harassment, date rape, and rape can be for the woman. The effects can last for a life time. The absurd, arrogant male idea that "she will like it" is sick. The violators must be reported (every time!), punished, *and* treated effectively before released.

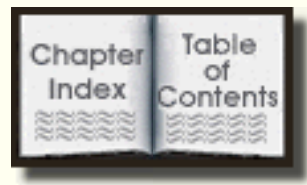
Help for teenagers recovering from incest is available (Mather, 1994). There are also

self-help programs for female incest victims after they have grown up (Blume, 1990; Poston & Lison, 1990; Jarvis-Kirkendall & Kirkendall, 1989; Bass & Davis, 1988) and for men too (Lew, 1990). A spouse can help a survivor recover (Davis, 1993). However, psychotherapy is probably needed in cases where the reaction to abuse is severe. *A note of caution:* some "recovered memories" of sexual abuse may not have actually happened. A few self-help books, including Blume and Bass & Davis, and therapists have suggested (strongly and repeatedly) that sexual abuse is probably the cause of several adult problems. Naturally, some people with those problems will believe the suggestion of sexual abuse and dwell on that possibility until a clear mental image appears. What an injustice to the innocent people falsely accused of sexual abuse! It is good to look for the causes of your problems, but don't allow anyone to tell you what "must have happened" to you sexually. Early childhood memories are very undependable. Science still knows very little with certainty about these sexual "memories."

Information about incest and self-help groups for incest victims may be obtained from Survivors of Incest Anonymous, P.O. Box 21817, Baltimore, MD 21222 (Phone: 301-433-2365).

[← Back a page](#)

[Forward a page →](#)



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RELATIONSHIPS WITHIN THE FAMILY

The effects of traumatic early experiences

This lengthy table summarizes some of the clinical hunches about the long-range consequences of various questionable or potentially destructive behaviors toward a child. These are *speculations* about causes, not proven causes. The speculations usually come from a therapist interviewing several clients with a certain kind of problem, say abusing their children. If the therapist observes that many of the abusive parents were themselves abused as children, he/she may conjecture that the abuse they suffered as a child lead them to abuse their own children. There are several problems with this conclusion, as we just saw: (1) only 30% of abused children become abusers, i.e. the connection isn't always made, and (2) other research shows that many abusers were not abused themselves, i.e. there must be other ways to learn to be abusive. Thus, while the therapist may be reporting accurately his/her observations, he/she is not accurately describing all abusers.

This Table can be considered, at best, a crude, tentative summary of clinical hunches about several possible causes of your problems or about possible consequences of your behavior. Let me emphasize this point again:

It would be really *foolish* for an insecure, passive-dependent young person to see in the table that over-protective parents are thought to be associated with his/her kind of personality and *jump to the conclusion* that his/her parents must have been that way--and that over-protectiveness was the necessary and sufficient cause of his/her dependency. Don't make this mistake. The causes of human problems developing over a period of years are far more complex than that. Therefore, use this table and your readings about your problems to consider many, many possible causes. This is just a stepping stone to greater self-exploration and, eventually, more complete self-understanding. See chapter 15 for many methods, such as doing an autobiography, for gaining insight into your life and problems. Don't despair if you have had a horrible or painful background, many people have overcome all kinds of abominable life experiences (see Rubin, 1996, for inspiring stories of triumph). Wolin & Wolin (1994) also describe how many children have survived unfortunate circumstances and poor child rearing practices.

Table 9.2: Possible Outcomes of Possibly Harmful Childhood Experiences

Please note: these suggested relationships are only clinical hypotheses and general tendencies, not invariably predictable consequences. Personality development is far too long-term and complicated to predict the outcome of a childhood experience. Furthermore, keep in mind that *all* parents are, at times, hostile, indulging, inconsistent, overprotective, seductive, etc. *and* that some children live through horrible family conditions to become super-healthy, well-adjusted adults (Higgins, 1994). Some children learn to do their own self-assessment and reject "you're awful" or "you can do no wrong" messages. Also, children are not always entirely "passive victims," they sometimes contribute to and even provoke the problems.

If you have problems, treatment and self-help can be effective. Be careful not to erroneously label yourself or your parents as "troubled" and, thus, create a problem where there was none.

Early Childhood Experiences:

Childhood Experience: *Overprotective Parent(s):* Over-controlling with orders, reminders, criticism, warnings; parent encourages dependent attachments, discourages skills; child never finds his/her limits

Child's Possible Reaction as a *Insecure & passive-dependent:*

Child or as an Submissive, weak, compliant, always

Adult: needs help; feeling inadequate, child becomes fragile instead of competitive (more women than men). *Or* feeling put down, child procrastinates, daydreams, is forgetful, tired, rebellious, etc.

Childhood Experience: *Indulgent Pampering Parent(s):* Tells child he/she is wonderful, grants his/her every wish, showers child with presents & treats, sometimes one parent is more doting & loving than the other.

Child's Possible Reaction as a *Narcissistic, demanding, undisciplined.*

Child or as an Wants attention, may be charming,

Adult: talkative & over-confident as long as things go his/her way, then irritable & blames others when things go wrong. Resents rules, even reasonable ones. Seldom initiates any effort or works hard or cooperates. Feels superior, disregards or exploits others. "Only" children are prone.

Childhood Experience: *Neglectful Unemotional Parent(s):* Not hostile, just little time for the child or formal or unexpressive or cold. One parent may be out of the home. Poverty, work, death or illness may take parent away or reduce communication.

Child's Possible Reaction as a *Schizoid, avoids involvements.* If parents

Child or as an can't communicate, child won't learn to

Adult: either. Withdrawn, feels lonely but keeps people at a distance. Doesn't feel as if he/she belongs to a group or would be accepted. Shows little feeling. Uninsightful & intellectualizing. Being quiet, the child is seen as boring & ignored.

Childhood Experience: *Rejecting Parent(s):* Openly rejects and puts down the child. Crushes the child's confidence (if Mom and Dad won't love you, who will?). If peer rejection is added, e.g. via poor academic or athletic skills, child's self-esteem is further reduced.

Child's Possible Reaction as a *Avoidant: angry or anxious or both.* Child

Child or as an feels unwanted, unloved or least liked.

Adult: Uncomfortable socially, a lone wolf, self-centered, hurt by real or imagined rejection, immediately becomes hostile or self-critical. May use or hurt others. May be delinquent.

Childhood Experience: *Abusive Parent(s)*: Physical or verbal abuse or both. In some cases, the parents were abusive only with each other, not with the child.

Child's Possible Reaction as a *Aggressive or fearful and insecure.*

Child or as an Roughly 1/2 will be "passive" victims,

Adult: have low esteem, and withdraw. The other 1/2 are angry aggressives. Both types have psychological problems and relate poorly. 1/3 become abusers as parents, but most abusers were not abused. If they only witness parental violence as a child, 1/2 will abuse spouse or be abused. Abused girls tend to marry abusive males, probably because they were deviant and aggressive as teens and married similar men.

Later Childhood Experiences:

Childhood Experience: *Authoritarian, Dogmatic Parent(s)*: Parent is unquestioned boss who is highly demanding, controlling, and emotionally aloof or superior. Unresponsive to the child's needs.

Child's Possible Reaction as *Unhappy, fearful, and irritable and/or*

a *dependent.* Moody & sulky, quick to get

Child or as an angry but often is only passive-aggressive,

Adult: unable to tolerate pressure or stress, aimless or oppositional and not "for" anything.

Thinks in absolute terms: "It must be done my way" or "if she wants to break up with me, she is a slut."

Childhood Experience: *Overly Permissive Parent(s)*: Make few demands of the child, allowing him/her free expression of impulses. (The parent may be indulgently responsive to the child's needs or coldly indifferent to the child.)

Child's Possible Reaction as *Rebellious, impulsive, domineering.* Self-centered but otherwise has poor self-control, disorganized, demanding and aggressive, without explicit ambitions or values, an underachiever.

Childhood Experience: *Perfectionistic Parent(s):* Caring but demanding of impossible standards from a child, always urging child to do better, child is accepted only when outstanding. Parents compulsive. Teach responsibility to others (guilt). See Elkind (1988).

Child's Possible Reaction as *Compulsive, tense, self-critical.* Well behaved, conscientious, high goals, achieving but belittles own accomplishments, feels inadequate, may stay perfectionistic or reject parent-imposed ambitions. Intolerant of ambiguity, suppresses emotions, but loyal and lives by the rules.

Childhood Experience: *Type A, Angry Parent(s):* Tense, pressured, irritable parents (or their opposite).

Child's Possible Reaction as *Children similar to opposite sex parent.* Some evidence shows that adolescent boys have Type A and anger patterns similar to their mothers'; girls' reactions are similar to fathers'.

Childhood Experience: *Hostile, Punitive Parent(s):* Parent's anger is vented on child so that it looks like "discipline." Dominant and quick to punish. Parent overreacts and provides a model for mean behavior. (This is different from normal discipline.) Often little or no parental guidance.

Child's Possible Reaction as *Anti-social, feels "no good."* Belligerent,
a egocentric, distrustful, revengeful,
Child or as an impulsive, defies laws. Feels rejected and
Adult: "it's a dog eat dog world." May self-punish,
feel insecure, & seek punishment. Takes
jobs that require a tough person, feels guilt
about relaxing. A hateful desire to "get
back at" the world or specific people. May
fight with other children, become
delinquent or schizophrenic.

Childhood Experience: *Dominated-by-Child Parent(s):* Gives in to
temper tantrums, crying, and other pleas.
Submissive parents surrender all rights to
the demanding child.

Child's Possible Reaction as *Demanding, impulsive, temper outbursts*
a Child becomes self-centered, unwilling to
Child or as an work hard, feels unloved if not "obeyed,"
Adult: overlooks rights of others. When
challenged, feels I'm OK, you're not OK.

Childhood Experience: *Adoring, Uncritical Parent(s):* Child
constantly rewarded for "performing."
Dramatic behavior or dress reinforced with
attention. Parents also seek attention.

Child's Possible Reaction as *Histrionic personality. Always acting.*
a Manipulates others, theatrical, flighty,
Child or as an flirtatious, childishly immature, and
Adult: temperamental, poor judgment, emotional
but charming. People addicts. Expects
everyone to love them; thus, disappointed
often.

Childhood Experience: *Hypochondriacal Parent(s):* Physical
aches, fatigue, and other problems are
exaggerated.

Child's Possible Reaction as *Worries about health, feels poorly.* Talks
a about illnesses, gets sympathy, uses as an
Child or as an excuse for not working hard.
Adult:

Childhood Experience: *Emotional, Inconsistent Parent(s):*
Sometimes yelling, sometimes loving. Hard to predict. Parents may disagree, child is in middle, e. g. one lenient, the other strict. May threaten punish but forgets. Often there is sibling rivalry or a dethroned King/Queen.

Child's Possible Reaction as *Passive-aggressive, anxious, resistive.* In a conflict with parents and other authorities.

Child or as an Adult: Stubborn, a loner or rebel, procrastinating, uncooperative, sometimes dependent, irritable, reacts explosively, argumentative, feels misunderstood and mistreated, sometimes eager to leave home. Inconsistent parents produce inconsistent children (quiet and angry) because they don't know what to expect. They learn to rebel while appearing to be compliant.

Childhood Experience: *Alcoholic Parent(s):* Uses drugs or alcohol to escape problems or handle emotions. May ignore, abuse, shame, lean on, befriend, seduce, or embarrass a child.

Child's Possible Reaction as *Super-responsible, anxious or alcoholic.*
a Children of alcoholics (COA) experience

Child or as an many reactions:

- Adult:**
1. Responsible hero--cares for the family, feels he/she must be in control of everything;
 2. Scapegoat--blamed for every-thing, becomes rebellious and alcoholic;
 3. the Mascot or Drinker's Buddy--becomes a clown or therapist;
 4. the Lost child--feels unimportant, lonely, powerless. COA's learn three rules: "don't trust, don't talk, and don't feel." COA's are twice as likely to use alcohol and four times as likely to use drugs. Female COA's are prone to fears, depression, marital problems, and problems with children.

Childhood Experience: *Father with Criminal Record:* Antisocial.

Child's Possible Reaction as *Criminal tendencies*. If the child or
a teenager also sees parent as rejecting,
Child or as an uncaring, and hateful towards him/her,
Adult: he/she is more likely to be aggressive
(fighting and lying).

Childhood Experience: *Ambivalent Parent(s)*: Say one thing and
act another way: "I love you" but seems
indifferent, "I'm your Mom-Dad" but acts
like a buddy or a lover.

Child's Possible Reaction as *Confused, can't form close relations*.
a Identity crisis, unsure about how to feel
Child or as an with others, may withdraw and become
Adult: apathetic, thinking may be mixed up.

Childhood Experience: *Overly Involved Parent(s)*: Continues to
contact children in college daily, "best
friends," become very upset when 18-20
year old child decides to live different life-
style, e.g. use drugs occasionally, have sex,
marry into another religion, and even
refuses to move home after college.

Child's Possible Reaction as *Dependency, guilt, rebelliousness*. Enjoys
a parent's attention and worry, afraid to not
Child or as an contact or deceive parent, lets parent direct
Adult: his/her life, or may carefully pursue goals
that upset the parent but keeps parent well
informed, or may have no goals of his/her
own.

Childhood Experience: *Emotionally Seductive Parent(s)*: Child
becomes the parent's source of love; thus,
lavishes attention on the child. It becomes
an abuse "that feels good" but the love
dominates the child's life.

Child's Possible Reaction as *Depression, addictions, poor relations*.
a Child struggles to escape but it is hard or
Child or as an impossible to find a better lover than Mom
Adult: or Dad. Leads to depression, self-
depreciation, eating disorders, addictions,
poor love relationships. (See Love, 1991.)

Childhood Experience: *Parents with a Bitter Divorce:* Divorce may involve many traumas: hearing fights, seeing abuse, being abused, losing daily contact with one parent, having to move or live at a lower standard, being exposed to hateful criticism of one or both parents, being blamed or feeling to blame for the divorce, and having to choose which parent to live with.

Child's Possible Reaction as *Problems in school, fearful of love. Low*
a self-esteem, academic difficulties may
Child or as an continue 10 years or more, anxiety, and
Adult: feeling great guilt (often without any justification at all). May adjust well during the divorce but as young adults become unhappy, withdrawn, without focus, men become afraid women will not love him and women become afraid men will be unfaithful to her.

Note: if the divorcing parents can be civil and cooperative, the children will be better adjusted and have self-esteem.

Childhood Experience: *Loss of a Parent:* Regardless of the cause of the loss, the risk of depression and other disorders is increased if relations are poor with the surviving parent, anxiety high, and home life unhappy. See section on step-parenting in ch. 10.

Child's Possible Reaction as *Depressive disorder as adults. About a*
a 75% chance of depression or some kind of
Child or as an psychiatric disorder *if the relationship with*
Adult: the surviving parent is troubled. Phobias and panic disorders associated with parental death.

Childhood Experience: *Aloof, Unexpressive Father:* Uninvolved with child, except when critical and demanding. Never praises or says, "I love you." Often father is busy earning a living, may be successful.

Child's Possible Reaction as *Feels unfulfilled, obsessed.*

a Child yearns for father's approval. Without
Child or as an attention from father, the child feels

Adult: "empty"--has a big hole inside--which he/she tries to fill with work, sex, making money, or alcohol but that doesn't work. Often is cold and aloof like father but can learn to be loving.

Childhood Experience: *Living with Single Mother:* With or without a step-father. Of course, this may include going through a divorce.

Child's Possible Reaction as *Poorer health, grades, and behavior.*

a Children have 30% higher risk of health
Child or as an problems and injury, 50+% higher risk of

Adult: failing a grade or being disciplined, and 30-70% higher risk of having a behavioral problem, e.g. antisocial behavior, social conflicts or withdrawal, and dependency. 70% of delinquents are fatherless.

Childhood Experience: *A Mother Working Outside the Home:* While a 2-career family or single-parent family is busy, there are some advantages besides money: working Moms have fewer physical ailments and less depression. Also, fathers become more involved in child-care.

Child's Possible Reaction as *Daughters confident, less traditional.* Over

a 60% of Moms have outside employment
Child or as an and their daughters seem to benefit. The

Adult: daughters grow up more confident and with more self-esteem than daughters of home-making mothers. Such daughters are less controlled by traditional sex roles and they have a better relationship with their mothers. Mothers who stay at home have better relationships with their sons.

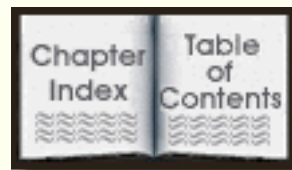
Childhood Experience: *Picks On or Being Picked on by Sib:* 28% have high conflicts with a sib; 20% were picked on, 17% picked on a sib; often it is mutual aggression.

Child's Possible Reaction as *More violent, more emotional, fewer coping skills.* More violence in family.

Child or as an Adult: Women who were picked on showed more anxiety but men didn't. Perpetrators had higher self-esteem but also greater anxiety. Victims who were passive had more depression and anxiety than those who "fought back" (Graham-Bermann, Cutler, Litzenberger, & Schwartz, 1994).

[← Back a page](#)

[Forward a page →](#)



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COMMON INTERPERSONAL PROBLEMS AND NEEDED SKILLS

This section discusses many problems associated with making and keeping friends (see index at the beginning of the chapter). It also deals with difficulties faced by long-term relationships, such as communicating poorly, being taken for granted, conscious and unconscious controlling of each other, handling difficult people, and driving each other crazy. The next section of the chapter covers gender differences, competition, feelings of superiority, interaction problems between the sexes, gender roles and sexism, chauvinism in child care, chauvinism in schools, and chauvinism at work. Finally, many more useful references are given throughout for dealing with interpersonal problems.

Fear of approaching someone

Most of us are a little uncomfortable meeting new people. Many of us are lonely but still we do not reach out. We may even suspect that others are lonely too but we don't approach them. Or if we do reach out, why do we take out what Bach and Deutsch (1970) call "rejection insurance?" That is, why do we avoid getting emotionally involved with someone or why are we careful to "keep pace" with our new partner and not get more involved with them than he/she is with us? So we won't get hurt! But is it necessary to protect ourselves?

One problem with holding back is that we miss so many chances to find a relationship. We don't approach someone or we pretend not to care. True, we didn't get hurt, but this decision may have resulted in our staying lonely and without another friend or a partner. Why is it so scary to approach someone? Is it just a fear of rejection? Probably not. Suppose the person you approached told you he/she appreciated your interest in them but explained that he/she was involved right now in another relationship, would you feel terribly hurt? No (disappointed maybe). Even if he/she is less gentle and says, "I don't want to go out," you know he/she doesn't know you well enough to judge your total worth and attractiveness. So the rejection shouldn't mean much. Would the person you approach feel badly? No, he/she will probably feel a nice warm glow inside because your interest is a compliment.

If rejection shouldn't hurt us, then why are we afraid? I think there are three basic reasons. (1) When we disclose that we need a friend or partner, we are admitting we don't

have one which is an embarrassment. (2) Being turned down by a stranger may not mean much but it arouses our own self-doubts and self-criticism. We erroneously conclude "Oh, God, I'm not attractive. Others will reject me." (3) Your "child" may become angry about being turned down and say something like, "He/she is so stuck up!" All these unpleasant reactions inside us may stop our reaching out, even though we are aching for friendship. Understanding these sources of stress may help you counter and overcome them. Accept your needs, desensitize your fears (chapter 12), practice your social skills (chapter 13), stop the conscious self-putdowns (chapter 14), and look for unconscious factors (chapter 15). What are some possible hidden motives for not wanting to meet people? "I'm not OK; they won't like me." "They aren't OK; they are probably uninteresting clods." "I don't deserve to have friends and be popular."

Handling the first few minutes

Zunin and Zunin (1973) claim that you commonly have about four minutes to favorably impress someone you are meeting for the first time. Your actions determine, in part, if you make a friend or merely pass some time with a stranger. Several ideas about how to handle the early stages of the initial contact are given in chapter 13 (see social and dating skills) and several useful books are cited there.

When you speak to people--smile. It is a wonderful thing when you meet someone and they just instinctively smile and say "I am mighty glad to know you." There is power in a smile. It is one of the best relaxation exercises of which I know.

-Henry Miller

Becoming a good conversationalist

Many of us fear not knowing what to say after the first few minutes. Conversing is a skill; it takes practice and planning. Unfortunately, many young people resist "preparing" to meet someone, they want to be spontaneous or free flowing (Flanders, 1976). That would be nice but for some of us conversing takes work. The major problem is the fear, i.e. suddenly there is silent pause and we start to panic. If we blush or break out in a sweat, it adds to the embarrassment (and builds our fear of silence). How can we reduce the fear? By becoming better talkers by preparing.

There are two options when talking: continue on the same topic or change it. A good conversationalist is able to ask questions and may be able to share his/her own ideas and experiences. Practice both, pursue the "finer points" of any topic, ask personal questions, and tell your own stories. When a topic is exhausted, don't panic...almost any topic will do

(Russell, 1965). Practice having a topic or two ready for instant use; up to a point, continuing a conversation is a compliment. You are offering your interest and time. Lastly, practice ending conversations tactfully: indicate you must do something else, give the person a genuine compliment, and suggest a specific time to see him/her again (if that seems appropriate).



There is so much good in the worst of us, and so much bad in the best of us, that it behooves all of us not to talk about the rest of us.



Developing a friendship

Most of us need friends. Some need lots of friends; others need only one or two. For a few people, their family or work can replace friends altogether. But, in a crisis, about half of us will turn to a friend for help, instead of our family. On the average, Americans claim to have about 5.6 close, intimate friends. Friends serve many purposes: they give us a sense of belonging, they guide our behavior and opinions, they give us emotional support, they give us a chance to talk and enjoy other pleasures, they help us, they give us a chance to help them, they show us that our lives are worthwhile, they reassure us that our thoughts, feelings, and values are okay, they cheer us on (Duck, 1983). Steve Duck has summarized the research about forming friendships and love relationships; his major point is that building a friendship is not just a matter of doing whatever comes naturally, as many people would like to believe. It requires many complex but learnable skills. Thus, finding, making, and keeping a good friend involves knowledge (working to learn many skills) and effort applying the skills.



One friend in life is much, two are many, and three hardly possible.

-Henry Adams



What characterizes a close, meaningful relationship? Friends (1) spend time together, almost every day. (2) They interact freely, easily, and honestly. They feel safe enough to "be themselves," sharing their private feelings and experiences, both their successes and their failures. (3) To last, both must get more satisfaction than hassle from the relationship. Both must feel they are getting a fair deal. Both must strive to make the other happy. (4) There is a code of ethics between friends based on loyalty and trust. Friends are tolerant of and devoted to each other; they are fair, emotionally supportive, and willing to help whenever needed. Innumerable writers have described friendships (Flanders, 1976), especially among

women (Eichenbaum & Orbach, 1988; Pogrebin, 1987; Rubin, 1985). To build a friendship, one needs time, the freedom to be yourself, consideration for the other person, and many skills. Let's look at some of the skills.

Finding and making friends

Where are friends found? Wherever we spend time--near home, in our classes, at work, in sports or other activities. What kind of people do we tend to select as friends or as boy/girlfriends? Generally, persons similar to ourselves, i.e. similar interests, values, and attitudes; otherwise, we wouldn't enjoy being with them and they wouldn't provide us emotional support. We don't ordinarily chose friends to expand our minds. Of course, if we are looking for a boy/girlfriend, we also consider their appeal to us, both physically and personality-wise, and try to get as attractive a partner as we can. A major part of making friends is having the courage and skill to start a conversation and invite him/her to do something with you. Broder (1988) offers many suggestions for enjoying the single life. We shouldn't be too desperate to find a friend. See assertiveness, social skills, and role-playing in chapter 13.

Since many people today postpone marriage until their late 20's, these people have time to develop a network of close friends over a period of years. Often friends replace family in many singles' lives. These long-term friends are no longer dropped as soon as we get married. Besides, we have learned that one person, no matter how wonderful a partner, can't meet all our needs. In fact, about half of married women feel they can talk with a friend about things they wouldn't discuss with their husbands, such as self-doubts, child-rearing problems, trouble in the marriage, etc. As women have increased their own self-esteem and broadened their interests, they have increased their respect for and interest in other women. Women now develop "specialized friends," like a male's tennis buddy or car repair buddy, as well as "intimate friends."

Good advice is to take your time making a friend. It takes, on average, 3 years to become "best friends." There are ups and downs in most friendships; some stresses may actually strengthen the relationship. Confide in each other, but go slow. If you think you are unloading too much or imposing on your friend, ask him/her about it. Remember, almost no relationship will tolerate *total* frankness; we wisely refrain from telling a friend things that will hurt or drive him/her away. Also, be cautious about disclosing damaging information to friends who might pass it on. Avoid expecting too much time and help from just one or two friend(s). Likewise, don't acquire so many friends that you don't have time for your better friends when they need you. Look for opportunities to do things for and with your friends. Friends are valuable treasures but we need time alone.

People addicts

Some of us are literally addicted to being with other people. We may feel lost, lonely,


uncomfortable, afraid, and/or bored when alone. So it is understandable why these people spend most of their time socializing (usually very well because they are so practiced and try so hard) or talking on the phone or planning some social activity. The problem is that we may need to do some things alone: study, work, care for children, read, keep up with current events, plan our future, etc. If we can get good at doing some things alone, we will enjoy the activities more and become more comfortable with ourselves, even enjoy the silence and comfort of being alone (Storr, 1988). If we have a desire to always be with someone, it is important to understand this enslaving need. Perhaps we irrationally believe that we must be having "fun" all the time or that everyone must like us. Perhaps there is still an insecure child inside demanding attention and dominating our life. Perhaps we have grown up with people constantly around us and, thus, feel in a foreign place when alone.

People haters

Others of us just don't like people. Most of us don't like certain kinds of people. Sometimes there are good reasons for our feelings, such as self-serving, inconsiderate, demanding bosses; arrogant, critical, embarrassing teachers; crude, mean, ignorant, prejudiced "clods." Often, though, we do not have good reasons for hating--prejudice, misunderstandings, impossible expectations and so on. The entire chapter 7 deals with anger, unreasonable dislikes, and prejudice. It also discusses the anger that often occurs in an intimate relationship, such as marriage or between parents and teenagers. Few of us have learned to have Carl Roger's unconditional positive regard or John the Evangelist's philosophy of "turn the other cheek" to forgive everyone. For many unaccepting people it would be easier (than forgiveness--see chapter 7) to try desensitizing our emotions (chapter 12), determinism (chapter 14), challenging our irrational ideas (chapter 14), and gaining insight into the origin of the dislike (chapters 7 & 15).



The only safe and sure way to destroy an enemy is to make him/her a friend.



Self-disclosure

Humanists, such as Jourard (1974), emphasized the importance of self-disclosure in becoming intimate with another person, either a friend or lover. Self-disclosure is a reflection of a healthy personality. It deepens relationships. Showing your true feelings, your real self, is a part of intimacy. Of course, self-disclosure can be excessive or premature, e.g. "I thought about killing myself last week" or "I really like the shape of your butt" might scare off a new boy/girlfriend (Rubin, 1973). Furthermore, we all have thoughts that are best left unsaid. However, a more common problem is when we assume (often erroneously) others will be unimpressed or won't like us as we really are and, thus, we think we need to

pretend to be something we aren't. We pretend in order to impress someone or to hide our shame. Actually, the pretender will probably look phony and feel stressed enough that a relationship will not develop. A better approach is honesty. Not everyone will like us if we're honest, but those that do will at least like our real selves, not our phony selves (see chapter 13).

Not only is self-disclosure mentally healthy, but "opening up" to others is good for your physical health too (Pennebaker, 1990). According to Pennebaker, an authority in health psychology and stress, holding back our thoughts and emotions may cause physical harm and pain. Talking about troubling thoughts relieves internal stress. Interestingly, according to Pennebaker, confessing your secrets to others or just writing down your feelings, as in a diary, are both beneficial.



A friend is a person with whom you dare to be yourself.



Accept yourself and share yourself

If you don't like yourself, you aren't likely to freely reveal yourself to others you care about. This doesn't mean you have to be in love with yourself--you don't have to think you are the greatest, you don't have to be satisfied with every aspect of your personality. You just have to accept yourself and assume you can continue to improve. If you are tolerant of yourself, it is easier to believe that others will accept you, warts and all. Also, you must not be desperate to be liked. If you believe that someone else will love you even if the person you are disclosing to right now starts to lose interest in you, it is easier to take risks and honestly self-disclose. In chapter 6 we saw that some self-critical persons drive others away and become lonely. Self-acceptance and self-confidence enhance most relationships (Powell, 1974). Learning to like yourself better is dealt with in chapters 6 and 14.

Self-disclosing does not automatically occur as soon as one sees the advantages for doing so. It takes skill, courage, and practice. Bach and Deutsch (1970) have written a book about *Pairing*. They deal with many situations faced by new lovers or potential lovers, namely, meeting, getting acquainted, selecting a person to date, playing "games," handling sex, breaking up, etc. They illustrate, via many case reports, common conscious deceptions: pretending to be brighter, more confident, more sophisticated, more or less interested in sex, marriage, sports, politics, etc. than we really are. Their solution is to be honest and straight with the other person. Buscaglia (1972) makes the same point with a story about a student in his class who begins to realize that she may be the best banana in the world but when a plum-lover comes along, she tries to make herself into a juicy, delectable plum instead of waiting for a banana-lover. Then when the plum-lover tells her to "split," she doesn't know who she

really is. If you have difficulty meeting and getting intimate with someone of the opposite sex, read some of these books about love and practice empathy and honest self-disclosure (see chapters 10 and 13).

At bottom every (person) knows well-enough that he/she is a unique being, only once on this earth; and by no extraordinary chance will such a marvelously picturesque piece of diversity in unity as he/she is, ever be put together a second time.

-Friedrich Nietzsche

Checking out your hunches (your attributions)

It is obvious that how we respond to others depends on how we perceive the situation. An old adage says everyone has three characteristics:

1. that which he/she has,
2. that which he/she thinks he/she has, and
3. that which others think he/she has.

Similarly, R. D. Laing (1968), a creatively different psychiatrist, suggests there are three powerful determinants of how we behave in a relationship:

1. what we think of the other person and our relationship with him/her,
2. our assumptions about what the other person thinks of us and our relationship, and
3. what we think he/she thinks we think of him/her and our relationship.

Laing believes that relationships and even psychotic or neurotic responses are understandable *if* one realizes how the person is viewing the situation. For example, I once had a client who was arrested for cutting down trees in a park. He cut the trees to let the super-intelligent beings watching him from flying saucers know that he was in trouble (with the law, with his wife, and within his own mind). All of us act just as crazy: "Oh, I won't ask her/him out, she/he wouldn't look twice at me" or "No, no, I wouldn't think of trying out (for sports or a part in a play), they'd think I was a complete dud."

We constantly operate on hunches about what others think or feel, without checking out the hunches. Did you ever wonder why? Perhaps we are afraid to face the truth (or what we fear is the truth). Perhaps we don't think the other person will tell us the truth. Perhaps we'd rather just suspect the worst, rather than ask and have it confirmed for sure. In any case, it is interesting how an indecisive, self-doubting person can nevertheless know for certain "they won't like me." Laing's solution is simple: ask people how they feel: "How do you feel about

_____?" or "How do you think I feel about_____?" And, then you disclose these things to each other. We must know what is real in order to act rationally. We have a right to know where the other person stands; we don't have to make most decisions on the basis of guesses or gossip about others. Chapter 13 gives detailed instructions for clearer communication with others and for confirming our impressions of others, as recommended by R. D. Laing.



There is no easy system for formulating questions. Your questions follow the pattern of your thinking. You might remember that the seven interrogative pronouns are who? when? which? what? how? where? and why? They do not cover all the questions you can frame but they can give you a grip on many a problem.

Edward Hodnett



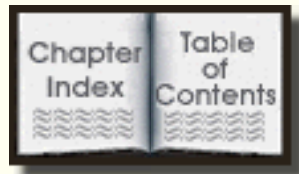
Empathy responding

No social skill is more important than empathy. Some people are seen as more accepting and less critical or judgmental than others. Such people are called "empathic;" they are easy to talk to, they enable us to "open up." In order to disclose, especially problems and feelings we are ashamed of, we must feel safe, i.e. understood, liked, and accepted by the person with whom we are talking. This is true in therapy...and in friendship...and in love. So, if you want to get to know another person, be empathic, tolerant, and genuinely concerned about his/her welfare. *If you aren't really concerned* about his/her best interests, don't pretend to be. Being empathic--being a true friend--is a cherished gift to offer; it is offering an open heart. Empathy responding is not easy to learn (in fact, no one ever masters all the knowledge and life experience involved). Empathy is emphasized in chapter 13 because it is such a vital attitude and communication skill. Learn it well; use it often.



Anything will give up its secrets if you love it enough. Not only have I found that when I talk to the little flower or to the little peanut they will give up their secrets, but I have found that when I silently commune with people they give up their secrets also--if you love them enough.

-George Washington Carver



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SUSTAINING LONG-TERM RELATIONSHIPS

Improving relationships--a review

There are so many things a person can do to better relationships. Most are common sense: avoid threatening or putting others down by using titles or by being formal in speech or mannerisms, smile, dress like they do, let others help you and give you information, learn information you can share with them, work together on joint projects, do fun things together too, avoid competition and criticism, help them solve problems, reward their efforts and express your genuine appreciation, and give them your time. Most of us were already "experts" at gaining attention and winning affection by the time we were three or four; we just need to use the skills we have (and control our negative feelings). If you don't have the social skills, see chapter 13 and, if possible, join a support group.

Sustaining A Long-term Relationship

Thus far, we have discussed some of the problems and skills involved in finding and developing meaningful relationships. Keeping an ongoing relationship alive requires additional work and different skills because there are so many pitfalls. We have lots of barriers to true communication; we take each other for granted; we come to feel things are unfair; we have quarrels; we try to control and manipulate each other. Some of these problems will be discussed in this section. In the next section, we will deal with sex role conflicts and chauvinism at school, work, and between countries. In the next chapter we discuss marriage and other intimate relationships.

Why can't we communicate?

Science and wise people know there are several communication barriers. First, other people won't hear you if you threaten them or make them defensive. Many things are threatening or unpleasant, including someone acting "superior," being ordered around, being "evaluated," etc. Second, we often hear what we want to hear. Especially in highly charged discussions (politics, money, abortion, religion), we can't see the other viewpoint. Third, many of us are sloppy talkers and listeners. We don't express our opinions clearly. We

become uninterested, distracted, or self-preoccupied and just don't hear what was said. Fourth, one person in a conversation may be "playing games," as discussed above. This stops honest communication. Fifth, some friends or companions have decided (without discussing it) that "we won't talk about that." Thus, this forbidden topic is never dealt with. It might be a drinking or sexual problem, money management, his/her flirting, or anything. Sixth, there are all kinds of conflicts that interfere with communication: competition, attempts to get one's way, argumentativeness, "if it weren't for you" games, hostile humor, teasing, etc., etc.

Becoming aware of the source of the barriers in your case is critical, so they can be stopped. Replace the destructive communication with relaxed but active listening, clear expression of feelings, and genuine empathy. Let's discuss some of these barriers.

Being "taken for granted"

A common event in a long-term relationship is taking each other for granted. Friends may become less considerate of each other and impose. Lovers become less enthralled, less thrilled, less attached, and less interested in each other. When this happens, lovers often feel unloved. That's not necessarily the true situation. The love may have just moved into a new phase. It is amazing how we can feel and show little love when together with a loved one but suddenly become aware of how much we love, need, and want him/her just as soon as he/she leaves for a trip (or shows interest in someone else).

Cathrina Bauby (1973) says passive withdrawal (non-communication) is a major problem in long-term relationships. Sometimes this "silence" is a result of being taken for granted and sometimes it is a result of brewing but suppressed anger. It seems like a natural human process to "adapt," i.e. just not notice things that occur over and over, including our spouse regularly doing considerate things for us. We have to remind ourselves to express our appreciation; after several years, there is no strong drive compelling us to show our love. In other relationships, there may be a strong mixture of love and hate. The result may be a hot and cold relationship or a canceling out of + and - feelings and, thus, apathy or indifference or "being taken for granted." There are several remedial steps for apathy: (1) communicate more and listen more empathically, (2) do more together that is enjoyable and/or strengthens the love, (3) reduce your alienating or irritating behaviors, (4) learn to be more tolerant of his/her irritating behavior (via desensitization or private venting), (5) learn how to fight fairly (chapter 7), and (6) challenge your irrational expectations (chapter 14).



For every beauty there is an eye somewhere to see it.
For every truth there is an ear somewhere to hear it.
For every love there is a heart somewhere to receive it.
But though my beauty meet no eye it still doth glow.
Though my truth meet no ear it still doth shine.

But when my love meets no heart it can only break.

-Ivan Panin

Resolving conflicts

No two people want the same thing, not at every choice point. So, there are unavoidable conflicts in all relationships. Of course, both people may hide and deny the conflicts. Sometimes, one person is a martyr and will always give in without a whimper (maybe with an ulcer or a heart attack). In other pairs, one person is the dominant one and must win every conflict, even if he/she has to be deceptive or make nasty personal threats. All three are bad approaches to conflict. There are two much better approaches: (1) agreeing to a fair compromise (getting half of what you want), and (2) developing a creative solution in which both people get most of what they want. Obviously, the latter is ideal but it will not always be possible. Consider using a win-win negotiation (method #10 in chapter 13), or the "fair fighting" (method #5 in chapter 13) if you are intimates in a long-term relationship.

The only gracious way to accept an insult is to ignore it; if you can't ignore it, top it; if you can't top it, laugh at it; if you can't laugh at it, it's probably deserved.

-Russell Lynes

Control by others; control of others

Many of us experience strong needs to control others. We want others to see things and do things our way. We want to sell them something. Shostrom (1968) described several **types of manipulators**:

1. The **dictator**: wants to control others by orders, i.e. by virtue of his/her authority, position, status, or rank. Such a person believes he/she knows what is right and what you should do.
2. The **weakling**: controls or defies authority by using his/her weakness, sometimes in powerful ways, such as "Oh, I forgot," "I didn't understand," "I just can't do it," or "I'm so nervous." This is passive-aggressiveness.
3. The **calculator**: sees the world as a contest of wits. He/she is constantly plotting, conning, pressuring, persuading, selling, seducing, or trying to outwit others.

4. The **clinging vine**: wants to be cared for, dependent, submissive, and faithful. As a helpless, grateful, cuddly child, he/she gets others to do a lot for him/her. See chapters 5 and 8.
5. The **bully**: uses his/her anger, toughness, viciousness, and threats to intimidate others and get his/her way. The "tough guy" and "the bitch" are common characters. See chapter 7.

What can you do about being manipulated? First, recognize what is happening. Second, stand up for your rights. Think and decide for yourself; assert yourself (see chapter 13). Build your self-esteem (chapter 14) so that you are not overly dependent on others.

What if you are the manipulator? Controllers or manipulators use five basic methods of persuading or influencing others (Kipnis & Schmidt, 1985): (1) Carefully stating the reasons and logic for changing, (2) assertively reminding and urging someone to change, (3) soliciting others to support your proposals, (4) going over someone's head to get support from "higher ups," and (5) working out a deal so you get part of what you want. Naturally, different leaders use different methods: (1) the "steam rollers" go for broke and aggressively use all the methods--they won't take no for an answer, and may even threaten, shout, and demand, (2) the "rational ones" rely only on hard facts, logical analysis, careful plans, and compromise, (3) the "pleasers" actively persuade others but mostly "politic," focusing on offering "pay offs," flattery, and personal charm, and (4) the "onlookers" mostly stay out of the controversy.

In a second study, Schmidt and Kipnis (1987) found that the "steam rollers" got the lowest job evaluations, contrary to what is taught by some Business Schools. Male "steam rollers" were disliked even more than female "steam rollers," contrary to the common notion that pushy women are the most resented. Sexism does occur, however, when you ask, "Who got the best job evaluations?" "Rational" men and "Pleaser" or "Onlooker" women! Conclusion: men's ideas and women's quiet pleasantness are valued, not women's ideas nor men's pleasant passivity.

Note what methods you use to influence people in different situations. Consider the possible advantages of using the rational approach. Nasty aggressive tactics put others down while soft tactics may put you down. Practice relating to others as intelligent, reasonable equals and in a manner whereby both of you can be winners. Refer to method #16 in chapter 13 for more about influencing others through persuasion.



No human relation gives one possession in another--every two souls are absolutely different. In friendship or in love, the two side by side raise hands together to find what one cannot reach alone.



Unconscious controlling of others

The manipulations described above involve conscious, overt control (requesting, persuading, buying off, threatening) or conscious-to-the-controller but hidden-to-the-victim control (deception). Beier and Valens (1975) concentrate on a third kind of control--unaware control. Neither controller nor controlee realize the purpose or goal (like in "games"). The authors say unconscious control is the most common, powerful, and effective control. Many forms of unaware control are learned by young children: cuteness, weakness, illness, fear, anger, sadness, goodness, giving, love, etc. These acts and feelings can all be used to subtly influence others. There is obviously no quick, conscious defense against this control, because we don't know what is happening or how. Is there any defense at all? Yes, learn how to detect the subtle control, then extinguish it by preventing the payoffs. It can be done.

Here are the steps, suggested by Beier and Valens, for avoiding "unaware control." (1) Become as unemotional as possible so you can observe the interaction (with the controlling person) as objectively as possible. (2) Observe *the effects*, i.e. note *the results* of your interactions, and assume that whatever happens (especially repeatedly) was the unconsciously intended outcome. If you got mad...or felt guilty...or gave them a loan, assume that was the other person's unconscious intent. Don't be misled by the person's words or "logic," don't try to figure out what made you respond the way you did, just note what pay offs the other person's actions and/or feelings lead to. (3) Disengage from the relationship--stop responding in your usual, controlled-by-other-person way. Be understanding, not angry. Listen, but don't rescue him/her. Become passive resistant to the controller; then, observe his/her reaction to your non-response. (4) Next is the key step: now, instead of giving the old manipulated response or no response, *give a new surprising response* that does not go along with what the manipulator expects (and unconsciously wants) but does not threaten him/her either. Example: suppose a person (child, spouse, boss) gets attention and status by being nasty and yelling. You could start responding differently by simply saying, "It's good to express your feelings." You give no argument, you show no fear of his/her long verbal abuse, and you make no concessions and don't cater to his/her whims. (5) Give him/her space--just let the other person find a new and better way to interact with you. You should not try to become a controller of the other person and tell him/her what to do; instead, be free to experiment with different styles of interacting with this person.

Handling difficult people

Bramson (1981) has suggested several ways of coping with difficult people in the work setting, e.g. hostile co-workers or bosses, complainers, super-agreeables, know-it-all experts, obstructionists, and people who won't decide or won't talk. How to handle the hostile person

was discussed at the end of chapter 7. What about the chronic complainers? They are fault-finding, blaming, and certain about what should be done but they never seem able to correct the situation by themselves. Often they have a point--there are real problems--but their complaining is not effective (except it is designed to prove someone else is responsible). *Coping with complainers* involves, first, listening and asking clarifying questions, even if you feel guilty or falsely accused. There are several don'ts: *don't* agree with the complaints, *don't* apologize (not immediately), and *don't* become overly defensive or counter-attack because this only causes them to restate their complaints more heatedly. Secondly, as you gather facts, create a problem-solving attitude. Be serious and supportive. Acknowledge the facts. Get the complaints in writing and in precise detail; get others, including the complainer, involved in collecting more data that might lead to a solution. In addition to what is wrong, ask "What should happen?" If the complainer is unhappy with someone else, not you, you may want to ask, "Have you told (*the complaine*) yet?" or "Can I tell _____?" or "Can I set up a meeting with them?" Thirdly, plan a specific time to make decisions cooperatively that will help the situation...and do it.

What about the persons who are super nice and smilingly agree with your ideas until some action is required, then they back down or disappear. Such people seek approval. They have learned, probably as children, that one method for getting "love" is by telling people (or pretending) you really care for and/or admire them. Similarly, *the super-agreeables* will often promise more than they deliver: "I'll get the report done today" or "I'd love to help you clean up." They are experts in phoniness, so don't try to "butter them up." Instead, reassure the super-agreeable that you will still like them even if they tell you the truth. Ask them to be candid and make it easy for them to be frank: "What part of my plan is okay but not as good as it could be?" Help them avoid making promises they can't keep: "Are you sure you can have the money by then? How about two weeks later?" Tell and show them you value their friendship. Let them know you are ready to compromise because you know they will be more than fair.

Know-it-all experts are of two types: the *truly competent*, productive, self-assured, genuine expert and the partially informed person *pretending to be an expert*. Both can be a pain. The true expert may act superior and make others feel stupid; they may be bull headed and impatient with differing opinions; they are often self-reliant, don't need or want any help, and don't want to change. If you are going to deal with the true expert as an equal, you must do your homework thoroughly; otherwise, they will dismiss you. First of all, listen to them and accurately paraphrase their points. Don't attack their ideas but rather raise questions that suggest alternatives: "Would you tell me more?" or "What do you think the results will be in five years?" "It probably isn't a viable choice but could we consider...?" Secondly, show your respect for his/her competence but don't put yourself down. Lastly, if the expert can not learn to consider others' ideas, you may be wise to graciously accept a subordinate role as his/her "helper." True experts deserve respect. The pretentious-but-not-real expert is relatively easy to deal with because he/she (unlike liars or cons) is often unaware of how little he/she knows. Such a person can be gently confronted with the facts. Do it when alone with them. Help them save face. They simply want to be admired.

Another "burden" to any group is *the pessimist* --the person who always says, "It won't work" or "We tried that." These angry, bitter people have the power to drag us down because they stir up the old pool of doubt and disappointment within us. So, first of all, avoid being sucked into his/her cesspool of hopelessness. Don't argue with the pessimist; don't immediately offer solutions to the difficulties predicted by the pessimist. Instead, make optimistic statements--showing that change is possible--and encourage the group to brainstorm leading to several possible alternatives. Then ask what are the worst possible consequences of each alternative (this gives the negativist a chance to do his/her thing but you can use the gloomy predictions in a constructive, problem-solving way). Also ask, "What will happen if we do nothing?" Finally, welcome everyone's help but be willing to do it alone because the pessimist won't volunteer.

Every organization has a "*staller*," a person who puts off decisions for fear someone will be unhappy. Unlike the super-agreeable, the staller is truly interested in being helpful. So, make it easier for him/her to discuss and make decisions. Try to find out what the staller's real concerns are (he/she won't easily reveal negative opinions of you). Don't make demands for quick action. Instead, help the staller examine the facts and make compromises or develop alternative plans (and decide which ones take priority). Give the staller reassurance about his/her decision and support the effective carrying out of the decision.

Several other books offer help with critical, nasty or impossible people (Glass, 1995; Ellis & Lange, 1994; NiCarthy, Gottlieb & Coffman, 1993; Bernstein & Rozen, 1989; Carter, 1990; Solomon, 1990; Brinkman & Kirschner, 1994). Also see the bibliography at the end of this chapter. There is hope.



Love your enemies, for they tell you your faults.



Driving each other crazy

Sometimes our friend or lover does things that "drive us crazy." We probably don't know how he/she does it, we just know we feel very uncomfortable--angry, put off, used, etc. Bach and Duetsch (1979) suggest these feelings arise because this person sends us a mixed message. On the surface, the person seems to be saying "everything is OK, please don't change" but underneath there is a subtle request for a change. It's upsetting because one can't stay the same and change too. Why are the requests for changes hidden and denied? Because it is scary to be critical, maybe even aggressive, and to bluntly ask a friend or partner to change. We are afraid of anger and rejection. Yet, we all have a right to clear information, to our feelings, to some space, and to some power to influence things. In their

book, Bach and Duetsch give hundreds of examples of "crazymaking" interactions:

"*Your-wish-is-my-wish*" is when we accommodate every whim of the other person, not out of love but out of fear of having a conflict. Eventually, anyone would want to change this one-sided situation but might, by then, be reluctant to request the change openly. (See codependency in chapter 8.)

"*Divining*" is expecting your loved one to know exactly what you want; if he/she doesn't know, you conclude that he/she doesn't love you. "*Mind-reading*" is believing you know the thoughts and motives of your partner better than he/she knows him/herself. This leads to "analysis" which is "*let-me-explain-you-to-you*;" this often drives the other person away since he/she may need some personal space, not a free, unwanted psychoanalysis.

"*Mind-raping*" is telling the other person what to think and how he/she should feel, so that he/she feels confused if his/her thoughts and feelings differ from your prescriptions. "*Mind-ripping*" is when you behave as though the other person has asked you to do something, like giving advice to him/her, only he/she hasn't made such a request.

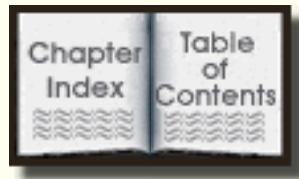
"*Red-cross-nursing*" is creating a need in another person that only you can fill, thus, making yourself indispensable. Stern (1988) says neediness and perfectionism force us to try to be indispensable and take on too much. "*Overloading*" is giving so many facts or orders that the other person can't possibly handle the situation comfortably. "*Gunnysacking*" is storing up many, many grievances and then dumping them all of a sudden on the other person. Naturally, these kind of things can drive the other person crazy.

What can be done about these crazymaking situations? Bach and Deutsch recommend these steps: (1) When you feel you are being driven crazy (stung, confused, manipulated), step back from the situation and try to see what is happening. Tactful, direct requests for change will work much better for you than subtle or deceptive manipulation. Remember the other person is making you crazy, in this case, because he/she wants the relationship to continue. Ask yourself: "What changes do they want me to make?" (2) Become aware of the conditions that underlie crazymaking--the other person's fear of rejection, feelings of powerlessness, and fear of requesting a change. (3) Do not react hostilely to the crazymaking, even if it is very bothersome. The villain is not the other person, it is his/her (or your) inability to be open about requesting the changes needed. Bring these desired changes into the open. (4) Respect the other person's rights and your rights, including the rights to honest information, feelings, space, and some power. Try to lessen the fear. (5) Don't read minds. Earnestly ask for clear information, especially how the other person sees the situation and feels. Share your own views and feelings, make yourself vulnerable (this reduces the other person's fears). But limit the discussion to the issue at hand. Find out exactly what changes are wanted now by both of you. (6) Check out your assumptions about the other person. This is called "mind reading with permission" (see checking out our hunches in chapter 13). (7) Try to arrive at a fair compromise with both of you making some

desired changes.

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COMPETITION AND FEELING SUPERIOR TO OTHERS


Gender differences in values, purpose, self-esteem, and orientation

No human trait is so emphasized as gender. We are deluged, even as infants, with "Oh, you're a *big* boy" or "you are such a *pretty* little girl." Why is this such a critical differentiation? Would it make much difference in a non-sexist society if you were a boy or a girl? No. Yet, as Freud observed, the first thing we instantly determine, when meeting someone new, is gender--is this person male or female? Indeed, it will probably trouble us if we can't tell which gender the person is (even though we have no reason to know)! Maybe this "need to know" has something to do with "knowing how to act" with this person... or establishing a pecking order... or with sex... or all of the above.


In chapters 6 and 8, we focused on feeling inferior, dependency, and submissiveness. Here we will deal with the opposite--male dominance and *feeling superior* to women. (Note: besides gender, humans use several other bases for feeling superior: looks, wealth, education, status, job, race-ethnic group, nationality, religion, morals, size, talent, etc.) Of course, not all men have power and arrogantly dominate women; indeed, according to Farrell (1993), many men are dominated by "the system" and considered disposable. Also, women are given certain advantages and "protected" in many ways that men do not enjoy. Farrell contends that believing (falsely) that men have all the power and advantages leads to women feeling oppressed and angry. As a result of women's unhappiness and criticism, men feel unappreciated. Altogether, the misunderstandings between the sexes are keeping the sexes apart. This is an important thesis. Clearly, each sex has and utilizes power in certain ways and we are getting more equal, but, clearly, the sexes aren't equals yet.

Four major areas of fascinating research highlight male-female differences in dominance or striving for superiority (and the inevitable feelings of success or failure). First is Gilligan and other's work, discussed in chapter 3, showing how women's values differ from men's. Women are concerned with developing personal relationships and helping others; men compete for powerful positions. Second is developmental psychology, showing boys' aggressiveness and resistance to control by females. Third is linguistics, showing how women's fundamental purpose is different from men's when they converse. Men are always

"proving themselves;" women are always trying to be liked (excuse my over-generalizations). Fourth is in learning, showing that women attempt to learn in different ways than men. Women try to identify with the person expressing a different opinion so they can see the reasoning and new perspective involved; men almost immediately start to question and argue with the different view. These four aspects of living are worth a little more discussion in hopes that you can determine if feeling superior or inferior applies to your personal interactions with people.



Ever insurgent let me be,
Make me more daring than devout;
From sleek contentment keep me free,
And fill me with a buoyant doubt.
-Louis Untermeyer



Competition vs. cooperation

Humans seem preoccupied with the question, "Who is best?" In chapter 5, we talked about feeling anxious and inadequate in some tasks (relative to other people). In chapter 6, we dealt with depression and feeling inferior (as a person) to others. In chapter 7, the topics were hostility, discrimination, and feeling superior to others. In chapter 8, there was an extended discussion of dependency and women's socially assigned subordinate roles. Over and over it appears as though we are thinking about "Who is on top?" and "How do I measure up?" This destructive, competitive, win-lose situation, discussed fully by Kohn (1986), is connected with personally feeling superior--chauvinistic--or inferior to others.

It takes Kohn an entire book to summarize the massive data indicating that competition in our society is harmful. Yet, our culture proclaims (without adequate supporting data) just the opposite, that competition is efficient, healthy, and fun. Actually, hard research data documents that people achieve more if they work cooperatively with others (than if they work competitively). We are so brainwashed, we find that hard to believe. (Think of it this way: trying to do your best is very different from trying to beat everyone else.) On the other hand, we can readily accept that a competitive job, school, or social situation, where someone wins by making others fail, causes dreadful stress, resentment of the winner, contempt for the losers, low self-esteem, and major barriers to warm, caring, supportive relationships. What is the solution? Kohn recommends replacing competition with cooperation, i.e. working together, assuming responsibility for helping each other do our best, and uncritically valuing each other's contributions. We need lots of research to help us to know when and how to reduce our competitiveness. To change our goals in life from competition to cooperation, we need new values and a new philosophy of life (see chapter 3). Competition implies a hierarchy; cooperation implies equality.

Kohn is raising fundamental questions about deeply ingrained American ideas, such as "winning is important," "you should be proud of beating someone who is good," and "you must feel badly since you lost." These beliefs in competition remain strong (although all of us have suffered defeats). Our society is in a slow evolution in which various feelings of superiority are being challenged. For instance, feelings of sexual and racial superiority--chauvinism--have been hot issues for many years (Korda, 1975; Faludi, 1991). But I believe that superiority-inferiority feelings permeate our society, even in many ways we do not commonly acknowledge. Examples: Developed nations feel superior to less developed ones and take pride in beating other countries. Older persons and parents feel superior to youth. Youth feel superior (more "with it") to older persons. Owners and bosses feel superior to workers. The wealthy (even if it was inherited) feel superior to the poor. The smart and/or educated feel superior to the less well trained. Urban dwellers feel superior to persons who live on farms or ranches. The religious feel superior to other religions and non-believers. Women often feel superior to men in terms of morals. Maybe we all strive for some sense of superiority, as Adler suggested. Perhaps this is because we all feel inferior in some ways. Maybe we just grab on to a feeling of superiority whenever we can because it feels good. But, this self-centered I'm-better-than-you attitude causes many interpersonal and societal problems. The good news is: people can and do change their attitudes.



Every person I meet is in some way my superior; and in that I can learn from him/her.



Early developmental differences between boys and girls

Gender prejudice and discrimination results, I assume, from boys and men feeling they are superior to girls and women. Where could such an idea come from? We don't know but some interesting things are known. For instance, before we are 3 years old, there are fascinating differences between how boys and girls interact (DeAngelis, 1989). Boys attempt to dominate, to control, to find out "Am I better than you?" They do this by little contests ("I can build my blocks higher than you") or by being aggressive, if necessary. They establish their status and then continue to try to use power to improve their position in the "pecking order." In contrast, girls and women try to establish and improve their relationships, as if they were always asking "Do you like me?" Because boys and girls want to do different things, boys and girls start avoiding each other at 3 or 4. By age 6, girls so dislike the rough competitive play and domination by boys that they choose girls over boys as playmates 10 to 1. Little boys don't like "girl's games" either (no chance to "prove themselves" or afraid of being a "sissy?"). Indeed, if asked, boys will express horror at the idea of suddenly becoming girls; girls aren't horrified of becoming a boy, they quickly recognize the advantages of being a boy. Boys constantly want to win at active, competitive activities and seem less interested in "winning friends." Several studies have also found that older boys will comply

with a male peer's suggestion but will stubbornly not comply with the same suggestion from a female peer. This is especially true if other males are watching (trying to build their status?).

Radical feminists have contended that our society teaches males to hate females. If so, exactly how is that done? We don't yet know. The Psychoanalysts believe little boys 3 to 6 undergo great turmoil as they must give up their identification with a close, nurturing mother and switch it to a father. In this process, boys may be unwittingly taught to dislike, even disdain female (mother's) characteristics in order to give them up; thus, the "hatred" of women's ways (and little girls) may be generated in little boys. Also, in this early process, boys may learn to suppress their urges to show affection (to mother especially) but also that losing intimacy (with mother) can cause great pain; perhaps this is the origin of some grown men's fear of intimacy (Hudson & Jacot, 1992). Girls, since they never have to give up their identification with mother, tend to develop a fear of possible separation which results in greater needs for intimate affiliation. On the other hand, girls do have to shift their sexual orientation from a mother-like person to a father-like person, and boys do not. This may help explain boys' greater focus on the female body as a sexual object (more than male bodies being a sexual stimulus for women), boys' greater homophobia, males' greater emphasis on sex and less on closeness, and other differences between male and female sexuality. So, according to Judith Viorst (1986) in *Necessary Losses*, we all suffered a serious loss (boys giving up Mom as an identification and girls giving up Mom as a sexual object) that has a permanent impact on our personalities.

At this point, psychologists don't know for sure how little boys are taught to disdain girls or why boys feel superior, are more aggressive, and are especially uncooperative with females. We only have hunches, but gaining more knowledge is critical. Males commit 90% of all violent crimes; this violence needs to be stopped (Miedzian, 1991; Stoltenberg, 1990). Neither do we know why the self-esteem of girls drops markedly at ages 12 or 13 or why girls are more cooperative and involved in relationships (Gilligan, Lyons & Hanmer, 1990). Before puberty, girls do better than boys in school, have better social skills, and have a lot of confidence. After puberty, girls do less well in school, lose confidence, worry about their bodies and diets, get hurt in relationships, and become more depressed. Actually, interesting recent research indicates that *the drop in math and science grades only occurs in girls from traditional families* in which gender roles are emphasized and the mothers are assigned the child-rearing role. Girls from egalitarian families (who divide the child-care duties more or less equally) were apparently not taught that technical subjects were too hard for them or inappropriate. Girls in egalitarian families also spent seven more hours per week with their fathers than girls in traditional families. These findings are reported in *Psychology Today*, August, 1996, and based on Kimberly A. Updegraff's research as a graduate student at Penn State. Good fathering is important.

Since research gives us only a few hints about the causes of these many changes in girls at puberty, we can only speculate (see Brown & Gilligan, 1993; Orenstein, 1994; Nolen-

Hoeksema & Girgus, 1994), but it seems unlikely that genes and hormones cause females to be smarter before puberty and dumber afterwards. I'm betting girls' self-esteem, performance in math and science, and career aspirations plummet because (1) parents and teachers give boys more encouragement in these areas, (2) girls with fantastic looks rate much higher with boys (and girls) than those with fantastic smarts, and (3) high grades become associated with geeks. Thus, the peer culture and attitudes also seem to share some responsibility for crushing girls' spirit. There is no known evidence, yet, that unhappy or psychological dysfunctional families are a major cause of these puberty related deficits, although a child's general adjustment and happiness is generally correlated with family adjustment.

Informed parents can help their daughters (Eagle & Colman, 1993; Debold, Wilson & Malave, 1994; Pipher, 1994) through this stressful period, even though the causes--nature or nurture--for the problems are not known for sure. Girls can help themselves too (Abner & Villarosa, 1996). Considering the divorce rate, abuse rate, crime rate, and the frequency of aggression and wars, one would think we humans would demand research to clarify these fascinating and critical aspects of our children's sex role development. See chapter 6 for a discussion of why females, starting during adolescence, are twice as depressed as males (sexual abuse by men may account for a significant degree of the gender differences in depression).

Differences between men and women in conversation

In my opinion, one of the most beneficial areas of research has been the studies of conversations between males and females. In brief, this research indicates that the young boy-girl interaction styles described above continue for a life-time in our male-female conversational styles. Men and women operate in two very different social worlds. Men are in an ongoing contest, competing with everyone by displaying their competence and skill. Why don't men ask for directions when lost? Because it puts them in a you-know-more-than-I-do position. Women are cautious but persistently seek intimacy; they want emotional support, cooperation, and praise. Given these different orientations, it is no wonder the sexes have trouble communicating!

But if both sexes understand where the other is "coming from," the conflicts can be reduced. Examples: a man can gain an understanding of how his wife can love talking on and on to her female friends about a problem and never receive any advice or criticism. The women are interacting to get support, not solutions. Women can come to understand why men shift the topic to something they did and/or something they know about, rather than asking questions as a woman would (asking questions might suggest the other person knows more). Many men relish getting into lively arguments about politics, sports, or a professional issue. Like boys at play, men are establishing their place in the pecking order. They enjoy the competitive process, e.g. men like their debate opponents *better* afterwards; women tend to like any challenger or debater *less* afterwards. If we fully recognize these major differences between men and women, we can understand that the man, trying to be helpful,

offers his wife a solution to the problem she is sharing; she gets mad because he seems to be assuming that he could handle the problem better than she could. Besides, his giving advice cut her off from telling all the details and her feelings! He can't understand why she becomes mad at him after he tries to help, then he gets mad at her for being a "typical woman."


This is a serious communication problem. Women start more conversations than men, ask more questions, attempt to put the other person at ease more, are more supportive of the talker, and generally take more responsibility for the overall social situation. These are valuable, commendable skills. Men not only change the topic more but they do *95% of the interrupting of women* in mixed company. This is observable chauvinism. Kohn (1986) points out that it would be very regrettable if women, in the process of being liberated, became as competitive and concerned with status (feeling superior?) as men are. Males too can learn listening and empathy responding skills (chapter 13) and it will be a better world. Tannen (1990, 1993), Gray (1993), and Elgin (1993) are all good sources of information and help in this general area. Tannen (1994) concentrates on communication between the sexes at work.




Men and women respond differently to new and challenging ideas.



The book, *Women's Ways of Knowing*, by Belenky, Clinchy, Goldberger & Tarule (1986) describes a feminine learning style that fits well with women's conversational style. Example: When women hear a new or different idea, they set their doubts and disbelief aside and tune in carefully to what the person is saying; they try to see it from the other person's view point. Women try to understand the other person's opinion as completely and deeply as possible; they cognitively "go with them," wanting to hear the person's views and understand why they think this way. Women seek to make sense of the new idea, to grasp how it can be seen as accurate and useful. This is certainly a "way of knowing" and could be called *the believing approach* . It involves empathizing with the speaker to cooperatively assimilate the truth together, i.e. cooperating. Women effectively use this same listening style when someone has a personal problem.



Accurate observation is necessary to succeed in most areas. But we must remember that there are two worlds: one we can measure with a stop watch and a ruler, the other we can only feel and judge within our hearts.



Contrast this with a common male approach: When someone expresses a new idea or

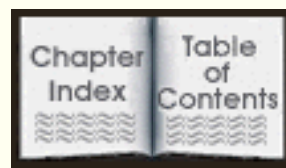
one you (a male) don't agree with, you immediately start arguing in your head. You try to stay unbiased and coolly impersonal, if you can, but you question the validity of everything-- "How do you know that?" "Is that logical?" "How reliably was that measured?" "Aren't some other experimental approaches or control conditions needed?" "Aren't there exceptions or other explanations or conclusions possible?" "What are this person's motives and biases?" This is critical thinking; it is the essence of the scientific method; you could call it *an adversarial or "doubting approach."* You all know this approach; researchers attack each other's conclusions; it is about all you get in school. In academia it is the only respected way of knowing. Too bad. Men like the intellectual game. It is like arguing--trying to find out who is superior. Women frequently dislike this kind of discourse, believing arguments don't influence anyone's thinking and reduce intimacy. Some careful thought will surely convince you that every person needs to use both "ways of knowing." Both are valuable skills.

A discussion is an exchange of knowledge; an argument is an exchange of ignorance.

So, this short review should alert you that when men and women interact with others, they are very different. These interactional styles and personal values may be the differences that cause men and women the most trouble. Let's look at some of the other gender differences.

[← Back a page](#)

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COMPETITION AND FEELING SUPERIOR TO OTHERS

Society establishes gender roles for us

As mentioned above, the different ways of males and females interacting fit nicely with differences in men and women's value systems (chapter 3). Women value being sensitive and maintaining good relationships, i.e. attachment over achievement; men value gaining status by following "the rules," i.e. achievement over attachment. Since our society values competition and individuals being successful on their own, women's orientation towards caring for others and/or cooperatively building the community is considered (by the male dominated society) to be of lesser importance. These value differences are reflected in the gender roles established by our culture, such as:

Males are urged to excel, e.g. "to become the president"--they are supposed to grow up to be powerful; they don't show their weaknesses; they are valued; they are preferred; they are encouraged more and prepared better for careers than females are; they are expected to be tough, independent, demanding, aggressive, good problem-solvers, and on and on. Thus, men are expected and prepared to strive for superiority. In short, to be "a man" the rules are:

1. Don't be a sissy (be different from women, no whining)
2. Be important (be superior to others)
3. Be tough (be self-sufficient, don't be a quitter)
4. Be powerful (be strong and dominate others, even by violence)

Furthermore, what makes a man a "real catch?" What makes men sexy (besides a great body)? Success! Being better than others and capable of achieving in ways that make money! Surely this motivates men.

Women are encouraged to be good mothers --they need, therefore, to first attract a man to depend on; they are expected (by our culture) to be giving, emotional, unstable, weak, and talkative about their problems; they are valued for their looks or charm or smallness but not their strength or brains; they are considered unfeminine ("bad") if they are ambitious, demanding, and tough or rough; they are expected to follow "their man" and give their lives

to "their children," and on and on (Pogrebin, 1980). Thus, women are expected to serve others, to sacrifice their ambitions and personal needs in order to please and care for others. See *Too Good for Her Own Good* by Bepko & Krestan, 1990.

And, what makes a woman a "great catch?" What makes women sexy? A pretty face and a great body! Women compete on the basis of their looks. This may interfere with women's motivation to achieve and be successful. Oprah recently asked young people which they would rather be: attractive or intelligent? An amazing percentage said attractive. What counts in this culture is how attractive you are, especially if you are a woman.

Without any doubt, most of the traditional gender or sex roles served a valid and useful purpose 20,000 years ago when we lived in caves and strong, capable hunters were especially valued because they brought home more meat. At the same time, however, some women were regarded as goddesses and bearers of the miracle of birth. Gradually, women became less respected. Then, about 400 years ago, in 1486, two Dominican friars wrote *Malleus Maleficarum* (The Witches' Hammer), which became religion's guide to witch-hunting for 200 years. "Witch" and "women" were used synonymously. Jane Stanton Hichcock (1995) quotes from that book: "All wickedness is but little to the wickedness of a woman... It is not good to marry: What else is woman but a foe to friendship, an unescapable punishment, a necessary evil, a natural temptation, a desirable calamity, a domestic danger, a delectable detriment, an evil of nature, painted with fair colors." This book was endorsed by the Catholic Church, the mother of all Christian churches. We must recognize the roots of our culture.

Within the two career families of today, the women-are-inferior attitude is muted and concealed, but the archaic sex role expectations are still subtly there. The old rules still serve to "put down women and keep them in their place." Sixty years ago, Margaret Mead told us, based on what is done in other cultures, that it wasn't innate for men to be decision-makers and breadwinners or for women to be subservient and raise children. Nevertheless, our culture continues to pressure us to conform to these gender roles and do what we are "supposed to do" (see chapter 8); the cultural, family, and friends' expectations become internalized as our own self-expectations; guilt may result if we don't follow the prescribed roles. Notice how people react to a man who decides to stay home and take care of the kids.



Civilization is the encouragement of differences. Civilization thus becomes a synonym of democracy. Force, violence, pressure, or compulsion with a view to conformity, is both uncivilized and undemocratic.

-Mohandas Gandhi



Gender roles limit what both males and females can do. In effect, these sex roles enslave

us--force us to be what others want us to be. We could be free to choose our own life goals and roles (from both male and female gender roles) and that is called **androgyny**. See Cook (1985), Bem (1976, 1993), Kaplan and Bem (1976), or Lorber (1994) for a discussion of gender roles and inequality. The most recent suggestion is to completely disassociate gender from all personality traits. That makes sense. Why should submissiveness or cooperation be considered feminine? They are human traits, not just traits of women! Just define what each personal trait, such as submissiveness, involves in terms of actions and feelings--and let each human being decide how submissive or cooperative he/she is and wants to be. Indeed, the current masculine-or-feminine classification of traits is silly, e.g. men are unemotional (that idea really ticks me off!), women are illogical (prove it!), men are independent (then let them clean, cook, and iron!), women are home-oriented (tell my female doctor, dentist and veterinarian that!), men are not concerned about their appearance (Ha!), etc.

The future can be better. A recent survey found that three out of four *mothers*, even of young children, *like or love their work outside the home*. As a culture we can make work even more gratifying. With excellent child care and educational programs we can be more at ease about our children while at work. With families consisting of only one or two children and the productive years extending to 70 or 75, it seems likely that every woman will want and need an interesting career.

Recent history of changes in gender roles

A little history (also see chapter 8): by the 1960's we had developed an affluent society--two kids (thanks to birth control), two cars, TV, dish washers, fast food, etc.--but women, especially educated women, started to realize that life was surely more than buying hamburgers and driving the kids to music lessons or ball practice. Women, clearly capable of achieving in the work place, resented being forced into unrewarding homemaker roles; they wanted to have their freedom, to be liberated (Freidan, 1963). The Women's Movement was one of several gigantic, wonderful ground swells of freedom and idealism in the 1960's. Women all over the nation between 20 and 50 joined "consciousness raising groups" and supported each other to go to college or get a job, to ask their husbands to help with child care, cooking, and cleaning. Women's liberation, coupled with a growing concern about over-population of the world, new birth control methods, equal education for women, and changing economic times, started the long, slow process of changing the traditional, male-dominated family. Women fought for equality and a second income was more and more needed.

In the U.S., the biggest ongoing social evolution in the 1990's is still the fight for gender equality. It seeks equal rights for women: equal pay for equal work, equal educational and career opportunities, equal treatment in the law, finances, politics, sports, etc. It also seeks to eliminate sexual harassment and *sex-role stereotyping* in which women are seen as dependent on and inferior to men; as ignorant about cars, money-matters, and politics; as sexual objects for men to leer at (while the object remains naive and innocent); as neurotic,

emotional, irrational, weak characters needing protection; as attractive creatures who wait for the right man to come along, have babies, become good mothers, and then have no idea what to do for the last 40-50 years of their lives. Legally, women and blacks became equal to white men in the 1960's but much changing still remains to be done.

It is hard to even imagine gender equality *if* you are a woman and your father always dominated your mother, *if* your teachers paid more attention to and encouraged boys more; *if* you are afraid your boyfriend or husband might leave you rather than accept you as an equal; *if* your church worships a male god and says the man should head the family; *if* your culture thinks women are exciting sexual objects but emotional, naive, dependent, and weak; *if* women are blamed for teen pregnancy and male violence and the solution is seen as putting women back in the kitchen and men back in charge; *if* your social group thinks women's looks are more important than their brains or hearts; *if* your girlfriends are much more emotionally involved in their relationships than in their activities and achievements; *if* you are scared to live life without a male partner; if you doubt yourself and distrust other women; *if* 44% of the women you know have been degraded and raped or nearly raped, and so on.

What can help you run the gauntlet? Liberated friends are helpful. Reading can raise your consciousness. You can assertively insist on women's rights when confronted with prejudice. You can raise your daughters as competent, self-confident, self-directed (without cultural restrictions), independent decision-makers. It is encouraging to realize other women are making progress (see chapter 8). About 20% of baby boomers have chosen to be childless, compared to 10% a generation earlier. During the last 10 to 20 years, if a couple decides to have children, most women work outside the home after the children are in school, partly because it is satisfying and partly because it has become economically necessary.

Ironically, as the concept of gender equality grows, women see more clearly what they deserve and their oppression is felt more keenly. This hopefully means for couples that equality will gradually be achieved, i.e. first the most troubling unfairness between two people is corrected, then another inequity comes into focus to be corrected, etc., etc. For both men and women the gender conflict may seem like an unending process ("She is never satisfied" and "He gives in a little but it still isn't fair"). Equality is a fantastic revolution in the history of humans--and *we* are living it. It can't be done instantly. We have to be tolerant but constantly demanding that justice be done. We also have to guard against "back lash," e.g. when a woman acts more like a man at work (aggressive, loud, hot-headed, arrogant, demanding, and demeaning), she is vilified while a man is more likely to be tolerated and excused. Such behavior is unacceptable; the gender of the inconsiderate person doesn't matter.

In case you are thinking that things have already become pretty equal and fair between men and women in business, consider this: in a recent list of the top 800 CEO's in this country, only one was a woman! And she had started her own business, i.e. she had not been

selected by men to head a corporation! Now, do you suppose that *all* of those 799 CEO's are really better managers than any female in the world? Or, are we still prejudice? There is also evidence that bright, ambitious, able, progressive women are paying a price for leading the way in a not-yet-egalitarian society, namely, self-doubts, depression, eating disorders, headaches, and other illnesses.

Gender roles for men

The old male sex roles gave power and advantages to males but also created problems for men. As noted in chapter 7, boys and men are much more free to express anger than any other emotion. This is related to their high rate (compared to females) of criticizing, scapegoating, and attacking other people. Unfortunately, they are also three times more likely to be hyperactive than girls and they are more likely to believe their problems are caused by outside factors; whereas, females are more self-blaming. Males try to avoid problems; they distract themselves. In contrast, females talk out their problems with friends. It looks like boys are headed for trouble from an early age.

Besides the aggression-related problems of males, one can imagine many other problems: if you are expected to be superior, always perfectly in control of things and "cool" in appearance, it is a constant strain to meet those standards. Also, if you are expected to be a strong, unemotional, independent, competitive, and aggressive "tiger" at work, it is hard to come home and be a "pussy cat," being an interdependent equal, washing the dishes, bathing the kids, sharing your self-doubts and remorse about conflicts at work, and being soft and caringly intimate with others (Fasteau, 1974). Women seem to want both--an ambitious, successful Rockefeller at work and a relaxed, empathic Dr. Spock at home. Men are saying to women, "if you like the drive, intellect, and toughness that gets me promoted and a Mercedes, why do you expect me to be completely different as a dinner partner? You can't have both!" The truth is maybe you can have both, but the point is: some (not many) men feel as dehumanized when they are judged by their job or income or car as women feel when they are judged by their weight or breasts or clothes.

If a male alone is expected to provide well for a family, he will ordinarily have little time to relax and enjoy home life, little time to get to know his own children. Men need freedom too--freedom from all the financial responsibility for the family, freedom from the demand that they be a "real men and not cry or be sissies," freedom from the urge to compete and prove their superiority in every interaction, freedom to be equally involved with child care, freedom to have intimate friendships, freedom from being held responsible for the female's sexual satisfaction, freedom from having their personal worth being based almost entirely on their success at work, etc. (Farrell, 1975, 1993).

Males who adopt *extremely macho* traits and superior attitudes run the risk of several other major problems (Stillson, O'Neil & Owen, 1991). Examples: the highly masculine stereotype has been shown to be associated with family violence, delinquency, fights while

drinking, child sexual abuse, and rape. The macho male suppresses feelings and, thus, has more health and psychological problems as well as more superficial and fragile relationships. These facts should help the tough, loud, dominating, belligerent male reconsider his life style. Almost no one, except a few insecure, hostile buddies, respects the inconsiderate, aggressive male. It is certainly to the credit of enlightened males that they have moved away from the destructive aspects of the highly masculine sex role stereotypes, but Robert Bly (1990) believes many men have become "soft" (insecure and indecisive?) in the process and lost their resolve to do what they think is right. Guard against confusing being good (sensitive to others' needs, assertive, strong, and cooperative) with being weak (self-deprecating, scared, and self-absorbed). Besides Bly, there are other books for adult males having problems with their emotions: Pittman (1992) and Allen (1993).

Naturally, men have felt attacked by feminists and some, like Bly, have recently insisted that the male role should be as a strong leader. However, mental health professionals do not recommend Bly's book (Santrock, Minnett & Campbell, 1994). Perhaps the major spokesperson during the 1980's on male issues has been Herb Goldberg (1976, 1980), a psychologist who denounces the traditional tough, silent, unfeeling, unempathic man. He thinks men are killing themselves by trying to be "true" men. Instead, men should get in touch with their feelings, their bodies, their close relationships (or lack of them), and their basic purposes in life. Goldberg thinks men should stay assertive and independent, but increase their sensitivity to others, their inner awareness of emotions and values, and their commitment to others. In short, they wouldn't become less of a "man" but rather a more complete, wiser, caring man (Fanning & McKay, 1994).

More male-female differences

Are there additional differences between men and women? Yes, there are probably many differences besides physical size and strength, breasts, and genitalia (McLoughlin, 1988). We don't understand why but many more males are conceived and then spontaneously aborted. Color-blindness, hemophilia, leukemia, dyslexia, left-handedness are more common in males. Certain diseases plague women (thyroid & bladder disorders, anemias, spastic colon, varicose veins, migraines, gallstones, arthritis, asthma) but men have deadlier problems (heart disease, strokes, emphysema) and more visual-hearing defects. In summary, women live 7 years longer, although sick more often.

Certain fascinating sex differences start early, e.g. infant girls seem to see faces better and are more responsive to people than boys are. Even as adults, research has shown that women can "read" non-verbal cues and most emotions better than men (not anger). By preschool, boys are more distractible (shorter attention span), aggressive (chapter 7), and more visually oriented. There have also been slight but consistent intellectual (may be nurture, not nature) differences: girls get better grades; high school males do a little better in math and visual-spacial abilities; females used to do better in verbal abilities (Maccoby & Jacklin, 1974), although these test score differences are declining and may have disappeared.

When older men and women have strokes on the left side, where language functions are thought to be, men are three times more likely to become aphasic (speech problems). This suggests speech is more concentrated on the left side in males than in females. Male and female brains may differ but the innate intellectual differences seem to be very slight.

Even where male and female average physical traits are clearly different--males are bigger, stronger, and faster--there is great overlap, i.e. the fastest female is much faster than most males. All of these group differences can be overcome by individual efforts, i.e. a woman can become very strong through exercise, very proficient in advanced math through classes, a superb combat soldier through training, etc. Just like a man can learn to be a great "mom," a wonderful conversationalist, an empathic listener, and a caring cooperator rather than a dogged competitor.

What and/or who is responsible for generating these gender roles? The genes must influence our physical structure and our health. Hormones surely also play a role: estrogen in females seems to produce better health (for reproducing the species?), especially less heart disease; testosterone in males increases their aggressive response to danger, and may be related to dominance and competitiveness. And, thirdly, we are taught by family and culture that boys (men) should behave certain ways and girls should be different, as discussed above. This may explain why female high school valedictorians outperform men in college but 2/3's start to *lower their aspirations* early in college and few go on to graduate school (exceptions are those women who develop a supportive relationship with a faculty member or who go to a women's college, where they become active "players" and leaders, not just "observers"). See earlier discussion of developmental differences.

Learning our gender roles --what do we want and expect of each sex?

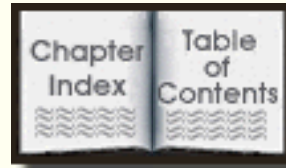
Our parents start teaching us our roles shortly after birth, e.g. boys are cuddled, kissed, and stroked less than girls while girls are less often tossed and handled roughly. In playing with their infants, mothers mirror the young child's expressed emotions. But mothers play down the boy's emotions (in order to keep the boys less excited) while they reflect the baby girl's expressions accurately. Could this possibly be an early cause of adolescent boys denying emotional experiences and not telling others how they feel? We don't know. In addition, remember that boys between 4 and 7 must shift their identities from Mom to Dad. In that process, boys are chided for being a sissy ("like a girl") and we start shoving them on to bicycles and into Little League; they are praised for being tough; boys start to think they are superior or should be. From then on, schools, churches, governments, entertainment, and employers reinforce the idea that males are superior.

Another fascinating facet of gender sex roles is the fantastic emphasis in our culture on women's attractiveness (discussed in chapter 8). Clothing, hair styling, beauty aids, perfumes, special diets, exercise, and fitness aids cost uncountable hours and billions of dollars. The women's role forms only half of the commercially choreographed intercourse

between the sexes: women agonizing over every detail of their appearance and men yearning and vying for the most beautiful play mate they can get. These "traps" consume enormous human energy. Rodin (1992) suggests ways women can avoid finding so much of her meaning in her body, but the other half of the solution involves teaching men to find other parts of females more attractive than her body, such as her brain and interesting ideas, her healthy personality, her interesting conversation, her good values and acts, her purposeful life, etc. If that could be done, it would provide a major revolution.

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COMPETITION AND FEELING SUPERIOR TO OTHERS

Misunderstandings between the sexes

There are lots of misunderstandings between men and women about gender roles. For example, many women think males want a maid--a wife who stays home, cooks, cleans, and isn't too smart. But many males *say* they want, more than anything else, a capable, assertive, happy partner, not just a housekeeper. Yet, about 40% of women feel like they are their husband's housekeeper and only 28% feel like his lover. That's sad. On the other hand, men think women want a big, burly, hairy, tough, handsome, "he-man" stud with money for a partner. Well, handsome maybe, but females do not admire an overly macho male. Even 15-20 years ago, being loving, gentle, warm, caring, intelligent, capable, self-confident, and willing to stand up for his beliefs was more important to women than being tough and fighting (Rambo type) or influential and obsessed with power (Donald Trump type) or a hunk making out sexually with lots of women (Tavris, 1977). What are the 1995 ideals?

It may surprise you but about 50% of *Psychology Today* respondents (both women and men) said *the ideal male* would above all else be introspective, wise, compassionate, and concerned with his own personal growth, i.e. self-actualizing (Keen & Zur, 1989). Another 25% said the ideal man's one "ultimate concern" would be "his family, i.e. being a good husband and father," 12% said his highest priority would be "helping others," 7% said "religion," only 4% said "his work," and the remaining 2% mentioned art, making money, sports or play, and political activity. The male *least admired* is cynical, selfish, materialistic, and violent (including personally fighting, watching violent sports, and hunting). Note that the ambitious, urbane, critical, sophisticated, organization man of the 1950's, willing to do anything to make it to the top, is *not* valued by these young, well educated respondents. However, it would be foolish to believe success is no longer highly valued. (Indeed, men predict business will change women, i.e. "power corrupts;" women think women will change the system.)

Surveys usually show that men support "women's issues," such as abortion and day care, more than women do! Surveys also have shown that women believe women's liberation has benefited men more than women! That is, women have assumed more responsibility for

financially supporting the family (almost 60% are employed) than men have assumed for caring for the house and family. Hochschild (1989) interviewed 50 two-career couples and found that the women worked 15 hours more each week than their husbands did. Other studies report that 50-70% of women say their husbands don't do their share of the housework. It is interesting that 75% of women say men have excessive expectations of them in terms of housework and child care, but 80% of the women feel men underestimate women's ability at the work place. Hochschild offers solutions to this unfairness.

It seems clear that most women have changed in the last 30 years and many men have too. But *many men still have a lot of changing to do*. The ideals have already changed or are changing; males need to listen more, aggress less, and cooperate more. Husbands of working women are supposed to do an equal share of the housework and child care (remember 70% of such women believe their man isn't doing his share). Men must also take more responsibility for seeing that women are accepted, respected, and treated equally where they work. Men must challenge their male friends who still have the arrogant, unthinking, or sick chauvinist ideas underlying physical and sexual abuse and sexual harassment. Since overly masculine men don't take suggestions or orders from women well, males sympathetic with females must take the lead in vigorously confronting other males who are unaccepting, unfair, or abusive. This won't be easy. And, women need to provide other women with support groups and networks to counter the power-seeking "good old boys."

Among my college students, I often raise the question of why men have to do most of the approaching and asking out? The women invariably say that if they did the approaching, men would think they were being too aggressive or were sexually promiscuous, and, thus, wouldn't respect or like them. Almost 100% of men laugh at these notions and say they would love to be approached. Give it a try, women. Women have to do some changing too. None of us like to take the lead and then be rejected (see "meeting people" above).

What determines *who will be the boss* in a marriage? Mostly the *education of the wife*. Peplau, Rubin and Hill (1977) found that among dating couples 95% of the women and 87% of the men *say* that each sex should have exactly equal power in decision-making. But, less than half of the couples felt their relationship was, in fact, egalitarian. Among the remaining couples, two-thirds of the women and three-quarters of the men felt the man was more in control. *Three factors are related to power*: (1) the couple's ideas about gender roles, e.g. traditionalists think the man should make the *final* decisions, (2) the degree to which each one is "in love" or dependent on the other (the less involved partner has more power), and (3) the female's education (if she drops out of college, she is more likely to be dominated; if she gets a graduate degree, she will probably have equal power). So, for an egalitarian relationship, the couple needs to be roughly equal in ability, in love, in neediness, and in education.

Who organizes and runs the family? Regardless of who is "the ultimate boss," there is an opportunity for someone to gain some satisfaction or status and power by becoming the

family organizer or director. Often that is the wife, either as an assigned role (by the boss) or as a desired acquired role. Stern (1988) writes about *The Indispensable Woman*, who wants to be needed. So, she takes on a job for extra money, does the grocery shopping, cooking, cleaning, and laundry, keeps track of everyone's clothes and tries to monitor how everyone looks each morning, wants to look fantastic herself, finds the baby sitters, keeps everybody's schedule and makes sure they are on time, plans family activities and "lessons" for the children, helps her husband socialize, is sure the family would fall apart if she didn't run things for everyone, and feels overburdened and unappreciated! Solution: admit the overload is your fault (if it is), reassign some responsibilities and drop others, stop expecting perfection, and take time to find a life of your own. Bepko and Krestan (1990) have a similar notion, namely, that women are strongly driven to be "good" and please others; consequently, they take on too much and often feel insecure or unsure that they are good enough. Solution: stop kowtowing and self-sacrificing.

There are hundreds of books about sexism and how to deal with it. Some of the better early references about women's rights are Freidan (1963), Bengis's (1973) attack on men, Boston Women's (1972) well known catalog, Friedman's (1983) refutation of the idea that you're no body until somebody loves you, Friese, Parsons, Johnson, Ruble & Zellman's (1978) textbook, and Paulsen & Kuhn's (1976) handbook.

Feminists have kept up the attack on the unfairness. Susan Faludi (1991) describes many subtle but calculated scare tactics and attacks on feminism, including the frequent description of the single woman as neurotic, emotional, and miserable (e.g. Fatal Attraction), the erroneous but frightening contention that no males will be available for the single female over 30, the spreading of false rumors that women careerists were taking over law, medicine, dental, and other professions, and on and on for 460 pages. One of the most scathing attacks on men is MacKinnon's (1987) *Feminism Unmodified*, in which she underscores that 44% of women are raped or about raped because "men consider women inferior." See the discussion of date rape under premarital sex in chapter 10. She and others say pornography defiles all women because it portrays them as inferior, as sexual objects without personal significance or a soul. Men get defensive when they read these charges, but we all--men and women--must face reality, especially unpleasant reality.

There can be no doubt that many men still discount or put down women in many ways. Change is slow; it must also be sure. Brownmiller's (1984) book on *Femininity* is a gold mine of information. Levine's (1992) *My Enemy, My Love* provides some interesting theories about why males and females frequently get angry with each other. An excellent analysis of gender stereotyping, including the misjudgment of women and mythical gender differences, has been done by Tavris (1992), a social psychologist and good writer.

Chauvinism

Chauvinism as a nation

Christopher Lasch (1979; 1984), a psychoanalytical historian, says we Americans are narcissistic and self-centered. We seek immediate happiness. Our society and even our therapies, he says, are designed to help us forget others and deny our moral responsibilities. We have little interest in the past or the future. We are trying to survive hard times, as best as we can, by focusing on our wants. Our affluent world is threatened; that makes us passive and defensive, it takes the fight out of us. We are holed up; we are not out there striving to make the world better--to feed the hungry, to treat the sick, to teach.... By being self-absorbed we hardly notice the suffering of others. We excuse our indifference to others. Lasch thinks we dream of success, greatness, and being happy in order to deny our frailties, fears, weaknesses, dependencies, and guilty consciences. We hope for easy political solutions to huge social problems.

According to Lasch, chauvinism and narcissism go together; they are opposed by the logic of democracy and the Golden Rule. Germany's insecurity before 1940 created an extreme chauvinism, leading to wars of conquest and to gas chambers. In that same Germany, the holocaust victims, feeling helpless, walked passively to their death and Anne Frank's family died carrying on "business as usual." Many Jews denied the dangers they faced. Many other people did nothing to help the Jews. In a similar way, during the "Cold War" the American people and the Soviet people (combining Hitler's arrogance with the holocaust victim's helplessness) conformed to their leaders' orders, namely, to prepare to destroy ourselves to "defend our way of life." The Cold War is over but we are still driven by the same pathological personality traits--the same willingness to let others think for us. When the world is in trouble, we--the people--must think for ourselves (not just unthinkingly follow a leader) and do something, we can't withdraw inside ourselves, like Narcissus. Perhaps seeing our motives more clearly, re-affirming our basic values, and gaining greater self-control (not national pride and political control by a glib leader) will reduce our hostile indifference to others (see chapters 3 and 7).

I would define liberty to be a power to do as we would be done by. The definition of liberty to be the power of doing whatever the law permits, meaning the civil laws, does not seem satisfactory.

-John Adams

Sometimes it is said that man cannot be trusted with the government of himself. Can he, then, be trusted with the government of others? Or have we found angels in the form of kings to govern him? Let history answer this question.

-Thomas Jefferson

Chauvinism at home; Child care

When conservative politicians, like Presidents Reagan and Bush, and anti-ERA people, like Phyllis Shaftly, speak of keeping the *traditional* family strong, they usually mean keeping families emotionally close, with the father as the head. The threats to a patriarchal family are, in the words of a conservative minister, "uppity women" and "uppity children." Any suggestion of women having careers and democratically sharing power in the family threatens male dominance. Pogrebin (1983) contends that the traditional family really means "keep men in power, women in the kitchen, and children in awe." She says such a *traditional family is essentially child-hating*. Many parents fear and dislike children who are independent and defiant, feeling "their will must be broken." Thus, these parents have little empathy or respect for children and democratic decision-making. Such parents are dominant, over-controlling, and sometimes harsh and aloof with children. Such parenting may have permanent negative effects (see Table 9.2).

While some traditionalists adamantly favor (primarily for religious reasons) the rights of a 6-week-old fetus over the rights of the mother, when it comes to family decisions these same people frequently think it is absurd to give older children and teenaged daughters and sons the same rights, privileges, opportunities, and choices as parents have (Pogrebin, 1983). We must also ask ourselves: why are we so adamant about saving tiny unwanted fetuses but never demand that we save the lives of starving and sick children around the world?

How can chauvinism be reduced? As pointed out in the 1960's, we need to concentrate on the family and child rearing. About 55%-60% of today's families are traditional, only about 40% have nontraditional attitudes, i.e. children and parents have equal rights, boys and girls should have the same chances and choices, and "people in authority don't always know best." Pogrebin proposes several political-social-economic solutions for better child care: housing for all families, meaningful careers for both parents, tax breaks for having children and elderly in your home, professionally run day care centers, getting fathers highly involved in child care, increasing mutual respect and love within the family, etc. It's not clear how all these changes can be accomplished, nor what the outcomes of the changes would be. However, some of these changes can be brought about by individual self-control.

About 70 years ago, Alfred Adler advocated democratic attitudes towards children, stressing mutual respect, encouragement, and reason. He opposed using rewards--bribes?--and punishment (because they underscore that the parent is in power and has the rewards to give); he opposed over-protecting, over-demanding and over-powering the child (Corsini & Painter, 1975; Dreikurs & Soltz, 1976). Discipline could be maintained, Adler thought, with family conferences and by using "**natural consequences**" (warning once and then letting the child learn from his/her mistakes) and "**logical consequences**" (agreeing to reasonable rules *in advance*, such as "you'll have to leave the room if you disrupt a conversation or someone watching TV").

When does child-care end? There are families in which the children dominate the parents; they may be indulged and catered to by self-sacrificing parents until they are 22 to

25. Indeed, most college students today expect their parents to pay for their education and parents seem to accept that responsibility. Related to this prolonged dependency, many parents get extremely upset if their "grownup children," say 20-years-old, make decisions they don't approve of, such as majoring in certain subjects, experimenting with drugs, dating another race or religion, living with someone of the opposite sex, etc. Why are parents so controlling? Why do they feel it is their right? Why do they distrust their 20-year-old's judgment? Why aren't college and post-college students more independent? As a society we don't seem to know how or when to let our children go free. Until the 1930's, children were commonly expected to be "on their own" after 14 (8th grade). Now, it is 22 (college). Will it be 30 in 2050 or back to 14?

It is hard for me to agree with Pogrebin that children, in general, are hated by traditional parents. I think children are most people's greatest treasure and joy. If children are hated, why do traditional and non-traditional parents give them so much--even paying for college--and expect so little from them? In my opinion, we may be harming our children, not because we dislike them, but because we fear that they will dislike us. By giving them everything and wanting their approval, we parents unintentionally keep them weak, dependent, insecure, and unable to help themselves. We need to research the consequences of prolonged dependency, either in college or in interminable welfare programs (see chapter 8). I think we should investigate the results of young people, starting at 12 or 13, being given much more personal, financial, and social responsibility than they are given now.

There are people who wish they had never had children and, fortunately, there is less social pressure to have children today. The world has enough children already (we let 42,000 die needlessly every day). If children would make you unhappy and unproductive or if you would make your children unhappy or unproductive, then don't have children. It is unwise to put social pressure on every couple to have children. Starvation is enough reason to press every couple to not have more than two children.

Chauvinism in the schools

Child care workers and teachers are in control of children almost as much as parents. In two career families, the nursery school has the child 9 or 10 hours a day. Shouldn't children be trained and educated from 1 to 5? If yes, we need trained child care workers. We also expect a lot from schools even though we assign one teacher to care for and teach 25 or 30 children. What can schools do if we parents send them students who have little practice at self-discipline, little understanding of the importance of learning, and little sense of their responsibility to make a contribution to the world? The fact is that schools from kindergarten to Ph. D. programs are chauvinistic in the sense that teachers assume they know what courses the students should take, when to read which chapters, when and how to evaluate the student's progress, etc. As long as students do not take responsibility for their own educational-career plans and motivation, someone else will (and often do a poor job of it).

Furthermore, recent research has shown that teachers (both male and female) unwittingly deal with boys differently than girls. They call on boys more often than girls; they give boys more time to reason out the answer; they encourage boys more to improve their performance (Sadker & Sadker, 1985). This boys-are-more-important attitude must change. In addition, schools are fully aware that male sports are more valued and given priority over female sports. The argument is that girls do not go out for sports as much as boys do. That's true, but if it is good for boys, why isn't it good for girls? As a society, we don't encourage, reward, and value girls in sports as much as boys. That needs to be changed too. Girls themselves and their parents also have to take some responsibility for having less interest in sports (and excessive interest in being "cute"). Perhaps as students gain self-awareness, new values, self-responsibility, and self-control, there will be less need for controls--presumptuous authority--in the schools and at home (Ernst, 1977).

Chauvinism at work

The greatest amount of unrecognized and unchallenged chauvinism is at work. We are in awe of the boss or owner. We certainly are awestruck by high authorities--the president of the U.S., the president of GM, any multi-millionaire, the state Governor, a local judge, general manager of a factory, president or dean of an university, etc. Indeed, we seem to want to believe that our authorities are superhuman...super-able (we like to pretend the president doesn't have speech-writers), super-smooth (we want them to always be prepared and right), and super-good (no vices), which, by contrast, only makes us ordinary people look inferior to leaders. Yet, my experience suggests to me that many people off the street, given a little training, could do a very acceptable job in most of the positions just mentioned.

Our leaders are not incompetent, although Peter (1970) suggested that leaders get promoted until they can't handle their jobs very well. And, there they stay--at their "level of incompetence." Actually, most leaders, like the rest of us, have some special talents. My point is that ordinary people are not nearly as incompetent, relative to leaders, as we seem to feel. Many ordinary workers could supervise at least as well as their bosses; many students could teach and administrate as well as their instructors and deans; my father, a farm laborer with an 8th grade education, could probably have been just as good a state representative, governor, or even president as the actual leaders--a business man, a congressman, a general, an actor, a lawyer, etc. (He would have certainly been harder working, less self-centered, and more honest!) We must stop putting ourselves down and pumping up people who are in "superior" positions. Frederick Douglass, a black Abolitionist in the 1850's, contended that the oppressed handed over the power to the tyrant through their own self-depreciation and subservience. I think Douglass was right. At work many of us are still in master-slave relationships. Why? Partly because we sell ourselves short and have not yet assumed the responsibility for running our lives at work. *Our* welfare, as well as the owner's profit, depends on the quality of our product at work.

Work is so important: (1) it is where we spend much of our lifetime and utilize our

talents, (2) it is our primary way of doing good for others beyond the family, (3) it is a major determinant of the quality of our lives, and (4) it is often filled with opportunities to relate to others and to gain real satisfaction. It is pathetic when people spend 50 years doing something they don't like and have little control over.

It would be worth a great deal of planning and energy for each of us to make our work enriching and enjoyable. How? (1) *Select your career carefully*, finding something interesting and challenging. Prepare for the job well--planning *superior training* for your life's work is your responsibility! No one else can or will do it for you. Then, do an excellent job and be proud of your work. (2) *Keep in mind the benefits others get from your work*; this will increase your intrinsic satisfaction. The benefits would be more clear if the dress-maker occasionally got to see women trying on clothes he/she has made, if the farmer got to see hungry people in Africa being fed his/her grain, if the worker in a pharmaceutical plant got to visit hospitals where his/her drugs are saving lives, etc. (3) *Assume more responsibility for producing a better product* more efficiently and in a more satisfying manner. Ideally, everyone should be involved in decision-making at work (see decision-making methods in chapter 13). There is solid evidence that good group decision-making is superior to decisions by individuals in power (Janis & Mann, 1977). Perhaps every boss should be just as accountable to subordinates (who would serve as an executive committee) as to his/her supervisors, both groups should be able to advise and fire him/her.

(4) *Accept the responsibility of assuring that your occupation does as much for others as possible*. We can not depend on governments, professions, and corporate management to be as moral and wise as we could be. Neither management nor labor unions will willingly give power back to the workers (Lasch, 1984, p. 51); we will have to take more responsibility for decisions at work and demand that wrongs be righted and that the products of our work serve others well. Perhaps work can become more of a way of enriching our lives, of giving to others, and less of a way for a few to make big profits. For example, how can we as laborers in steel mills and auto factories continue to demand \$25 per hour when such high wages put us out of work? How can we as farmers accept payments for not producing and a distribution system that doesn't get our food to hungry people? How can we as educators think there is an over-supply of teachers when more than half the world can't read (actually 50% of Americans can't read well)? How can medical schools reduce enrollment when U.S. physicians make \$200,000/year and there still are 2 or 3 billion people with little or no medical care? How can professionals "push" only the expensive forms of treatment and neglect the cheaper methods that might help many more? Each of us can become part of the solution, not part of the problem. This is part of learning to relate to and care for others in a self-responsible way.



Ideas are funny little things. They won't work unless you do.



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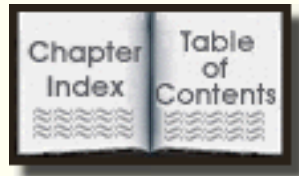
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DATING, LOVE, MARRIAGE, AND SEX

All the topics covered in this chapter fascinate most of us. Finding and keeping love is an eternal quest. Sex too seems to interest most people. However, if you are working on a specific problem or in a particular stage, such as dating or divorce, you will find parts of the chapter more relevant to your immediate concerns. Subjects in this chapter range from meeting potential partners to being happily married forever or going through a divorce and remarrying. In addition, at the end of the chapter, sexual adjustment, sexual problems, and homosexuality are briefly discussed. This listing of topics should help you find the material you need.



Introduction



Meeting, dating, and selecting a partner



The nature of attraction and love

- Looking, choosing, meeting and investigating a partner
- Romantic vs. companionate love; infatuation; myths and beliefs
- Kinds of lovers
- Types of love; dimensions of love
- Do men and women love differently?
- Do you have to love yourself first?
- The effects of separation
- Is it true love?



Can marital success be predicted and improved?

- Unconscious needs and motives in mate selection

- Should we "live together" first?
- Get premarital counseling



Books about selecting a partner



Marriage & Love

- Myths about marriage
- Facts about marriage
- Stages in a marriage
- Types of marriages
- Books about love relationships before and after marriage
- Is happiness merely getting as much as you put into a relationship?
- Marriage and children: Dad's changing role at home



Handling marital problems

- The common problems
- Destructive communication in marriage
- Coping with gender communication differences or angry attributions
- Learning to communicate differently requires practice
- Resolving marital conflicts
- Power struggles
- Jealousy
- Avoiding facing problems
- Loveless marriages
- Unfaithfulness
- Lessons from lasting marriages
- Maintaining intimacy throughout marriage (self-help exercises)



Additional sources of help with marital problems

- The importance of problem-solving; the warning signs
- Self-help exercises--learning to meet each other's needs
- Self-help books for improving a marriage
- Marriage enrichment groups

- Couples or marital therapy



Coping with divorce

- Reasons for divorce
- The pain of divorce
- Ideas and books for coping with divorce
- The effects of divorce on children
- Bitter parents (married or not) are very destructive
- Books for children of divorce



Remarriage and step-parenting



Sex... and cultural taboos

- Acceptance of our sexual selves
- Masturbation
- Turn ons: male and female
- Acceptance of our bodies, sex play, fantasy, etc.



Choosing your sexual life style

- Coping with social pressure... a young woman's lonely decision
- What are people's reasons for having sex?
- Intercourse can mean: Fun, I like you, love, or commitment forever



Premarital sex... the situation

- Guard against pregnancy! and disease!
- Be responsible: don't do it or use contraceptives
- Guard against date rape!



Sex in a committed relationship

- Sexual intercourse: misconceptions about "making love"

- [Books for improving sex](#)



[Dealing with specific sexual problems](#)

- [Lack of sexual interest](#)
- [Male problems--premature ejaculation](#)
- [Female problems--difficulty having orgasm and/or little interest](#)
- [Difficulty communicating about sex](#)



[Homosexuality](#)



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INTRODUCTION

No matter how successful they have been career-wise, most people would say their loves (and the resulting family) were the most important happenings in their lives. Love is fantastic. In the early stages, you feel so euphoric and excited when love synergistically combines with sex. It is probably life's greatest emotional "high" for us romantics. Love is so universal, it must be biological. We need to be close and affectionate; we need to share our experiences and feelings; we need the security of being cared for; we enjoy caring for others; we need to be reassured that we matter; we need to be touched, stroked, and kissed; we need sincere affection and passionate sex.

To get the acceptance and love we need, we should understand love relationships. They are complex, sometimes starting with infatuation and sometimes with friendship. After several months, the relationship may evolve into secure, comfortable, warm attachment. Later, love may keep or lose its passion, may gain or lose commitment, may retain its positive intimacy, fade away, or become a hotbed of smoldering resentment. Love is also paradoxical. Like most things that give us great joy, love can also cause us great pain. Thus, we are excited but scared to ask for a date; we are crushed when a boy/girlfriend leaves us; almost 50% of marriages end in painful divorce, other marriages are "empty;" we are disappointed when passionate love turns to boredom; we are flooded with anger and an awesome sense of loss when a spouse is unfaithful; we may feel sexually inadequate even with our spouse; our greatest frustrations and resentments are often with our lover; the death of a loved one is our worst moment. We often hurt the people we love. And, although the threat of pain shouldn't stop us from loving, it does sometimes.

Considering the current emphasis on sex, sexually transmitted diseases, postponing marriage, materialism, marital problems, the divorce rate, and being successful in a career, one might suppose that "love is dead." Not true! Although only 1 in 3 high school seniors believe people are happier and have fuller lives if they marry, 9 out of 10 say marriage and family are important to them. In fact, more of us marry today than ever before in history, well over 90% of us. And, indeed, even if we marry and suffer through a divorce, 80% of us will get married again. "Hope springs eternal" in most human hearts.

Remarriage is the triumph of hope over experience.

-Samuel Johnson

We value marriage but marriages in the U.S. are changing--thirty or forty years ago it was mom, dad, and three or four kids. Now it is often mom, step-dad, one child, and one or two kids (full-time or part-time) from a former marriage. More than half of all children live with a step or a single parent. Not only are the actors different, but the roles have changed in the last 30 years too. We have fewer children, so mom and dad's relationship with each other is more important and more intimate. When there were eight or ten children, mom was very busy with house work and child care, and dad had to work long hours to earn the money. Marriage was for survival. If there are only one or two children, mom will probably (70% of the time and increasing) go to work outside the home. This means that mom and dad share the financial responsibilities *and* the housekeeping/child care roles. Marriages today are started for love. From there, marriages develop in many different directions, including about half heading towards anger and divorce.

Spouses are now asked to be more than "good providers" and "good homemakers," they are expected to be faithful lovers, fun companions, best friends, co-parents, and wise, understanding mutual helpers. Marriage is for intimacy, not just for economic security and not just for "a good mother to my kids." Love isn't dead; it is very alive. Love has become more complex, more challenging, and, perhaps, more valued, e.g. in the 1950's we strove to do a good job (doctor, lawyer, housewife, mother), now we seek to enjoy our jobs, friends, loves, family, and leisure time (Veroff, Douvan, & Kukla, 1981). Furthermore, today, because social and religious prohibitions against divorce are less, because we have fewer children later in life, because economic conditions are better, and because women are personally and economically more independent, we are much freer to change partners if we aren't getting what we want out of the relationship. And, we are changing partners frequently, but not without pain.

It is these kinds of complexities and decisions that this chapter focuses on: How should I find and select a partner? Is it reasonable to expect my potential partner to make major changes if I want him/her to improve? Do I really love this person? When should I make a commitment to another person? When should we have sex? How long should I wait to get married? Should I have more experience with the opposite sex before getting married? Should we get married or live together first? How good should sex be? If our sex should be better, how do we make it so? When should we have children and how many? Is my marriage working okay? What characterizes marriages that last? When should I seek marital counseling? When should I leave the marriage? What are the consequences of getting a divorce? These are life's toughest questions because there are no simple answers. Each individual's problem calls for a unique solution. Thus, simple answers are not given here,

only some relevant information and possible solutions to consider.

Meeting, Dating, and Selecting a Lover

Learning to love

Hunt (1975) noted that humans take a long time to learn to love. It starts with the holding, stroking, kissing, and nursing of the infant, who learns what it feels like to be loved. Children 3 to 6 learn to love their parents but it is frustrating because you find out "you can't marry mommy" or "daddy." From 6 to 12, we learn more about love: we learn to make friends. But when the juices flow in adolescence, we suddenly feel intense urges for contact with the opposite sex. Our first love experiences, Hunt observed, are often in our imagination...a rock star, a movie star, a teacher. Then we feel attracted to someone real and try to hang out with him/her in small groups. Later, we want to be alone with our boy/girlfriend. These first affairs may be brief because they are based on superficial factors. Yet, through this 12-14 year process, if we are lucky, we learned a lot: to select and attract a lover, to express love, to give of ourselves, to get along, to disclose, to see beyond the surface, to attend to others' needs, to know our needs, etc. Each new love, ideally (but not always), is deeper and more realistic. We usually have from 2 or 3 to 10 "loves" before we marry. All this learning--this "education in love"--is important; however, much more learning is apparently needed since almost half of our marriages still fail (the divorce rate of persons married as teenagers is still higher). Love is serious business; we need to know a lot.

Looking for an intimate partner; What turns us on?

Surely for most of us it is more accurate to say we were "mysteriously attracted to" or "stumbled into" rather than "carefully searched for" our love partner. Seeking a mate is not consciously planned; we are driven by our feelings. We don't take a check list of desirable traits in hand as we systematically search the world for our ideal mate. Perhaps we *should* do this, but we don't. How do we find love? An anthropologist, David Givens (1983), has written an entire book about how we attract and are attracted by potential lovers. Sternberg and Barnes (1988) say physical "chemistry" is predictable *if* we can see the underlying needs, such as needing to find someone who is strong and dominant... or someone attractive and seductive... or someone who seeks protection within a close family, etc. In other words, our radar is scanning for specific characteristics, but we are not likely to be aware of everything our emotions and instincts are looking for.

Once we have located an attractive target, Givens says love signals are "prewired" into the primitive parts of our brain. Guinea pigs with their cortex removed can still send and receive "love signals," mate, and care for the young. Facial expressions (a smile), postures (looking down), gestures (a touch and gazing into the eyes), and having sexual intercourse usually communicate love better than words. Thus, we woo a partner intuitively or

impulsively (and then spend months wondering how it all happened). You don't need a course in seduction; it's innate, according to Givens; yet, he gives us a 235-page, charming description of the process. However, it would be foolish to assume instincts are fully in charge and discount the role of learned social skills, consciously planned strategies, and various coping techniques in establishing a love relationship. Yet, instincts are important (and to some extent knowable and controllable).

So, if we are attracted to another person *and* we want a relationship *and* it seems wise, then we can just "let ourselves go" and enjoy the fantastic thrill of "falling in love." However, there is one BIG PROBLEM: love often starts before we know the person well. Even when there are no initial "danger signals," we have no assurance that we will only be attracted to personalities with whom we are compatible. The person's body and manner may turn us on but parts of his/her mind, habits, attitudes, or values, which we may not know for weeks or months, could repulse us. Moreover, the lover may be (or seem) charming for a while and then turn nasty. This lack of predictability is scary. Lovers have no guarantees; you risk getting hurt or, at least, wasting your time. But dwelling on and exaggerating the possibilities of pain and problems in a relationship are deterrents to love. The opposite is more common: feeling love and denying potential problems. No one gets married expecting to divorce. We need to understand *both* the reasons for our attraction to others and our blindness to potential disasters. Selection of a life-long partner is the hardest and most important decision we will ever make. It requires careful, rational thought, as well as instincts and "chemistry." Let's see if we can understand love better.



Love is blynd.

-Chaucer, *The Merchant's Tale*



Meeting someone

To fall in love you have to see or meet someone attractive to you. Someone has to be "available." Being single was a special problem among young adults 50 years ago; the single person was "the odd man out." Today there are four times as many singles, 1 in 5 Americans are single. It is no longer a stigma. But, in certain situations, it is still hard to find a partner. You may be shy (Wassmer, 1990). Your life style may be such that you don't meet many potential partners. You may need to change your social habits, e.g. go to church, classes, clubs, political or volunteer activities, bars, etc. to meet more or different people. Friends and family will offer introductions if asked. Most newspapers have personal ads. Because there are so many singles with specific interests, the modern specialized dating clubs and services have mushroomed. For instance, there are singles' clubs to serve various kinds of professionals, music lovers, book lovers, vegetarians, overweight persons, divorced Catholics, older women interested in younger men, etc. If you can't find the right club for

you, start your own by advertising in the paper. There are even travel services that will match up singles. Don't think you are helpless, reach out.

There is another serious problem, namely, the surplus of women. Because the death rate of males is higher at all ages, after age 23 there are more women than men, a total of 7 million more marriageable women than men (Brothers, 1984). The U.S. Census shows 99 single males for every 100 15-24-year-old single females, 89 single males for 100 single women 25-34, and 67 males for 100 women 35-45. If a woman is divorced in her 20's, there is a 75% chance she will remarry; if divorced in her 30's, 50% chance; if in her 40's, 30% chance. Statisticians say a woman who has remained single for 40 years is unlikely to get married. As a self-help advisor, I'd never say that, but the competition gets keen for women.



For every love there is a heart somewhere to receive it... But when my love meets no heart it can only break.

-Ivan Panin



What kind of partner do you want?

In the 1990's, 90% of college students would not consider marriage if they were not "in love." In the 1960's, however, 33% of college men and 75% of college women would have considered marrying someone they didn't love. Why the radical change? Probably because college women have become much more secure and independent, more confident they can find love with someone. That's wonderful! I wonder if it will produce better marriages?

What specific characteristics do we tend to look for (consciously) in a mate? Both men and women agree that mutual attraction, dependable character, and emotional stability are *the most important traits*. However, men and women disagree about the importance of certain other characteristics, e.g. men value good looks more than women and women value good financial future and ambitiousness more than men (Allgeier & Wiederman, 1991). Science doesn't yet know why the sexes--almost universally--have these particular preferences. Why should men want attractive women more than women want attractive men? Is it because men are more sexually obsessed than women? Is the valuing of attractive women and successful men simply an arbitrary, readily changeable cultural definition of what is "good?" Could there be evolutionary-sociobiological forces at work, reflecting the fact that men could spread more of *their* genes (produced by the millions every day) by mating with many healthy (pretty) women and women could propagate *their* very limited genes best by attracting a strong, devoted, capable mate? Regardless of the source, today, whether we like it or not, looking good is a major asset for women and having a promising future increases a man's appeal. See discussion of gender roles in chapter 9.

Looks have always been valued, but in recent decades, physical attractiveness of the partner has become even more important to both sexes. Men may admit their interest more openly, however. Men talk about being "leg men," "breast men," etc. and some women admit to being interested in "nice buns," "hairy legs," "broad shoulders," etc. No doubt body build influences who we seek out as well as how we feel about our own attractiveness. About 28% of single males consider themselves attractive; they are among the more socially active and assertive. Only about 13% of single females consider themselves to be pretty (Harper's, 1985). Interestingly, good looking women are happy with their social lives, but they tend to be less socially skilled and less assertive than other women (perhaps because very attractive people are sometimes resented and rejected by their own sex). Nevertheless, other people generally expect beautiful people to be poised, sociable, strong, interesting, happy and successful, thus, scaring off the insecure. In reality, many attractive people are shy and insecure themselves. Also, research shows that good looks in one's youth has little to do with middle-aged happiness or marital satisfaction (Brehm, 1985).

We are also likely to pursue a potential lover who is similar to us, i.e. likes attract. This includes family background, education, age, religion, personality (dominance, nurturance, mood), attitudes (opinions, beliefs), and physical attractiveness. Sharon Brehm suggests that we think Mr. or Ms. Right is just like us, only just a little better! Some writers (Brothers, 1984) believe that we should seek a mate who is, in some ways, our psychological opposite, e.g. if we are tense and shy, we should select a secure and outgoing partner; if we are a big spender, select a saver; if impulsive, select a careful, logical, controlled partner and so on. Certainly one partner can sometimes compensate for the other's weaknesses or extremes but it surely isn't always best to select our psychological opposite. Two highly controlling people wouldn't relate well. We need to be similar on some traits and different on others, but we don't yet know what mix is best. It is complex.

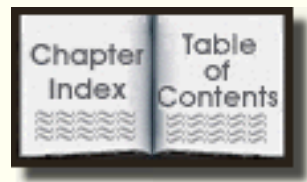
If we think we might not be able to get and keep our Mr. or Ms. Right, our desire increases. Thus, when parents prohibit us from dating someone or when our lover moves away or when we fear we won't get a date or when the person we are interested in plays "hard-to-get," our longing for the lover grows. Yet, there must be some indication that he/she likes us; otherwise, we are likely to conclude that he/she is "stuck up." We like people who like us but we are leery of a person who will "go out with anyone." We are flattered if we are "the chosen one." Yet, some women hesitate to ask men out for fear of being considered "sexually loose." Interestingly, research has shown that women, who are judged to be intelligent by men, are not considered "sexually aggressive" even though the women take the initiative in asking for a date (Meer, 1985). So, ladies don't "play dumb." Also, men often don't pick up on hints that women are available. So, *explicitly* invite him to do something with you. Naturally, he may "make a move" to see if you are "loose." You can say "no" whenever you want.

Approaching someone but guarding against infatuation and lust

How does all this research help us find a partner? First, we have to contact others before attraction can occur. Obviously, where we look has a bearing on who we meet. There are more potential alcoholics and philanderers in a bar than in a church, probably. There are more intelligent people in a classroom than at the race track, hopefully. Secondly, knowing how to approach someone and how to converse is an important skill that can be learned and practiced (see chapter 13). Thirdly, 55% of women and 63% of men believe in love at first sight (Harper's, 1985). As we will discuss shortly, infatuation certainly happens but *instant love is not a dependable sign of enduring love*. Many people will also tell you that the "body chemistry has to be right." But, in fact, this strong, instant physical-emotional attraction sucks us into both good and bad relationships. The body chemistry on the first or second date is no reliable indication of what the body chemistry will be like in the second or twenty-second year. The selection of a life-long partner must be based on more than initial physical-emotional attraction. Indeed, so long as breasts and pimples are more influential than brains and principles, we are in deep trouble. So, I will try to give you some information that will help you evaluate your own selection-of-a-partner process and help you disengage if there are signs of trouble.

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THE NATURE OF ATTRACTION AND LOVE

Do we use our heart, our genitals, or our brains in mate selection? We idolize romantic love

Clearly we humans have some major problems selecting a mate (see Dreyfus, 1994). For one thing, in America since about 1800 (before that many marriages were arranged) *romantic love* has been idolized more and more. We expect to "fall in love:" our hearts should instantly throb, our thoughts constantly dwell on the lover, and our sexual organs continuously moisten. Many of us hunger for this kind of intense, consuming love, even if it isn't our nature to be wildly romantic. We believe that some magical day *it* will happen: we'll "meet and instantly recognize the right person" and "live happily ever after" until "death do us part!" How do these notions from movies and novels fit with reality? Poorly! It takes weeks or months, maybe years, to get to know another person and to find out how the two of you will get along. We can hardly do both--be madly in love *and* objectively assess our future with the partner--at the same time. So, this is another paradox. Is there a solution? Maybe not.

Few of us would want a marriage arranged by relatives, a dating service, or a computer, although these approaches are worth researching. Perhaps, in some situations, some of us can be cautious, rational, and able to avoid getting prematurely infatuated. But half of us or more are "head-over-heals" before we know much about the person; our heart (and/or genitals) has overwhelmed our brain. Tragically, this highly romantic person often lacks the will or self-confidence to withdraw from the relationship if problems appear. In this case, this wonderful phenomenon called love (maybe mixed with fear, shame, and dependency) has lead us into serious trouble. This is the basis for the often repeated advice to lovers: "date for a while," "get to know each other," "don't jump into anything," "live together for a while," etc.

Another important point: the belief that intense romance is necessary for a marriage causes many people to overlook or discount the romantic possibilities with good friends for whom they do not have a wild sexual craving. With a close friend, you know you have common interests and similar views, you trust and understand each other, you care about and

like each other. These are good characteristics for a lover too. The sexual attraction may have been suppressed (or isn't there), much like with a brother or sister, in order to preserve the friendship. It is possible that a good friend is an excellent choice for a lover. In 75-80% of good marriages the spouse is the best friend. But it is also possible that a friend is a bad choice, primarily because getting romantic and sexual with a good friend could end a valued friendship. So, do not try to convert a friend into a lover without careful consideration: Are both of you interested? Explore why you have been just friends--there may be good, continuing reasons for remaining just good friends. Explore the reasons for considering romanticizing the friendship now--is one of you temporarily feeling lonely or rejected or vulnerable or low in self-esteem? Don't act rashly. If you decide to try becoming more romantic, go slow to protect the friendship (this is hard to do if one person becomes deeply involved and is rejected).

Mate selection is a difficult task for many reasons: each person may pretend to be something he/she isn't, each may honestly describe him/herself but change later on, each may change his/her mind about what he/she wants and on and on. Let's consider the selection process further. It might seem, from what has been said thus far, that being a slow starter (a friend long before becoming a romantic lover) would be an advantage. The friends could objectively get to know each other. That sounds reasonable but recent research has suggested that persons who have stronger needs for emotional intimacy and who have already been in love (with someone else) are more likely to be warm, caring, sincere, appreciative, loving, and happy (McAdams & Vaillant, 1982). Perhaps such people would fall in love rather quickly and become very desirable partners.

Conventional wisdom has it, however, that marriages based on romantic "love at first sight" don't last, but there is no clear data for or against this dire prediction. There are many couples who fell in love instantly and it lasted forever. On the other hand, most of us have known immature people who impulsively become infatuated, getting into trouble repeatedly. (And we all know the opposite: wonderful people who avoid fast intimacy.) In short, the advantages and disadvantages of quickly getting emotionally involved are complex and not yet well researched. Perhaps, the pros and cons of instant infatuation doesn't matter much because you may not be able to change that basic part of your personality anyway. (You can learn to rationally control it to some extent, however.)

Regardless of whether we get into love quickly or slowly, once we are intensely involved with the other person, from that point on, while we may continue to experience ups and downs in this relationship, the issue becomes condensed into a simple question of staying or leaving: Will I stick with this person (and make the best of it) or leave and lose him/her forever? Thus, we often stay with a person even though we are unhappy and fear there will be serious problems. We have limited experience with other partners and, thus, can not be assured of a better option. We become stifled by our own indecision and dependency or fears or possessiveness. Love is powerful, especially when threatened; it isn't something we can turn on and off (while we try out another relationship). Maybe some of us

can't make objective decisions while in love, but I don't believe that is entirely true. We can't eliminate all the craziness of love, but we can learn to be much more realistic by recognizing our denial and our needs (and by listening to others' opinions).

Sternberg and Barnes (1988) illustrate some **mis** conceptions common among persons looking for a mate: "We've lived together--so, no problems," "Other couples have different religions, it won't be an issue with us," "We both come from close families, so we'll get along well," "He/she really enjoys sex, so it will be great," "I'll build his/her self-esteem by always praising him/her," "If we love each other that's all that matters," "I wish he/she loved me more, but that is the way men/women are," "I'm sure he/she will stop drinking/smoking/gambling/loafing/driving dangerously...after we are married," etc., etc. The human capacity to deny and self-deceive is truly amazing. Be on guard.

We need to use our brain a lot more (without taking our heart or genitals out of the loop); we need to know a lot more about love, the different kinds of love, what kind of lovers we are, and many other things.

Exchange theory

Some theorists see the selection and staying with a partner as a kind of trade-off or exchange based on (1) rewards received, (2) sacrifices made, and (3) a belief that the benefits from this relationship are better than each partner has been accustomed to or could get from another partner (Huston & Cate, 1979). What are the goods in this trade? Things like physical attractiveness, a nice personality, wealth or a good income, social status (e.g. a cheerleader or a "star" player), being fun to be with, a sexy build, a sense of humor, and many other traits. In general, we display our good points for which we try to get as much in return as possible. Thus, we may try to get as good looking a partner as we can, based on our looks plus our money, personality, or loyalty. It is common to see wealthy men with beautiful women. It is a trade-off. No doubt this kind of bargaining occurs at first, but if the love matures, one focuses more on giving (and enjoying doing so) than on receiving. Also, people in good relationships find things to do together that both enjoy, that reward both.

Being aware of the exchange theory may help you avoid some pitfalls. First, you can realize that thinking in these terms may encourage phoniness. You may try to impress someone but being deceptive is likely, in the long run, to hurt the relationship and may hurt your own self-esteem (Maier, p. 202, 1984). If the other person is deceptive, you can be hurt. The classic example is when the male professes to love the female as a means of getting sex. The woman later realizes the truth and feels used. Second, as we just discussed, some people, called **romantics**, are strongly dominated by a strong love response, but there are others, called non-romantics, who are not. Romantics go with their feelings; they don't even think of leaving the person they love. Certain types of **non-romantics** may not feel strong love; they may simply value economic, appearance, or social factors more than love, so if a better looking or higher status person comes along, they leave the relationship. Such

"bargain-hunting" non-romantics mystify romantics and scare the hell out of them. In truth, romantics probably can't avoid occasionally getting hurt, partly because they forget that they could find another wonderful lover (or be happy alone or with friends). Romantics can learn to fully enjoy the gush of thrilling and happy emotions, while accepting reality and the risk of being dumped sometimes.

Romantics may need to seek other kinds of lovers. They could try a different approach and seek good, lasting friendships with women/men that do not trigger their infatuation reflex. As discussed above, good friends can become good lovers. Unfortunately, it is not possible to instantly recognize what type of lover another person is, but by knowing that several types exist (see below) we should become a better judge of people. We can surely learn to select our lovers more wisely. See Sills (1987), Coleman (1972) and Cowan and Kinder (1985).

If I... have not love, I am nothing... I gain nothing. Love is patient and kind, not jealous or boastful or arrogant or rude or resentful. Love bears all things, believes all things, hopes all things, endures all things.

-1 Corinthians 13

Love and infatuation; Love and dependency

According to Tennov (1978), infatuation is *unfulfilled* desire, i.e. your infatuation fades away if the person unconditionally and fully returns your love. It is the hard-to-get person that really turns you on. If they spurn you completely, however, you are crushed. It's a delicate situation. In addition, there are other problems with being "head-over-heels" in love. First, the infatuated person exaggerates the loved one's good traits and ignores the bad ones. It seems as though this is the only person who could satisfy his/her needs. One is infatuated with a fantasy, not the real person. Second, infatuation involves many of the same sensations and experiences as love--preoccupation with the loved one, strong attraction, an aching heart, butterflies in the stomach, restless sleep, etc. Not surprisingly, infatuation is likely to be interpreted as "true love" by inexperienced persons even though they do not know much about the lover and their needs are not being met. It is important to mentally realize (contrary to what you *feel*) that being infatuated with someone tells you very little about your compatibility with that person. How can one tell if it is true love or infatuation? There is no sure method. Tennov suggests it takes time and honest sharing of feelings in a variety of situations to know love. Eventually, you discover that besides yearning to touch them, you genuinely like, enjoy, and respect each other as friends (if it is love and not just infatuation).

Peele and Brodsky (1976) liken love to an addiction. If you feel someone is necessary to

make your life bearable, you are addicted to that person. As they say, "The ever-present danger of withdrawal creates an ever-present craving." Certainly the thought of losing our loved one would traumatize many of us. What is the difference between healthy love and addictive love? Consider your answers to these questions: Is each person his/her own person, i.e. equal and independent? Are both improved by the relationship? Is one dedicated to serving, improving, or "saving" the other? Do both have outside interests, including other friendships? Do they foster or resent the other's growth? Are the lovers also good friends? Refer to the discussion of codependency in chapter 8. And, see Bireda (1992) and Forward & Buck (1990) for advice about obsessive love.

As there are as many minds as there are heads, so there are as many kinds of love as there are hearts.

-Tolstoy, *Anna Karenina*

Beliefs about Love

There is limited research and very little truly usable knowledge about love. However, there are many beliefs--often contradictory or paradoxical--about love. Examples:

- Love grows after marriage--or--Love leaves after the marriage ceremony.
- People in love are crazy--or--A wise person marries for love.
- You know within minutes or hours if you can love a person--or--Love may develop after you have known each other for months or years.
- Love solves most of life's problems; it's the way to find happiness--or--You can't live with a man/women and you can't live without them.
- Love is nature's trick to insure the species--or--Love and sex are two different things.
- Love is the only thing needed for a good marriage; love conquers all--or--Constant work and many coping skills are needed to maintain a marriage.
- Love is blind; it is an addiction--or--Marriages are made in heaven.
- People in love shouldn't have sex until they are married--or--Sex is the most intense and noble expression of love.

- Love blots out all other interest in other people--or--You can love two people at the same time.
- Love is just between a man and a women--or--Love between two women or two men is exactly the same as between straights.

Sometimes both of these different statements are true. Often both of the "beliefs" are questionable. Yet, they may play a role in our thinking about love. Skepticism about any "saying" is usually healthy; we know very little for sure about love. Borcherdt (1996) tries to help us be rational about love.

I will briefly review for you a sampling of the additional research available. Some of the findings may be of little more value than the contradictory "wise sayings" above, but what other knowledge is available? There are interesting classifications for types of lovers (Goldstine, et al., 1977) and for types of loves (Fromm, 1956; Lasswell & Lobsenz, 1980; Brehm, 1985). Being aware of these types may help you recognize some aspects of your own love relationships.

Kinds of lovers

There are many kinds of lovers. Love is expressed and felt in many ways. Falling in love can be frightening, as we become vulnerable. It can also be ego-boosting, reassuring (that we are OK), and fun. So, courtship becomes a complex combination of approaches and avoidances, of come ons and defenses. The specific ways we protect ourselves often determines what kind of lover we are. A prime example is the **dance-away lover** (Goldstine, et al., 1977) who is an expert at wooing but fears permanence so he/she fades away after a few months. This lover, although initially successful, assumes the relationship will fail and he/she will be rejected in due time.

The **anxious ingenue or beginner** is also so insecure he/she rushes into romances without honestly evaluating the partner. Later, when the relationship settles down, he/she begins to see the mistakes he/she has made. The **disarmer** is warm and understanding, he/she tries to protect the lover from all stress and pain, often denying his/her own rights and emotional needs in order to please the lover. This self-sacrifice may get tiresome in time. The **provider** is more action than words, more tactile than verbal. Because of underlying insecurity, he/she takes care of the loved one, provides well, and thinks this is the way to show love. When the partner says, "you never tell me you love me," he/she is taken aback. The **prize winner** seems to do everything right. He/she is "the best," doing well at work, a great lover, and a good parent. However, the self-confidence and emotional security may gradually change into a callousness towards the spouse.

The **fragile** lover is so scared of life's problems he/she feels helpless and seeks a partner whom he/she can depend on, who will protect him/her. Since the fragile one feels unworthy

of attention with minor concerns, he/she develops big problems and "falls apart" repeatedly for attention. Such helpless dependency creates serious problems in the relationship (chapters 6 & 8). Like the fragile lover, the **victim** suffers much trouble but the purpose is to arouse guilt in the partner. Each problem is a statement blaming someone, e.g. "I'm unhappy because you don't care." Few partners will tolerate that for long.

The **pleaser** is different--he/she lives to please others and asks for nothing in return (seemingly). This may originate in a fear of failure or in needs to be a martyr. Eventually the pleaser may get tired of being taken for granted and try to change the "rules of the game." The **ragabash** is a rebel and wants to be different, different from his/her parents and ordinary people. He/she doesn't like to lose or win; he/she frequently runs away from trouble and does poorly at work. In relationships, which are often plagued with financial problems, he/she avoids dealing with problems and may seek another partner.

The **tough-fragile** appears strong, assertive, confident, and adventuresome on the outside. Inside he/she is self-doubting and needs an even stronger partner for support (but this capable partner threatens his/her self-esteem). Such a person is hard to live with; they act like they need no one; if support is given, it is resented. The tough-fragile inexplicably shifts from being a warm, delightful companion to being an angry, demanding, critical, competitive, and temperamental partner. Therefore, the tough-fragile's lover may "walk on eggs" and anxiously try to please, but this weak knuckling under only results in disdain and hostility. There is no way to win with a tough-fragile unless he/she learns to recognize his/her own internal fears and controls the anger.

Every man carries in himself the germs of every human quality and sometimes one manifests itself, sometimes another, and the man becomes unlike himself while still remaining the same man.

-Tolstoy

From the above descriptions it is obvious that most of these lovers change as the romance develops. Also, these descriptions are very "clinical," many of these lovers are surely destined for Goldstine's and Zucherman's couch. It would be a mistake to assume that all of us as lovers have such serious problems, but it would be wise to look for some of these tendencies in each of us. Each lover has his/her "favorite" emotion--anger, helplessness, blame, etc.--and emotions he/she carefully avoids. Each of us might be better off if we controlled certain emotions, usually our dominant feeling, and expressed other emotions more, usually feelings we avoid.

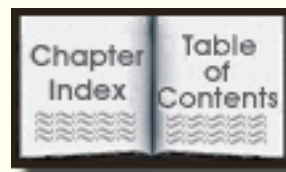
Which lovers get along best? The **provider-disarmer** combination may have the best chance of surviving in a marriage but that is the traditional marriage. More progressive

families are often **pleaser-tough-fragile** combinations. To last, this type of couple has to learn how to handle the underlying emotions, e.g. realize "someday the pleaser expects to cash in on all the points he has earned" and "the tough-fragile isn't as mad as she is insecure." Goldstine, et al., believe a successful marriage is the result of awareness and hard work, not chemistry.

A simpler classification system is: (1) Secure lover--comfortable, trusting, doesn't worry about being hurt, (2) Anxious lover--wants closeness but others seem to hold back, "I'm afraid I'll care more for them than they care for me," (3) Avoidant lover--"I don't need a lot of closeness," "I'm independent and don't want to depend on others or have them depending on me." Which one best describes you? It is thought that your style of loving depends on your very early relationships with your opposite sexed parent. A warm, attentive parent produces a secure lover; an aloof, rejecting parent leads to avoidance; an ambivalent (hot and cold) parent makes us anxious. Almost 50% of us are secure and we make the best mates. Avoidant lovers select anxious lovers, and, actually, an avoidant man and an anxious women often have a stable relationship. One value of this classification is that it reminds you that relationship problems have a history. Another value is that some of these traits of lovers are related to marital satisfaction 2 or 3 years later. Examples: disengaged (quiet) persons have rocky marriages but lovers who are expressively outspoken about conflicts while dating have the more satisfying marriages.

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THE NATURE OF ATTRACTION AND LOVE

Types of love

There are many answers to the question, "What is love?" In the Bible, Paul speaks of a love of God and all humanity. Sometimes love is seen as selfless giving, sometimes as selfish clinging and self-centeredness. Some love is conditional, as in Fromm's (1974) "father's love" where it is said, "I'll love you *if* you don't talk back...stay a virgin...accept my values." Other love is unconditional (Fromm's "mother's love") where "I will love you regardless of what you do because you are my son... daughter... father... brother... friend."

Loving ourselves is sometimes seen as an impossible barrier to loving others, others see it as a necessary step towards being able to love others, as in the popular saying, "You have to love yourself before you can love others." Clearly both excessive self-love and self-scorn can kill romance. General self-tolerance probably facilitates the acceptance of a lover's foibles. Human love relations involve very complex dynamics. In this section, we will review several kinds of love, some of which have been mentioned already (romantic, companionate, and bargain-hunting non-romantics). Different kinds of lovers mean different things when they say, "I love you." We all would like to think we know the real thing, real love, but do we? We assume everyone loves the way we do. That's not true. Also, we usually give love in the way we want to be loved, not in the way the lover wants to be loved. What kind of lover are you? What kind of love do you want from your lover? What does your partner want?



There isn't any formula for loving. You learn to love... by paying attention and doing what one thereby discovers has to be done.

-Aldous Huxley



A Canadian sociologist, John Lee, has described six kinds of lovers. Two California sociologists, Thomas Lasswell and Terry Hatkoff, have developed a Love Scale to measure

several of these types (Lasswell & Lobsenz, 1980):

- **Romantic love** --this lover thinks constantly about the loved one, is jealous, unrealistic, will tolerate anything, is sexually attracted by physical appearance, needs repeated reassurance he/she is loved in return. Typically lasts a few months or a few years (some anthropologists say it lasts 4 years, i.e. until the baby is through nursing and can walk and run. Then the love bond releases the more powerful males to find another female to impregnate with his genes.)
- **Best friend or companionate love** --this lover enjoys the companionship and intimacy of a close friendship. It is a comfortable, slowly developing, trusting, committed relationship, not intense excitement, desperation, or sexual obsessions.
- **Unselfish love** --the lover is devoted and self-sacrificing to the loved one, gives without expecting anything in return, is gentle, caring, and dutiful.
- **Logical love** --the lover carefully selects the "right person" logically, looking for someone with compatible interests, similar education and religion, a harmonious personality, common values, and long-term goals.
- **Game-playing love** --this person may be charming but is hardly a lover; he/she merely enjoys the dating game. He/she relishes the meeting, the impressing, the seducing, the challenge of a conquest but usually makes it clear there is little or no long-term commitment to the other person.

There are other kinds of loves and lovers, of course, like the one who searches for a physical ideal--a great body or some specific bodily feature--or the one who is so possessive he/she wants to control the other person and gets physically sick or depressed or does foolish things when the relationship seems threatened.

Perhaps you can easily tell which type of lover you are. If not, take the test (Lasswell & Lobsenz, 1980). You might also realize what kind of love you want to receive. You are probably wondering what kinds of love make the *best combinations*? According to Lasswell and Lobsenz, best friends partnerships work well, so do two logical lovers or a best friend-logical combination. What are likely to be *mismatches*? A romantic and a best friend (or a logical) lover may have problems because they certainly do not show love in the same ways. One wants to be wooed with candlelight dinners and passionate love-making; the other wants to have a quiet evening at home reading and planning a trip or a new house. Even a romantic lover may not please another romantic; indeed, romantic lovers will be unhappy if they do not find new ways to show love after three or four years when the thrills and sexual throbs have subsided (Lasswell & Lobsenz, p. 144, 1980). Likewise, the combination of a possessive and a best friend will be a clash of styles--one stormy and one easy going. If the possessive is gone for a while, she/he will be bothered that the best friend didn't miss

her/him more, "If you loved me, you would have missed me a lot!" As one would expect, game players and possessive lovers are hard for anyone to love. Many lovers don't clarify what they need; they expect the lover to read their minds. They hesitate to say, "You can do this _____ to make me feel loved" and eventually end up saying, "When you do this _____ I know you don't love me."



Women give sex to get love; men give love to get sex.

People who are sensible about love may be incapable of it.



Three dimensions of love


Robert Sternberg (Bennett, 1985) at Yale has a theory that there are three components to love: (1) **Intimacy** = baring souls, sharing, liking, and bonding (a slowly developing *emotional-interpersonal involvement*, as in a friendship). (2) **Passion** = *sexual attraction* (an instant or quickly developing motivation or addiction which usually declines over the years to a stable level). (3) **Commitment** = stable, dependable *devotion* (a slowly developing cognitive decision to stick by the other person in bad times, as in a marriage). Different mixtures of these three parts determine what kind of love it is, e.g.:

Type of Love	Intimacy	Passion	Commitment
Casual friendships/non-love	no	no	no
Liking--very good friends	yes	no	no
Infatuation	no	yes	no (only temporary)
Empty "love"	no	no	yes
Romantic love	yes	yes	no (only temporary)
Companionate love	yes	no	yes
Fatuous love/whirlwind courtships	no	yes	yes
Consummate love	yes	yes	yes


Notice that "romantic love" involves talking, sharing, and closeness (intimacy) and touching, kissing, etc. (passion) but not an agreement to stay with the other person if the friendship and passion decline sharply (commitment). Likewise, "companionate love" lacks

passion and fatuous love lacks deep personal enjoyment of each other as people. There is nothing missing in consummate love, so wouldn't everyone want to have and get that kind of love? It is most peoples' ideal, but it is hard to achieve. Fortunately, love doesn't have to be that intense all the time.

A good-to-acceptable arrangement, according to Sternberg, is when both partners want, receive, and give the same amounts of the three ingredients, i.e. they both have the same kind of love in about the same intensity. However, as the partners' three dimensions of love differ more and more from each other, especially in terms of total investment, the quality of the love relationship deteriorates. For example, within limits, partner A can be primarily interested in sex (passion) while partner B is more interested in love (intimacy), providing both A and B are devoted to each other. But there are three threats to the relationship: if A loses sexual interest or B falls out of love or if either decides to "look around" for the ingredient they aren't getting. The less we get of what we want, the more unhappy we become.



Success in marriage is much more than finding the right person; it is a matter of being the right person.



Sternberg says divorces occur not because we make mistakes and chose the wrong partner but because the partners' needs change over time. That is, many people who get divorced may have made a very understandable choice *at the time*. They just didn't accurately estimate the future changes in their loves and in their needs for love. He found the qualities that often increase in importance as a relationship matures are: sharing values and religious beliefs, willingness to change to accommodate the partner, and tolerance of the other's faults. Qualities of lessening importance over time are: interesting personality, attentiveness, and relationship with in-laws. Qualities of varying importance over time are: sexual attractiveness, skills at making love, ability to empathize, willingness to express feelings, and similar intelligence. The problem is to predict what qualities will be most important in your relationship in the distant future and how you and your partner will measure up on those traits. This is a very difficult task. But thinking in terms of these three dimensions may help you assess where you are now and what your relationship will be like in the future.

Brehm (1985) believes there are basically only two types of lovers--romantic (passionate) and best friend (companionate). Most love relationships, she thinks, are a mixture of both types. Romantic love is intense, sexual, and frantic (e.g. strong efforts to win and hold on to the affection). In contrast, companionate love is calmer, involves more relaxed love making and is based on respect, trust, and security as friends. Romantic love is what is measured on Rubin's (1973) Loving Scale and best friend love is measured on his

Liking Scale. Using these two scales and measures of romanticism, it has been possible to study the differences between males and females.

Do men and women love differently?

Brehm (1985) has a good summary of the research. On Rubin's (1973) Liking Scale, females tend to like their partners better than males do. Moreover, women fall in love more often, report more intense feelings (feeling euphoric and wanting to scream), are ready to marry earlier, love more often when it isn't returned, think love is more rewarding, and idealize the partner more than males do. In spite of the fact that women have more loves and more intense romantic experiences (their perceptions and behaviors are more affected by their affection), males score higher on the Romanticism Scales than females and they fall in love earlier in a relationship. Almost 25% of males are "in love" before the fourth date, only 15% of females are. In fact, 50% of women take over 20 dates to decide they are in love. There is also some evidence that males hurt more than females during a break up, but individuals vary greatly.

Both males and females score about the same on the Love Scale and they experience love at first sight about equally often (54% of women and 63% of men believe in love at first sight). It would seem that men and women love each other about the same amount but perhaps in different ways. Men may be more naive (lacking experience?) and believe more of the nonsense on the Romanticism Scales, like "there is only one real love for a person" or "true love leads to almost perfect happiness" or "a person should marry whomever he/she loves regardless of social position." Women may be wiser (as long as their strong emotions have not overwhelmed their reason) and/or forced by socioeconomic reality to be slightly more careful and practical about whom they fall in love with, have sex with, and marry.

The more rewarding relationships are more likely to continue (unhappy ones may, of course, continue if the partners see no alternative). Also, giving the partner full credit for his/her contributions makes for a happier relationship. Unfortunately, about 75% of the time a partner over-estimates his or her contribution to daily activities, like cooking, cleaning, planning activities, etc. This indicates he/she is not giving full credit to his/her partner. It's also possible to disagree about the value of an activity, such as sweeping the floor or hugging the partner. Indeed, males and females have a major difference of opinion here. *Males think positive activities, like washing the dishes, are more important than positive affection, like kissing. Women think just the opposite.* Thus, when one man was told by a therapist to go home and do something affectionate towards his wife, he washed her car! His wife considered the car wash helpful but not at all affectionate. He saw it as a great way to show his love for her. Many traditional men would sincerely say, "I show her I love her by supporting her." Both men and women need to be aware of this difference. Men could say, "Sweetheart, I washed your car to say 'I love you'." Women could tell themselves "washing the car is how he shows his love for me." One way or another, both sexes need to be clearly told "I love you" often.

Of course, there are many differences in how males and females view love and relationships. For women, intimacy means talking; for men, a relationship means doing things together ("all she wants to do is talk"). Women value relationships more than men, especially relationships with parents. Women value most his income potential and fidelity and her ties to family and friends; men value most her sexuality and nurturance and their shared interests. Women complain more about the relationship and problems; men think "everything's fine." Women want to resolve disagreements; men want to avoid them.

How is self-love related to love? Do you have to love yourself first?

A person in love does not see his/her lover as others do. Freud believed we saw the lover as our ideal, and the more dissatisfied with ourselves we were, the more we needed a lover to make up for our weaknesses and the more inclined we were to idealize our lover. In contrast, Neo-Freudians and Humanists would say "you have to love yourself first" before you can maturely and truly love others. If you are insecure and dislike yourself, you will be unable to love, avoid love, or be fragilely dependent on love (see chapter 8). Both of these views imply that there are two kinds of love: immature love and mature love.

Surely, mature, healthy love would be better than immature, needy, neurotic love, right? Well, the research done to date (see Brehm, 1985, pp. 107-110 for a summary) doesn't support that reasonable-sounding statement. There is little relationship between our claimed self-esteem and how much we like (not love) others, such as friends, or how much we think others like us. You might think we would select partners with similar self-esteem, but that doesn't seem to be the case either. One problem with this research is that people tend to be defensive about their low self-esteem, they sometimes try to hide it and claim high self-esteem. If you study only people high in self-esteem and low in defensiveness (truly self-confident), they will tell you that they have frequently been in love *and* have frequently lost love. Thus, it isn't just the insecure, needy person who has a string of failed relationships, perhaps it's all of us who try to love. People who score high in self-esteem and high in defensiveness report the lowest frequency of loving and of losing. We don't know if these people take fewer risks or if they conceal their rejections. Low self-esteem people report a moderate frequency of loving and of losing.

There is some evidence that people who love themselves less, love their partners more. Compared to high-esteem persons, low-esteem persons (males and females) scored higher on the Liking and Loving Scales, trusted their partners more, and rated them more favorably. As we saw in the last section, women with either high or low self-esteem tend to get more involved in love relationships and idealize their partner more than men do. Apparently, the high self-esteem male tends to get less emotionally involved in his numerous love affairs. Does this mean that a low-esteem male is the better lover? We don't know, maybe both the high self-esteem and low self-esteem male brings his own unique problems to the love nest. This is an unclear area; we need more research. Surely the effects of insecurity and low self-

confidence on a marriage will depend on how the partner responds in the long haul to these characteristics. Some of us like humble, self-deprecating, unassertive partners.

Besides self-esteem, another personality trait has been found to be related to love: externalizers (chapter 8) are more romantic lovers; they see attraction as mysterious and have had more love experience than internalizers. More personality traits will be discussed in the section about predicting marital adjustment.

The effects of separation and other environmental changes

Besides cultural and personality factors, the situation can influence how we love each other. If you meet an attractive person in a slightly scary or emotional situation, say at a concert or amusement park or going off to war or during final exams, you are likely to be more attracted to that person than if you had met in less exciting circumstances. The excitement adds to the attraction. In the same way, couples plan an exciting weekend or a special night out in order to revitalize their love for each other. This works well. However, not all excitement from external sources adds *love* to the relationship. College males who read an erotic story became, as you would expect, more affectionate with their girlfriends--we don't know if their love increased (Dermer & Pyszczynski, 1978). In another study, college students, male and female, lost some love for their partner after looking at pictures of nudes (Gutierrez, Kenrick & Goldberg, 1983). The next paragraph may give some explanation of these seemingly contradictory results.

What happens when lovers must be separated for a short while? Folklore tells us two things: "absence makes the heart grow fonder" and "out of sight, out of mind." Which is right? Well both probably are, depending on what you think about while you are separated. If you dwell on what the lover is doing and how wonderful he/she is and how much you miss him/her, your love will grow. If, on the other hand, you are busy and do not think much about him/her or, worse yet, think about another potential lover (or nudes in a magazine), your love is likely to decline. This is not just in matters of love, Tesser (1978) has a theory that as we think more and more about an issue, our opinion about that issue will become more extreme. In the chapters on depression and anger we saw the influence of repeated thoughts. Later in this chapter we will see the negative influence of thinking critically about our partner or our marriage.

Is it true love?

Hunt (1975) suggests asking these revealing questions: (1) Do I treat the other person as a person or a thing? If you go out with him/her because he/she is good looking (a "prize" to be with) or a way out (a ticket to the movies), that isn't love. (2) Would you chose to spend the evening alone with him/her *if* there were no kissing, no touching, and no sex? If not, it isn't love. (3) Are the two of you at ease and as happy alone as you are with friends? If you need other friends around to have a good time, it isn't love. (4) Do you get along? If you

fight and make up a lot, get hurt and jealous, tease and criticize one another, better be careful, it may not be love. (5) Are you still interested in dating or secretly "messing around" with others? If so, you aren't in love. (6) Can you be totally honest and open? If either or both of you are selfish, insincere, feel confined, or unable to express feelings, be cautious. (7) Are you realistic? You should be able to admit possible future problems. If others (besides a parent) offend you by saying they are surprised you are still together, that you two seem so different, that they have doubts about your choice, better take a good look at this relationship. (8) Are either of you much more of a taker than a giver? If so, no matter how well you like that situation now, it may not last. (9) Do you think of the partner as being a part of your whole life? If so, and these dreams seem good, that is an indication of love.

An even better way to evaluate your love is to read *The Love Test* by Harold Bessell (1984). It is threatening to honestly assess our love for someone but this book is helpful, informative, and interesting. It is sometimes hard to tell the difference among sex, love, and infatuation (see Short, 1992).

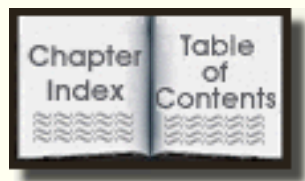


You can tell that it's infatuation when you think that he's as sexy as Paul Newman, as athletic as Pete Rose, as selfless and dedicated as Ralph Nader, as smart as John Kenneth Galbraith and as funny as Don Rickles. You can be reasonably sure that it's love when you realize he's actually about as sexy as Don Rickles, as athletic as Ralph Nader, as smart as Pete Rose, as funny as John Kenneth Galbraith and doesn't resemble Paul Newman in any way--but you'll stick with him anyway.

-Judith Viorst

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CAN MARITAL SUCCESS BE PREDICTED AND IMPROVED?

Stages in the development of a relationship

Several theories speculate that a developing relationship goes through certain stages, such as initial attraction, establishing rapport (and checking out each other's values and attitudes), wooing and selective disclosure (getting to know each other--are we similar?), testing out the relationship (how well do we get along--are our needs met?), disillusionment (he/she is irritating...boring) and, finally, deciding whether or not to make a commitment to each other. If commitments are made, then a period of attachment may follow, involving warmth, security, and comfort. Likewise, there are stages within marriage (see below and Rock, 1986, as well as Wallerstein & Blakeslee, 1995) and divorce (see chapter 6). These stage theories seem plausible but research suggests that the steps towards and within marriage are more complex than any theory suggests, not at all the same stages for different couples, and not even the same stages for males and females (Brehm, 1985, pp. 145-146; Huston, Surra, Fitzgerald, & Cate, 1981).

Can we predict marital success?

Research (Weiten, 1986, p. 386) provides some tentative forewarnings of marital trouble, e.g. (1) one or both lovers' parents have an unhappy marriage, (2) married at an early age, (3) married impulsively, (4) have a low income or financial problems, and (5) one or both lovers have psychological problems.

There are no real surprises here, but also nothing you can really depend on. In fact, some researchers question whether any particular dating or premarital experience helps us make wise choices for a mate (Whyte, 1990). Similar social-economic, religious, ethnic and racial backgrounds of couples are somewhat beneficial, but they don't in general predict marital satisfaction very well, certainly not in individual cases. Family of origin relationships are also only modestly related to marital success, e.g. good relations with mom and dad are slightly correlated with better marriages (Wamboldt & Reiss, 1989). Women with warm, caring fathers dated more trusting men; women with cold, distant fathers dated less trusting men. Men with cold or inconsistent mothers dated more anxious women (and those


relationships had problems). There is some evidence that we seek partners similar to our parent of the opposite sex (even if that isn't a wise choice). This might be expected since we first learn about love relationships from our parents.

Many studies have found a moderate *negative* correlation between marital happiness (or intimacy and trust) and neuroticism, low self-esteem, impulsivity (expressiveness), shyness, and other personality problems, i.e. the better the psychological adjustment, the better the marriage. However, never assume that only *your* qualities determine how good your love life will be. You could be very well adjusted yourself and still be unhappy in love, if your partner is not well adjusted or has an incompatible attitude or life-style. I don't believe the common notion that it necessarily "takes two to cause marital problems."


According to Collins and Read (1990), if we are comfortable with closeness and feel we can depend on others, we tend to date people with similar characteristics. On the other hand, if we are doubtful that others will continue to love us, we avoid partners who have difficulty getting close and fear abandonment (because they confirm our fears). In general, the best relationships for women are with men who are at ease with closeness; the poorest relationships for men are with women who are afraid of being unloved. Why might this be? Other research confirms that men are more upset by possessiveness and restrictions on their freedom than women are. Women are more upset by uncommunicativeness and a lack of closeness than men are. These problems between men and women may reflect the gender stereotypes we are taught.

High satisfaction has been reported by couples who defy the traditional sex-typing, i.e. masculine, assertive, tough women married to sensitive, caring, relationship-aware men. Also, in a similar but rather surprising way, Type A women (anxious, highly motivated, pressed for time) do better with Type B men (more relaxed, less up tight). Of course, dividing the housework and child care equally and/or fairly contributes greatly to a marriage, as does both spouses being "relationship-aware," communicative, and attentive year after year.


Our satisfaction with our marriage is predicted by how well we communicate, even *before marriage*, and by how we structure our day-to-day lives together after marriage. If interactions are meaningful *and* largely positive before marriage, it bodes well for the marriage. If the male is stubborn, defensive, or overly quiet, it is not a good sign. Likewise, men dismissing their partner's problems and women over-reacting to the man's negative feelings were both bad signs. These findings are not surprising but note this: getting angry (pre-marriage) was correlated with having early marriage problems but later with greater marital satisfaction! Perhaps this is evidence that it pays to express and work on problems--and not deny them. Fine, but now you have the problem (with no help from research) of deciding what is enough expressed anger to be a good sign and what is too much so that it becomes an ominous sign (see chapter 7).



Caution: don't assume that your marriage is doomed because one or two of your partner's individual characteristics aren't ideal. The predictive power of these studies is low. And, don't forget: the species, which seems designed to "make love" wherever children are being created, has survived and thrived in spite of lousy selection procedures. There are no perfect partners out there. You can forgive a few faults.



In summary, a *good* marriage partner will probably have a variety of skills, such as social-communication skills with you and others, emotional maturity and control of his/her emotions, tolerance and affection towards you and others, respectful and egalitarian viewpoints, similar interests and values to your's, ability to be responsible and earn an adequate steady income, and effective problem-solving and conflict resolution ability. See chapters 13 and 14 for many of these skills.



Love doesn't just sit there, like a stone, it has to be made, like bread; re-made all the time, made new.

-Ursula K. LeGuin



Unconscious factors, needs, and motives in mate selection

In the last section, the research usually involved the correlation within a large group of one test score, e.g. low self-confidence, and an outcome, e.g. rated marital happiness. You get an entirely different perspective if you study only one individual (or one couple) and his/her history, as a therapist might do. I think you will find it enlightening to read the theories and speculations therapists have about why we are attracted to certain kinds of people and why we seek certain kinds of interactions in marriage. I'll give a brief summary but you should do more reading in this area. The histories of a couple's dynamics and of their needs, fears, and resentments are often traceable back two or three generations. It is fascinating. If both your father and your grandfather failed in business in their late 30's and your mother and grandmother were very bitter about it, you have a legacy to live by or to live down. Knowing your history might help you understand your unconscious motives.

We may be **attracted to people like our parents** . Why not? Such people are what we know and feel comfortable with, especially if it is a positive characteristic. Most of the time this is beneficial, but we may also be attracted to problematic traits of a parent, e.g. an overly controlling, protective mom or an unemotional, unaffectionate father, which may lead to serious marital problems.

Wise observers have noted that characteristics which initially attract us, sometimes become a problem. Examples: the social skill, warmth, and charm become seen as shallow, self-serving manipulation; the dependability, predictability, and security become seen as boring. Likewise, after being attracted to an aloof, cognitive, quiet, unemotional husband (like dad), the wife may become increasingly dissatisfied and outspokenly critical of his remoteness; thus, driving the husband to be even more emotionally defensive and withdrawn.

We may be motivated to **repeat old relationships** even if unhappy, e.g. if you were the rescuing caretaker in your family, you may need to select a partner with problems who will need to be rescued or who will have children who need rescued. Likewise, if dad was a failure and mom a shrew or if mom and dad were "fighters" or if you fought constantly with a sibling, you may re-create that situation even though it was and will be unhappy. This is called "repetitive patterns." In effect, we "leave home" but maintain the same psychological environment with our spouse.

In some instances, we may repeat an old relationship in the hopes of working it out differently, e.g. a person with a cold, critical, distant father may marry such a man in the hopes of changing him and winning him over.

We are often **motivated to not repeat the troubles we have experienced** in previous relationships, e.g. if a parent was alcoholic or abusive, we may demand a teetotaling or a very unaggressive spouse. If you have been dumped two or three times by the same kind of person, say a flirt, you will probably be very frightened of the next such person who comes along. If your father was in the military and gone a lot or left your mother for another woman, you may avoid deep intimacy with anyone (including a spouse) or select a partner who is very insecure, dependent, and afraid to leave. Levine (1992) discusses at length the resentment and ambivalence many women feel towards men in general and how this interferes with selecting a partner.

We may select a partner who will **make up for our own weaknesses** or who will satisfy some of our unconscious needs. We may **seek** through a mate **the satisfaction of some need that was unfulfilled by a parent**. Examples: a love-starved adult may have felt unloved and untouched as a child, an inarticulate person may select a talkative partner, a low ability person may seek a more able person. An angry person who can't express his/her feelings may find a hostile, expressive person very appealing (if it isn't turned on him/her very often). A person who would like to rebel and "act out" but can't, might be strongly attracted to a wild rebel.

Object relations therapists believe we are born wanting a loving, nurturing attachment to a parent. Within the first year or two of life (long before the Oedipus phase), according to this theory, we all develop an image of our "love object" and our relationship with that person. These images ("internalized objects") are not realistic; they are the feelings, fears,

and wants--the mental-emotional concoctions--of an infant and toddler for his/her parent(s). In time, the really scary parts of these feelings and images are repressed--pushed out of our awareness. Example: suppose our mother fails to meet our needs, as all parents do, and we (18 months old) get very mad and fearful of rejection. We have to repress these negative expectations and feelings because we need mom's love. Much later, however, in intimate relationships, we may project our negative repressed feelings and traits (the old distrust and intense anger) to our loved one, i.e. **we see our bad characteristics in our partner**. We may even unconsciously select the "right kind of partner" and behave in ways designed to make that partner very emotional (angry) or untrustworthy, while we remain certain that we are well controlled and not resentful (Freud's ego defense).

Both spouses or lovers may be projecting personal traits to each other, e.g. he projects his depression to his wife (and via self-fulfilling prophesy she responds with weakness and despair) and she projects her repressed strength and independence to him (he reacts logically and confidently--and does his own thing). As a result of these projections to the other person, he never feels his depression and she never feels strong. But, while she, in part, is expressing his depression for him, her increasing depression creates an intolerable situation for both of them. They come to hate each other--indeed, they have hated or feared these projected traits all their lives--and they fight frequently. The solution? Become more aware of what feelings really are going on inside of us and how these conflicts often come from early childhood.

Some people, while in a love relationship, primarily experience only one side of a mixed or ambiguous situation. A classic example is a conflict between being an independent, separate person and being an interdependent, intimate person. In love, this ambiguity or conflict exists. Some people concentrate exclusively on wanting closeness and warmth; others dwell on needing space and distance; both types find it difficult to tolerate the *internal conflict* of striving for distance and closeness at the same time. So, if two people like this start a relationship, they handle the internal conflict by projecting part of their needs (closeness or independence) to the other person. Thus, when relationships are created between a "pursuer" and a "distancer," both tend to be blinded to part of their needs. They become irritated with the partner (their own characteristics each has rejected in him/herself and projected to the lover). No one in a relationship carries all the needs for closeness and the other person all the needs for independence, but they act and think that way.

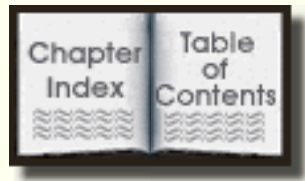
A similar kind of polarization via projection of some of our emotions to the partner, similar to Shostrom and Kavanaugh's male-female relationships, *can occur within many dimensions*, such as reasonable-emotional, strong-weak, rescuer-troubled, boss-slave, smart-dumb, good-bad, etc. We have to recognize that we have--and should have--all kinds of feelings and motives (in varying degrees), not just one end of a dimension.

What can we do about *unconscious* motives? Become more aware of your feelings. Of course, I don't mean trying to remember your emotions as a 18-month-old. I mean becoming

aware of your fears and anger *if* you don't think you have any. I mean finding out about your childhood, e.g. were you or one of your parents sick or absent? Were there family fights? Were you a caretaker as a child or considered helpless? What kind of expectations did others have of you? Are you repeating any of your early family conflicts? Observe the feelings you have toward yourself and your mate--ask yourself: "Wonder if my background could be causing these feelings?" Could I be projecting characteristics or emotions to my partner? If the answer is "maybe," look for more evidence, pro and con. What and who molded my self-concept in childhood? You can read chapter 15 and some of the books recommended below, especially Hendrix (1992).

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LIVING TOGETHER, COUNSELING, AND BOOKS

Are marriages better if you first "live together?"

A good question but there is not a good answer yet. For one thing, there are several reasons for living together. Some people live together to test out their relationship--a "trial marriage." But, many other people, e.g. 25% of all college students sometime during their four years, just like each other and start sleeping together. (College students usually sleep in the male's room while the female keeps her room just in case it doesn't work out and to "fool" her parents.) Only 10% of college students living together consider it a life-long commitment; their purpose is not to test out or improve a future marriage; they are 20-22 and they don't want to get married until 8-10 years later. Meaningful research must, at least, separate the "trial marriages" from the "love affairs." Living together can also serve other purposes: it can be a way to entice someone into marriage, it can be a convenient way to get lots of sex or a companion, it can be a substitute for marriage. Be sure you and your partner are working for the same goals.

There are studies which supposedly "prove" that people who have "lived together" are more apt to fail in marriage (get a divorce) than those who have not lived together before marriage. *However*, there are other studies that show the opposite--that people who have "lived together" are more likely to stay together (White, 1987) than those who have not had that experience. Clearly, all of these people were serious about marriage; they tried it. But divorce is only a sure sign of marital unhappiness; remaining married is not a sure sign of marital happiness. So if the researchers have groups with different attitudes about the acceptability of divorce, they will get different results. It seems quite likely that couples who were open to living together will be more open to the idea of divorce if they become very unhappy. So, thus far, divorce rate doesn't tell us much about the wisdom of living together and mate selection. Ratings of marital satisfaction would tell us more. Recent surveys find that 38% of couples who lived together before marriage were divorced within 10 years; 27% of couples who did not live together were divorced within 10 years.

The research needs to focus on more specific questions, such as: How often (for whom and how) does living together help prepare us for marriage? How does living together cause

harm? How are negative attitudes towards living together (and associated moral values) helpful or harmful in the subsequent marriage? How often does living together help us detect and escape bad relationships? How often does it permanently entrap us in bad relationships? The limited research we have now provides only tentative suggestions and answers, as follows.

First of all, "living together" increased by 45% between 1970 and 1990. In recent years, approximately 70% of people getting married have lived together. But only about 20%-35% of the people living together end up getting married. Remember, many weren't seeking marriage, but it seems likely that many who "split" would say, "Thank God, we didn't get married." Therefore, at least some people learn things about the relationship that helps them avoid a bad relationship. Ideally, avoiding a disastrous marriage is an advantage of living together, but there are many reasons why we can't avoid all future unhappy relationships by living together. For example, many observers agree with Joyce Brothers (1984, pp. 123-128) that people living together are on their best behavior, "walk on eggs," and avoid confrontation because they are eager to have someone love them and insecure in the temporary relationship. So, living together isn't a good, honest "trial" (and Brothers recommends against it). Moreover, this super nice premarital behavior may partly account for the radical changes in behavior, personality, and attitudes (almost always for the worse) that sometimes occurs shortly after marriage. Many married couples testify that living together didn't really prepare them for marriage; they still didn't know each other and had many adjustments to make, similar to couples who haven't lived together. Besides, the intense romance subsides in 2 or 3 years. So, 5 years and 2 children later, it is a different relationship. Living together is no sure cure for marital problems, but it may be your best bet when you want make as good a choice as possible.

Living together and getting pregnant as ploys for getting someone to marry you are usually ineffective and unwise. This kind of pressure, added to the other adjustment problems at this time, strains the relationship to the breaking point. The pursued partner starts to feel trapped and to find others very attractive; if they don't make the effort to work out their major problems, the relationship probably ends. In other cases, where one partner assumes more of the responsibilities (income, cleaning, cooking, etc.), that partner often starts to feel used. If the partner feeling used is a pregnant woman, she has two serious problems: what to do with the guy and with the baby. Finally, because a trial marriage is a test, the couple often postpone working on adjustment problems. The attitude is: "We'll just stay together as long as things work out." Few loves could survive without more commitment and work than that.

My conclusions on this very murky issue are: if you have strong moral-religious beliefs against living together, then don't. If you both are not ready for marriage but want a steady partner, living together offers obvious advantages and some risks. It can be a fantastic, real life learning experience of loving and adjusting on equal terms with another person. But, the "break up" can still be messy and painful, almost like a divorce. If you are considering

marriage, have the time, and are psychologically aware of the pitfalls, living together may be a good way to initially assess the compatibility of the two of you in an intimate situation. However, this is a tricky undertaking, because (1) you are deeply in love romantically, probably still infatuated, and eager to continue impressing and winning over the partner (who is not the same person you will live with for 60 years or so), but (2) you are also attempting to honestly assess the quality of this relationship *in the long run* and must be willing to leave the relationship (otherwise it isn't a test or a trial). While you are not unswervingly committed to marrying your partner, you must make every effort to make it work. While appreciating his/her efforts to be especially nice, you must not assume he/she will always be this nice. These are difficult undertakings and judgments, even for a mature, experienced person. But it is even more complex.

In addition, before starting a trial marriage (even before having sex), both people might want to consider the advantages of "saving" sex and living together until after marriage. For many people, their wedding day could be made an even more super-special event with great personal-social-sexual-spiritual meaning if they "saved themselves." In addition, during a trial marriage, both people have to consider how good the current relationship is in comparison to another relationship they could possibly have with a different partner. That's very hard to do. In short, there aren't compelling reasons either way, i.e. for "saving yourself" or for a "trial marriage." Therefore, it becomes an emotional, intuitive decision, rather than a logical one. Yet, in most situations (assuming religion wouldn't be a problem), I'd want to live with and/or be very involved with my lover on a daily basis for months before making a life-long commitment to marriage and children.

My last bit of obvious advice: **don't get pregnant**. In fact, wait 3 or 4 years after getting married and be sure the relationship is still happy before having children. **Splitting without children is a lot easier than with children.**

Keep living together in perspective. It is just one of many possible "tests" for a potential partner. The best predictor of a good marriage is a *long, relatively smooth relationship*, in which a wide variety of problems and successes are experienced. In addition, *long, detailed discussions* and commitments are needed about many possible future situations, such as educational and career plans of both, having and caring for children by both, family relationships, religious matters, money matters, life-style, social lives, buying a home, decision-making and division of labor, etc., etc. (Bozzi, 1986).

Get pre-marital counseling

Several months before getting married it is a good idea to get pre-marital counseling. Many priests and ministers require it if he/she is going to perform the marriage. Clergy have more experience than therapists in this area. Moreover, many clergy make wise use of a questionnaire, such as David Olson's **Prepare**, which measures the couple's strengths and weaknesses in such areas as communication, personality, expectations, equalitarian roles,

leisure activities, conflict resolution, financial management, parenting, etc. The cost is \$25 for the test but these objective measures lead directly into counseling issues that need to be considered, e.g. will we have a family and, if so, when and how many. If you disagree about how decisions will be made or the division of labor, those are serious issues. If your "intended" has personality traits or ways of communicating which already bother you, these things need to be resolved long before marriage. Pre-marital counseling provides a great opportunity for couples to get to know each other better, learn communication, decision-making, and conflict resolution skills, prepare for marriage, and prevent future problems. Don't avoid this experience even if you think you are "perfect for each other."

Books give advice about selecting a partner

Finding a mate for life is such an important step in life, of course there are specialized books. Branden (1981), Sternberg (1987), and Hendrick & Hendrick (1992) help us understand romantic love relationships in general. Several books by professional counselors could help you in the selection of a life-long mate--or to reconsider a decision to date only one particular person. They include Crowell (1995), DeAngelis (1992), Barbach & Geisinger (1992), and Whyte (1990). Giler (1992) guides career women along the path to Mr. Right. Short (1992) helps us differentiate among sex, love, and infatuation. Borchardt (1995) tries to help us stay rational while in love. Other therapists tell us why we select a particular kind of lover (Blinder, 1989) or get into a love-hate relationship (Arterburn & Stoop, 1988). If you seem to be afraid of getting "involved," try Callahan (1982) or Carter (1987) and see the books about intimacy mentioned in the next section. Matthews (1993) provides a survival guide for engaged women.

Cowan & Kinder (1985), Norwood (1985), and other writers (see books about marriage) focus on psychological needs and fears which give rise to foolish choices about partners. It is especially important that you distinguish between being "in love" and being in a good love relationship (Halpern, 1994). The partner that immediately turns you on may be unavailable or ultimately a disaster. Conversely, a good love choice may seem boring at first. Halpern helps you avoid poor choices and find excitement in a good-but-not-intoxicating partner. You need to know what real love is.

Many books suggest building your interpersonal skills and awareness that will increase your chances of finding intimacy and love (Sills, 1987; Burns, 1985; Bradshaw, 1993). If nothing produces a great relationship for you or if it just seems too much of a hassle, find a good book about growth and fulfillment as a single person (Edwards & Hoover, 1975). For the psychologically serious self-helper, I recommend Hendrix (1992) who carefully guides you to *explore your unconscious needs* from childhood that determine who you fall in love with and the kinds of conflicts you have in love relationships. The theory is that we select a lover who we think will meet our strong unmet needs from childhood. Such a self-analysis is an arduous task but worth doing *before* falling in love. Losing love can be one of life's most painful events; it can be crushing to your self-esteem. If your heart has been broken, refer to

Baumeister & Wotman (1992) and to the many other books cited in chapter 6.

A relationship is like a dance: to stay close without stepping on each other's toes takes practice.

Harriet Goldhor Lerner, *The Dance of Intimacy*

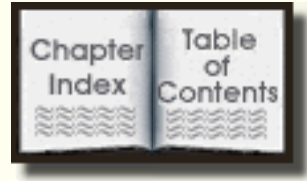
Lerner (1989) has written several highly regarded books. Her *The Dance of Intimacy* is mostly for women. It facilitates relating your early family history to your current reaction to intimacy and makes some cogent points. First, intimacy involves both separateness (being our true selves and living our own lives) and connectedness (being in love with and committed to another). It is a delicate balance; love requires that we avoid too much distance and too much intensity (over-focusing on changing, caring for, or depending on the partner). Second, we are prone to polarize disagreements. For example, as discussed under "unconscious factors" above, one partner may become the "chaser" and the other the "escaper." This polarizes the issue (how committed will we be?) in a very distorted way and keeps the two at odds and stuck. Both partners have reasons to seek and avoid a commitment, not just one on each side of the issue. That depolarized reality should be admitted and discussed. Moreover, if other events (past or present) are contributing to the "desperation" of the chaser or the "cold feet" of the escapist, this should be admitted at least to oneself and probably discussed. Open discussion would further clarify the situation and help avoid over-focus on the single issue of commitment. The chaser should also shift some energy to dealing with his/her other goals and problems in life--and, in time, consider putting a time limit on deciding about commitment.

Third, and I think most importantly, Lerner says every lover should have a *life plan* that does not require marriage (and certainly not marriage to a particular person). It is a plan that insures our economic well-being, our development of our talents and potentials, our happiness with friends, causes, and activities, and our living in accordance with the values and morals we have decided to follow. Only in this way, during courtship, can we avoid becoming an emotional slave to a particular person we have met more or less by accident. Culture and biology have led us to think "I can't live without my lover." It is true that we need intimacy with others for our happiness and for meaning in life, i.e. a "life plan" can only rarely replace love relationships altogether. But the reverse is also true: intimacy can not replace a life plan. To be whole and healthy, we need both connectedness (interdependency) and self-sufficiency (independence).

In a similar way, other therapists do a good job of discussing for the lay person some of the deeper and more complex aspects of emotions in a relationship, especially Scarf (1986) and Hendrix (1988). Several other books cited below also attempt to help you wisely select a partner for life.

[← Back a page](#)

[Forward a page →](#)



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MARRIAGE AND LOVE

One hundred years ago, even though the divorce rate was very low, there were a lot of unmarried adults. At that time, it is estimated that 65% of adult women were unmarried due to never marrying and early death of the spouse. In contrast, today, only 20% of adult women are unmarried. Marriage is still popular but the number of unmarried adults doubled between 1970 and 1993. Women are better off financially and there is less pressure to marry and stay married; we are freer to choose to be married or single.

You hear a lot of criticism and jokes about the "trap" of marriage. Yet, many are attracted to the "bait" at least; 96% of us live with a partner sometime in our lives. Most of us are eager to do so--and for good reasons. Loving someone brings so many joys and thrills and so much comfort... it can be fantastic. An unhappy marriage, however, can be terrible. Marriage is very different for different people. We don't know a lot, yet, about making marriage be what we want it to be. Facts are confused with myths.

No human relation gives one possession in another...every two souls are absolutely different. In friendship and in love, the two side by side raise hands together to find what one cannot reach alone.

-Kabil Gibran

Myths about marriage

Earlier we mentioned some common beliefs about love. There are similar beliefs about marriage, some true and some false. Learning how to cope involves unlearning popular misconceptions as well as learning the truth. We certainly have many misconceptions about marriage to unlearn (Lazarus, 1985; Glick & Kessler, 1974; Lederer & Jackson, 1968). We, unfortunately, make important decisions on the basis of these misleading beliefs. Examples: People marry because they are passionately "in love." Married people "love" (again, meaning wild ecstatic passion) each other. Maintaining romantic love is the key to marital

happiness. Marriages should be totally happy and most of life's satisfactions should come from the partner. Men and women are very different emotionally. Opposites always attract. Marriage will cure loneliness. Family "togetherness" is crucial. Partners must be totally honest and tell all. Marriage requires total trust. Good marriage partners agree on every issue and never fight. Incompatible couples can't have a successful marriage. Volatile marriages never last, quiet unions last.

More myths: good sex means a good marriage. An affair means there are problems in the marriage. An affair will destroy a marriage. A good partner never thinks of him/herself. The husband's work is more important than the wife's career. Husbands are happier when their wives are homemakers. Competition between spouses adds zest. In an argument someone has to be wrong and it is important to know who. Most marriages can't survive a period of hate. In a good marriage, sex will take care of itself. Married people understand each other without talking. Good marriages simply happen ("are made in heaven") and don't require attention or work. A lover can be made over to your liking after the marriage. In a secure, devoted marriage, things do not change. Everyone knows what makes for a good wife and a good husband. Having children will improve and stabilize a marriage. Today's "normal" family is happy and doesn't have any real problems. Even a poor marriage should be held together for the children's sake. After the "high" of the first few months, marriage is all work and disagreements. Once gone, love can't be rekindled. You must feel positive towards your spouse before you can change your behavior towards him/her. If a marriage is not working out, an affair will help. Getting a divorce and finding another partner will solve most of the problems.

All of these "beliefs" are wrong to some extent; yet, there may be some truth in them. We misunderstand so much about love and marriage, it's not surprising that we aren't very good at loving, yet. But even though our ignorance leads to upsetting disagreements with our partner, the love is so thrilling and the companionship so satisfying that romantic relationships are a vital part of our lives. We should learn all we can about loving and insist that research tell us more of what we need to know to have a good love life.

It is not the lack of love, but a lack of friendship that makes unhappy marriages.

-Friedrich Nietzsche

Some facts about marriage

The percent of married people who say they are "very happy" has gone down during the last 20 years, especially among women. Maybe we are expecting more of marriage. In fact, when asked what their chance of divorce is, over 75% of couples refused to admit there was

even a remote possibility. Happily married couples have rosy illusions about their marriage and they idealize their spouse. The more illusions, the happier the couple (Azar, 1995). Many of these once happy marriages fall apart. We certainly need earlier and more realistic efforts to prevent divorce.

While most people marry sometime in their lives, they are waiting longer to do it. In the early part of this century, many people left school after the 8th grade and got married by the time they were 14 to 16 years old. Another hundred years before that, about the time this country was founded, the age of consent was 9 or 10 in some places. However, by 1993, the median age of the first marriage was 24.5 for women and 26.5 for men. Between 1970 and 1985, there was a remarkable increase in the number of young people who remained single until 25 or 30. In 1985, 57% of women ages 20-24 were single, 26% of 25-29-year-olds were single. For men, the percentages were 75% and 38%. The overall percentage of single people is increasing; for every 1000 married people, there are about 100 single males and 150 single females. Remember that about 25% of all children live with a single parent, partly because the threat of divorce is highest in the first 10 years of marriage.

Sociologists Blumstein and Schwartz (1983) studied 6000 American couples. About 60% of the wives had jobs but only 30% of husbands thought both spouses should work. In fact, only 39% of wives thought so; 49% of the wives (in the early 1980's) thought their husbands should take care of them economically. Few young women today expect to be taken care of. Husbands sometimes hate housework but women do not ordinarily consider it demeaning; therefore, working wives still do much more than their share of the housework (see discussion of gender roles in chapter 9). Some couples have signed "prenuptial agreements" but Blumstein and Schwartz think this suggests a lack of trust which is harmful to the marriage.

Sex is, of course, important throughout marriage; the majority have sex at least once a week, even after 10 years (see later section). Within making love, women enjoyed intercourse the most, but men enjoyed a variety of sexual activity. Women link love with sex more than men do. For this reason, reportedly, being unfaithful doesn't mean as much to men (if they do it) as to women (if they do it). Men have been unfaithful more often than women (it's becoming fairly equal) but it did not mean they were unhappy with their wives. When women have an affair, however, usually it isn't a one night stand; they are more likely to get emotionally involved. See the later discussion of infidelity and sexual problems.

What is most important in preserving a marriage? Skills: knowing how to manage conflict. Having the communication skills so you can respectfully negotiate, resolve disagreements fairly, and avoid the bitterness that drives spouses apart. Later we will discuss ways of avoiding the withdrawal, escalating anger, and vile insults that destroy love relationships.

Stages within a marriage

Naturally, during 50-60 years of marriage, we go through several stages. Sarnoff and Sarnoff (1989) believe humans are born with powerful needs to love and propagate, and, at the same time, they instinctively fear losing their freedom and personal identity if they totally merge with another person (connect like a new born with its mother). These *threats of overwhelming love cause fears* which result in withdrawal, arguments, and undermining of the love. They describe six stages of marriage, common fears and resistance at each stage, and ways of handling the barriers to love:

Stages	Fears	Facilitating Love
Consummation--talking, touching, "making love"	Intimacy threatens freedom & arouses fear of rejection	Promise to put each other first
Having children--deciding, awe and work of children	Envy of her reproduction and of his freedom	Continue careers, share birth experience
Raising children--loving, providing, guiding	Fear of losing male & female roles=become traditional	Avoid sexist beh. don't fight over children
Focusing on self--avoid closeness (middle-aged)	Fear of being absorbed by other=go own way alone	Discuss their fears, stay close & warm
Children gone--increased time for relationship	Regret losing children, fear of aging=depression	Find new activities, remain best friends
Facing death--physical prob.--time running out	Fear losses and separation, hate "making arrangements"	Vow to love deeply during rest of life

Sarnoff and Sarnoff believe we need to be constantly aware of the fear of love in order to counter its destructive effects on love. They do not see marital problems resulting from childhood experiences, bad parenting, abuse, or early conditioning. They suggest we are able to control our love lives if we work hard at understanding and countering our fears (and resentment) of intimacy. They recommend many ways of countering these fears at each stage.

Types of marriages

There are many classifications of marriages; I'll summarize a few. David Olson (1981) observed 1000 young couples *married only one or two years* as they discussed short stories about typical marital conflicts. He found nine types of marriages, five were husband dominated and three wife dominated and one equal:

1. **Husband-led disengaged** --the most common type. Even this early in the marriage, their love was not very strong; yet, they rarely fight. The male is the boss. Remember, this is 1980; we are changing.
2. **Husband-led cooperative** --the second most common. Emotional involvement is only average. They argue moderately often but they cooperate (with the husband's preferences given priority). Wife works, no children. They don't socialize much but get along with in-laws.
3. **Shared-leadership cooperative** --third most common and probably increasingly common. Average amount of love and conflict, but the decision-making is truly shared. Both work and like their jobs.
4. **Wife-lead disengaged** --fourth most common. Little conflict but little love too. Wife's views and preferences tend to dominate. Husband is financially insecure. This couple socializes to a moderate degree; husband gets along well with his mother and his mother-in-law.
5. **Husband-lead engaged** --few marital problems and lots of emotional involvement. They are sociable and satisfied with their income.
6. **Wife-lead congenial** --they get along well, financial situation is OK, average emotional involvement with each other and low-key about everything. Husband shares some of wife's leadership.
7. **Wife-lead confrontive** --the wife tends to be a homemaker, a mother and quite sociable; she leads. There is considerable marital conflict, emotional involvement is only average. Both get along well with in-laws.
8. **Husband-lead confrontive** --lots of conflict (second only to 9), husband is dominate, doesn't like his wife working, and has conflicts with his mother-in-law. Wife doesn't like his job or hers, if she works. Relatively uncommon type.
9. **Husband-lead conflicted** --lots of marital conflicts but emotionally involved with each other. Wife dissatisfied with family income; if she works, she doesn't like it. Both are very sociable and have trouble with in-laws. Least common type.

Very recently, in another study, Olson interviewed over 5000 *engaged* couples. He found that almost 25% had such serious relationship problems and such poor relationship skills that he wondered "why would they want to marry each other?" So, some "marriage problems" start well before the marriage and are easily detectable.

If you observe upper middle-class marriages of 10 years or longer, as did Cuber and Harroff several years ago (1965), you will probably still find five kinds of marriages: (1) *Conflict-habituated* which is a constant battle over almost everything. (2) *Devitalized* in which the partners have lost their love and "drifted apart," i.e. they take care of the children but they don't fight a lot. (3) *Passive-congenial* where the partners have been apathetic all along, e.g. marriage was a convenience--or economic necessity--or they are more interested in careers or friends than spouses. (4) *Vital marriage* in which being together and sharing are the major joys in life. (5) *Total marriage* is like the vital marriage, except almost everything is done happily together. Obviously, marriage ranges from wonderful happiness every day--only 15-20% are vital or total marriages--to miserable on-going fights (or divorce). This should offer some hope of happiness to those who are unhappy...but a warning to young people in an already rocky relationship.

Shostrom and Kavanaugh (1971) described six relationships between men and women based mostly on experience with couples in therapy. (1) A **"Mother and Son" nurturing relationship** is made up of a male who marries to be taken care of and a woman who not only mothers her children but her husband as well. She may feel inadequate but she runs the household. (2) A **"Daddy and Doll" supporting relationship** is one in which a serious, able, materialistic male acquires an attractive mate and enjoys her as a show thing. She may flirt and get a lot of attention from other men but, in general, she isn't interested in them. (3) A **"Bitch and Nice Guy" challenging relationship** is an ongoing conflict with one partner complaining and the other refusing to get involved (and, thus, appearing to be a nice guy while he subtly puts down his nagging wife). (4) A **"Master and Slave" controlling relationship** is the traditional dominating male and a female dedicated to serving the male. (5) A **confronting relationship** between two competitive "Hawks" is going to be stressful. Both are trying to prove their supremacy. Both are afraid of not being loved or of being hurt. The anger hides the pain. (6) An **overly-accommodating relationship** is between two "Doves" who pretend to be lovey-dovey instead of expressing the hurt and anger they really feel.

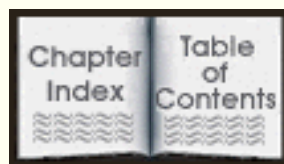
The six relationships above are based on ratings on just two dimensions: love vs. anger and strong vs. weak. In most marriages each person changes from day to day, sometimes being very loving but irritated at other times, sometimes being the leader but the follower at other times. However, some couples become frozen into one role. When we get stuck on one emotion (and deny the other feelings), our role often becomes a destructive, manipulative game. Many of us marry to meet pressing needs--often childhood needs--but marriage can't meet all our needs. When problems occur in our marriage, we blame the partner. Better adjusted couples remain able to express all their feelings--the full range of love, anger, strength, and weakness--with a balance among these emotions. This is Shostrom and Kavanaugh's key to helping failing marriages. They teach couples to experience all their emotions, to develop all parts of their personality, to avoid destructive games, and to meet their own needs rather than depending on or blaming the partner.

Givers and Takers

Evatt and Feld (1983) suggest that most marriages are made up of one "giver" and one "taker." Givers feel loved when they are giving and have trouble taking. Takers feel loved when they are receiving; they love being adored. Unfortunately, givers eventually become resentful of doing so much for the taker and getting so little in return. The taker becomes bored (and a little guilty) with the ever faithful servant. Which do you think you are--a giver or a taker? Answering these kind of questions will give you a hint:

	<i>Giver</i>	<i>Taker</i>
1. I am more jealous than my lover.	Yes	No
2. I am quieter than my lover.	No	Yes
3. My partners have done mean things to me.	Yes	No
4. My partner is the clingy type.	No	Yes
5. My partner likes to give me gifts.	No	Yes
6. I am more easygoing and cheerful than my partner.	Yes	No
7. I run hot and cold; my partner is steady.	No	Yes
8. I'm trusting; I'm more trustworthy than my partner.	Yes	No
9. I am adored in most of my relationships.	No	Yes
	Total =	___ ___

The highest total should indicate if you are a giver or a taker. Even though there is no research to support this simple classification system, it rings true to many people (especially to givers who have been taken?). Givers need someone to give to, preferably someone attractive they can adore. Takers are happy to take. What if you answer about half the questions as a giver and half as a taker? That's a good place to be. Evatt and Feld recommend only one basic solution--givers should learn to take and takers should learn to give more.



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MARRIAGE AND LOVE

Books, books, and more books about love relationships before and after marriage

A survey by Santrock, Minnett & Campbell (1994) shows that mental health professionals consider four books (out of 100's) to be exceptionally useful in understanding love and intimacy: Lerner (1989), *The Dance of Intimacy*, Hendrix (1988), *Getting the Love You Want*, Scarf (1986), *Intimate Partners: Patterns in Love and Marriage*, and Sternberg (1987), *The Triangle of Love*. Three of the four emphasize how our family relationships and childhood needs or conflicts influence our choice of lovers. Awareness of these motives, which we are usually only vaguely conscious of, might help us understand and cope with our attraction to certain people. Besides clarifying for you exactly what is going on--what are the hidden agendas (Potash, 1991) in the search for love--there are many other approaches to dealing with specific problems that plague love relationships (to be reviewed in the next two sections).

Probably no other area has mystified us as much as love. So, there are lots and lots of books filled with theories... and cases to prove the theory. No doubt these books sell but we *must get beyond theory* in order to *change* a relationship. We must recognize, of course, that men and women often have different views of marriage (Sangrey, 1983). So, several excellent female authors have focused on understanding women's conflicts between submissively loving a man and being their own independent person (Horner, 1990; Lerner, 1988; Paul & Paul, 1983). The ideal egalitarian marriage is described by Fishman (1994), Schwartz (1994), Schwebel (1992), and others. Others offer help in building true intimacy (Emmons & Alberti, 1991; Young-Eisendrath, 1992; Gray, 1994; Napier, 1994, and see the discussion later under maintaining intimacy). O'Hanlon and Hudson (1995) try to get you away from "analyzing" and start you changing. I consider the books in the last two paragraphs to be the most helpful.

Of course there are more abstract, theoretical books about love (not just sexual attraction), including Erich Fromm's classic *The Art of Loving*. Focusing more on romantic

love, Nathaniel Branden (1980, 1981) gives us insight into our feelings of love. And, Hendrick and Hendrick (1992) have a new book about liking and loving.

Love relationships change from one stage to another. Campbell (1980) sees the stages of increasing intimacy as steps toward inner growth and wholeness. The early stages are scary and sometimes mystifying, so Matthews (1990) provides a general guide for women going through the first few years of marriage. Arond & Pauker (1987) also focus on the first year.

Although professionals often do not recommend his books highly, few people have written as much or as well about love as Leo Buscaglia (1972, 1984). He does not rely heavily on research nor does he deal with psychopathology, but his messages about the joys and foibles of love are masterpieces. He motivates you to be loving, rather than informs you. Read at least one of his books--or watch one of his tapes--if you are serious about loving someone or everyone. More recently and more focused on the problems of desperately seeking love, John Bradshaw (1993) describes how we self-sacrifice and lose a sense of our true selves in love relationships. He helps us see the hurt little child in our parents... and in ourselves (see discussion of shame in chapter 6). We select lovers who we hope will take care of our inner child's hurts, and when the partner's kisses fail to "make everything all right," we may blame the partner. We must learn to take care of our own hurts, then we can develop our own ideas of love, not just struggle to comply with our parents' notions of love. Bradshaw is saying that self-understanding, security, and mature thought about our purpose in life are necessary for "soulful love" in the broadest sense.

Obviously, many relationship problems can be traced back to early childhood experiences and to gender stereotypes in our family and culture. Another series of books analyze men's need for intimacy and their fear of it (Osherson, 1992; Rhodes & Potash, 1989; Carter, 1988; Carter & Sokol, 1993). It isn't that men can't love or show their feelings; indeed, they hunger and long for closeness and approval but are inhibited. Psychoanalytic theory suggests that it is frightening for men to become totally intimate with and under the control of a woman again. All men had to struggle to get away from and become different from mom. So, for many men, it seems shameful to express dependent, soft "feminine" feelings, because family dynamics and our culture require all 5-year-old males to "become a big strong boy," renounce these unmanly characteristics, and separate psychologically from his mother (see chapter 9). Both women and men could profit from studying personality development and their own childhood experiences.

Perhaps 15 or more highly publicized but of dubious quality books have attempted to explain male-female relationship problems. The titles are loaded with phrases which state or imply "women love too much," "women make foolish choices," "women who love men who hate and abuse them," "women hide their fears behind castrating anger," "women who are born to please," "men dislike aggressive successful women," "men can't love," "men leave women they love," "men who hate women," "men run from women," etc. The titles

make it sound like women are foolish and men are sick and hateful. Most likely we have two groups of writers who have identified different villains--women or men.

Some female psychologists have observed that the victims (i.e. usually women) are being blamed by many popular authors for the intimacy problems, e.g. women may be described as neurotic, self-destructive, foolish, weak, insecure, love starved, domination-seeking, or as equality-preaching hypocrites who are shamelessly pleading to be cared for by men. You might ask why are women, who, it is said, are superior at understanding, accepting, caring, disclosing, supporting, helping, and relating in loving relationships, being blamed for all these love relationship problems? Perhaps the answer has to do with who wants the relationship the most. This person, the seeker of love, seems to be--and perhaps is--less powerful. And, there is a tendency to blame the weak one.

Likewise, some of the authors who vilify men seem to be operating on the basis of a strong negative stereotype of all men (indeed, one writer even admits having been married to an emotionally abusive man, which should raise some doubt about her objectivity). There are, no doubt, many deep problems in our love lives, including some frightened men full of rage towards their mothers who abuse their wives. But is this the secret lurking within all the men who mistreat their wives? Surely not. Let's not fool ourselves, there are many complex causes. Our science at this time justifies only tentative speculation about childhood based dynamics. Moreover, the focus of our self-help literature should not be on the denigration of one sex or the other but on healthy development and on the correction of unhealthy behavior. And, we should carefully avoid stereotypes--not all women are codependent nor are all men afraid of women and intimacy.

Robin Norwood (1985) wrote a book in this area, *Women Who Love Too Much*, which was on the best-seller list for 37 weeks. It is about women who are excessive "givers" or "motherers." Some such women seek men--"sons"--who are weak and have problems (alcoholism, unfaithfulness, can't hold a good job) and are uncaring, self-centered "takers." The theory is that these women did not get enough love as children, especially not from their fathers, suffer from low self-esteem, and, later in life, struggle to gain love by turning losers into perfect husbands. Of course, no matter how competent and devoted they are as rescuers, they almost always fail and suffer. Being addicted to pain, it is very hard to escape such relationships. Norwood's book has no doubt benefited some women. It is primarily designed to help women who blame themselves and often consider normal, healthy relationships boring, but find themselves repeatedly sucked into this kind of destructive rescuing interaction. By recognizing the dynamics, perhaps such sick relationships can be avoided. That's the theory. But are these always the true dynamics? Can the codependent always escape just with insight? See chapter 8.

In a very similar way, Kiley (1983) has written about *The Peter Pan Syndrome*: a man who has never grown up, can be charming, but is undependable, irritable, and self-centered--that's a "taker." In *The Wendy Dilemma*, Kiley (1984) describes women who fear rejection

and, consequently, seek an immature male to mother--that's a "giver." Several other recent books describe many fears--fear of rejection, fear of intimacy, fear of losing one's own identity, fear of independence--that influence our love lives (Carter & Sokol, 1993; Dowling, 1982; Marshall, 1984; Paul & Paul, 1983; Russianoff, 1982). Don't forget, chapters 8 and 9 deal with dependency and sex roles and how both are intricately related to love and marriage. If you are seeking insight into a vast, complex morass, like love, be sure to read a lot and look upon many writers' biased opinions with an open, skeptical mind.

Our anxieties about our love relationships (women buy most of the books in this area) make us prime targets for publishers and writers who sell sensationalistic, poorly documented, repackaged ordinary common sense or insubstantial fluff. Check the credentials of the writer! Has he/she done publishable research in the area, not just interviewed a few people to get some juicy case studies to sell the book? Has he/she counseled a wide variety of people with this problem? Does he/she have advanced training and degrees in psychology, social work, or psychiatry? Has he/she published in this area before (but not the same content using another "hot topic" title)? Remember, just because a book is highly advertised, has a catchy title, and is a proven best-seller does *not* mean it will give you practical, sound, effective advice. Far more junk is published than wisdom. Don't read junk.

Happy if you get as much as you put into the relationship?

On one hand, many of us would say that the benefits of marriage should be equally divided between two equal partners. On the other hand, another viewpoint (called **equity theory**) is that a married person will be happy if his/her benefits-to-inputs ratio is about the same as his/her partner's. Inputs and benefits include such things as physical attractiveness of one's partner; love, devotion, and sex from the partner; help with housework, child care, and decision-making; friendship, social life, and intellectual exchange; financial help; understanding and appreciation; and so on. Thus, you may put less into your marriage than your partner and get less than he or she out of it...and both of you might still be happy, you've gotten what you've earned. You may feel dissatisfied, however, if you put in less than your partner and get as much ("overbenefited") or certainly if you put in as much and get far less in return ("underbenefited"). The idea is to keep the relationship proportional:

$$\frac{\text{Your benefits}}{\text{Your inputs}} = \frac{\text{Your partner's benefits}}{\text{Your partner's inputs}}$$

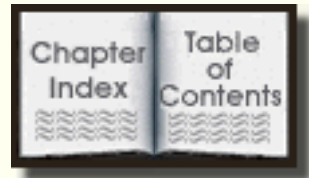
There are two cautions: (1) if actual changes can not be negotiated to make the relationship proportional or fair, some insecure people use psychological distortion in order to justify (to themselves) the inequity. Examples: a person may convince him/herself that the partner deserves a better deal because he/she is "special." Another person may say,

"Oh, sure my husband gets a better deal than I do, but I'm as well off as most other women." If you have had to work very hard to make a relationship work, there is a tendency (because of cognitive dissonance) to believe that your partner is a real gem and the relationship is essential. Don't deceive yourself. (2) Research also suggests that men and women have different notions about fairness. Example: women are more likely to spread the available rewards around equally, regardless of who performed better, while men tend to give greater rewards to the persons who perform better. Every married couple must periodically reconsider the inputs made by each, the benefits available, and the needs of each, and then decide "what is fair" for each person. If you do more for a relationship, perhaps you should get more rewards. Don't cheat yourself.

Marriage and children: Life is changing for dad

We start marriage with just two people, but it usually grows to 3, 4, or more. The children are permanently connected to both parents even if the parents divorce. Thus, one love relationship becomes 3 relationships as soon as a child arrives; a second child results in 6 person-to-person relationships. Children change marriages dramatically. In chapter 9, we saw that, on average, children reduce marital satisfaction, but increase overall satisfaction with the family situation, i.e. we love our kids. We also saw that marriage is changing: moms (70%) are employed outside the home and often (40% of the time) make as much or more money than dad, 20% of fathers (often unemployed) are the primary caretakers for children under age 5, and dads (50%) are helping out a lot more at home. Father's style of play and love add a lot to the children's lives... and closeness with children adds a lot to a father's life. In the 90's we are witnessing a major conflict, namely, more and more fatherless homes (2 out of 3 families in the inner cities) in the face of increasing evidence that an involved father is very important to the academic, social, and mental health of the children. (Other dire consequences of a fatherless home--delinquency, drug abuse, violence, teenage pregnancy, poverty, welfare--are discussed in the divorce section.)

It isn't women's willingness to work outside the home that causes divorce so much as it is some men's unwillingness to work at home (Hochschild, 1989). The second most common reason for divorce (after mental cruelty) is men's neglect of home and children. In the 1980's, about 20% of fathers shared the housework almost equally and 70% did 30-40% of the work (the percentages depend on who you ask--moms or dads). However, mothers still assumed more responsibility for organizing the work and child care, did more of the daily cooking and cleaning, and did more of the dirty work. Fathers spend more time attending the kids than doing unpleasant chores. Almost 10% of fathers did very little to help out; they are very "over-benefited." But, in general, we have a new kind of involved dad for the 1990's. If you are a father and not very involved at home, better get with it! Gender roles were discussed at length in chapter 9.



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HANDLING MARITAL PROBLEMS

Marital Adjustment: What Are The Common Problems?

David Olson of the University of Minnesota, who has studied over 15,000 married couples, recently said that 50% of married people will never be happy, unless they get unusually good therapy. Other researchers agree (Strean, 1985); about 30% of marriages are "empty shells"--little love, little talk, little joy. Only about 25% of couples have "really good marriages." The remaining 25% could achieve a good marriage if they got therapy and/or really worked on obtaining the necessary skills via training or marriage enrichment (or, you can add, self-help). Olson believes the needed skills and characteristics are: communication skills (chapter 13), conflict resolution skills (chapter 13), compatible personality, agreement on values and religion (chapter 3), and good sex (later section).

Women have more complaints about their spouses and marriages, compared to men (Brehm, 1985). Is this because women are more critical and want more or because men give less? I'd guess both. Women initiate the break up of dating and marriages more often than men. Although the underlying "causes" are unknown, these are the commonly stated marital problems (Weiten, 1986):

1. Having unrealistically *blissful expectations* of marriage guarantee our disappointment (discussed in chapters 6 and 8). Living together may help us "get real" about what to expect from a relationship. In any case, it helps to be totally honest and discuss your feelings, your expectations, and your weaknesses, long before marriage.
2. Partners may have very *different role expectations*, i.e. who does the cooking, deciding, working outside the home, etc. Make these decisions jointly, honestly, and openly, don't just hope that the husband will do half the cooking and that the wife will stay home with the kids. Research indicates, contrary to popular belief, that the wife's working outside the home does *not* increase marital problems or harm the children's development.
3. All marriages have *money problems*. If not "there isn't enough money," then the

conflict is likely to be "I want to spend our money on something else." Work out these problems ahead of time in terms of basic priorities as much as possible.

4. *Poor "communication "* is the most common complaint (68%) among couples seeking counseling. The average couple talk only 4 minutes per day! This can be corrected; it is discussed below and in chapters 9 & 13.
5. *Problems with relatives* are common, especially when one spouse remains dependent on his/her parents for money or emotional support.
6. *Sexual problems* (see end of chapter) occur in about 45% of the couples seeking marriage counseling. But sex may not be the basic problem; you don't want to make love if you are uptight, sad, or mad.
7. Although your mom and dad may not have told you, marital satisfaction goes down for most couples after *children* are born. The work load becomes much greater. Parents frequently disagree about how to raise and discipline children. There are jealousies and criticisms: "You do too much for them" or "You don't do enough!" Of course, children are wonderful blessings (usually) but they aren't "good for the marriage."
8. Sometimes couples *drift apart*. They seek different friends, develop new interests, grow in different directions. When there are few common interests, it is a problem.
9. There are other common problems--jealousy, being taken for granted, unfaithfulness, criticism and nagging, bossiness, clinging dependency, domination, abuse, loss of love, self-centeredness, etc., etc. Don't expect it to be easy; there are many challenging barriers to having a good marriage.

A list of *warning signs*: less respect and more disappointment in the other, more anger-arguments, more negative criticism, more blaming, doing less together, feeling lonely or neglected, less sex, less trust, less joint decision-making, less sharing of thoughts and feelings, less helping, less touching. Pay attention to these problems as soon as they occur and get to the root of the problem. Another study (Kurdek, 1993) provided these *danger signals* (early in the marriage): knew each other a short time, low income (h=husband), low education and income (w), previously married (h or w), harmful beliefs about marriage (h or w), highly neurotic (h or w), a stepfather (h), keep separate accounts, large differences in need to be autonomous, and different external reasons for marrying. During the marriage, these were danger signals: marked *decline* (h and w) in satisfaction, faith in marriage, degree of attachment, and pleasure or pay offs from the marriage.

Previous discussions of other problems in marriage

In chapter 6 we discussed the stages of divorce and the loneliness and pain of losing a relationship. In chapter 7 we saw how anger, abuse, power struggles, jealousy, and distrust were all-too-often a part of marriage. In chapters 8 and 9 we realized how the social-emotional dependency and the oppression involved in sex roles and chauvinism can cause special problems for married women. In chapters 9 and 13 we reviewed several skills involved in intimacy, such as liking yourself and self-disclosing, checking your hunches, assuming responsibility for your own feelings (and making "I" statements), giving empathy responses, overcoming being taken for granted, avoiding manipulation and being driven crazy, changing the sex roles of women and men, and reducing chauvinism in its many forms. There is more we need to know about communicating specifically with our spouse.

Destructive communication in marriage

Communication is, of course, important in marriage. But, communication includes every message--every feeling, every desire, every thought that is conveyed to the other person. Some communication is helpful, some is destructive. The most useful knowledge is knowing how to avoid the unhappy, harmful interactions. Seeing how happy and unhappy couples communicate differently might help. Several researchers have studied this and summarized the results (Brehm, 1985; Derlega, 1984; Gottman, 1979, 1994).

Gottman says our stereotype of a happy marriage is a couple who like each other, understand each other well, and settle disputes easily. Yet, some stable marriages do not fit our stereotype: some are volatile (fighting openly but making up passionately) and others carefully avoid conflicts, i.e. they don't "work things out" but agree to disagree (Gottman, 1994). Apparently happy couples have developed various ways of handling the inevitable conflicts, unhappy couples haven't. Unhappy couples first *criticize* the partner's behavior but that gradually evolves into *attacking* his/her personality which eventually degenerates into expressing abusive *contempt*. Naturally the attacked partner becomes *defensive*, perhaps by saying "it's not my fault," by feeling indignant and counter-attacking, or by completely withdrawing emotionally (stonewalling). Both the attacks, usually by women, and the defensive refusal to deal with the issues, usually by men, are big parts of the problem. Men, in unhappy marriages especially, do not listen to the verbal messages nor pick up on their wives' non-verbal messages. Unhappy couples frequently just exchange hostile accusations ("You don't care about me--only about yourself") whereas happy couples may argue, even yell, but would then explore the topic more ("Are you really as unconcerned with this problem as you look?"), ending up resolving the difficulty. This is a summary:

Poor communicators

A steady flow of criticism & putdowns or blaming

Good communicators

Accentuate the positive and the hopes for the future

Neither partner feels cared for and listened to; too busy defending self

Both partners try to stay calm, see the other's point, and show respect, look for a compromise

Get off the topic, find no solutions (throwing all kinds of complaints & insults at the partner)

Stay on topic, be specific about the problem rather than expressing contempt, find a solution both can accept

"Mindread" (see ch. 9) and "psychoanalyze" the partner; name-call, show contempt by mocking, rolling eyes, insulting them, Yes-but (see ch. 9) and counter-attack; do a lot of interrupting

Listen carefully, give empathy and positive responses, assume responsibility for your own feelings ("I" statements), overlook the insults and focus on the complaint. State tentative opinions, not absolute certainties

Show a determination not to "give in," anger, and, eventually, deadly silence

Understand and forgive each other, both give in about 75% of the time

Respond to criticism with defensiveness, such as denying everything, making excuses, charging he/she is emotional

Respond to criticism as useful information (not an insult), a little empathy will work miracles.

Just not responding--tuning them out--when you are fed up with the attacks: stonewalling

Realize that stonewalling is an insult; it says you are contemptible and not worth listening to. You must listen for the pain (and hear the unspoken plea to improve the relationship)

Gottman found that in most marriages the wife is the one who tries to maintain the relationship. So, when she is unhappy, she complains and gets emotional. Men don't like negative emotions, so they try to downplay the emotions and rationally solve the problem... or men withdraw. His withdrawal makes the wife even madder. Sometimes she will suggest a truce or some solution, but often in the heat of battle both go on "emotional overload," feeling contempt for each other. The couple gradually comes to think of and remember their marriage negatively. The failing relationship typically dies a slow death when the male shows little understanding, gets irate, and starts hard-core blaming ("You're full of hate" or "You're so stupid"), which makes it hard for the wife to give in or compromise. Finally, she grows bitter too and the marriage fails. Fortunately, if caught soon enough, the warring couple can learn to increase the positive feelings and actions and decrease the negative. Gottman says the main task is not to solve (or stop) every argument but to stop the escalating bitterness. So good communication skills are needed, especially "I" statements and empathy responses (chapter 13). Gender differences in communicating are discussed in chapter 9 (Gray, 1993; Tannen, 1990).

Once anger turns to bitterness and contempt, it is hard to change.

-Gottman (1979)

Stable marriages have a 5 (positive feelings or acts) to 1 (negative) ratio.

-Gottman (1994)

Coping with communication differences and hostile attributions (views of the partner)

In general, *women are more socially sensitive* than men. They are better listeners, more empathic in some ways, and give more comforting (warm, caring) responses. On the other hand, young boys and adolescent males are more likely than same-aged girls to act on their empathic feelings for others, i.e. to give concrete help (Brehm, Powell & Coke, 1984). Furthermore, some evidence indicates that married men, when interacting with their wives, do more "good communicating" than married women, including showing concern for the wife's feelings, reassuring their wives, seeking forgiveness, suggesting compromises, and remaining calm and problem-oriented when arguing (Raush, Barry, Hertel, & Swain, 1974). Actually, both sexes need to be good at detecting nonverbal cues. Early in a romantic relationship, the ability of women to read a males nonverbal cues seems to be important in building intimacy. Later, during periods of conflict, the woman's nonverbal skills and control of the male seem to be critical in avoiding destructive fights (Brehm, p. 209, 1985).

On the negative side, Tannen (1990) says *women show more strong negative emotions during a conflict*. They are more demanding, using threats, "guilt trips," and personal attacks to persuade. They send more double messages: smile and say, "You're terrible!" This research also suggests women more often reject their husbands' attempts at reconciliation. In another study, White (1989) says that dissatisfied spouses in troubled marriages (*both* men and women) attack, threaten, and walk out during fights, but the difference is that women are more open to making up, accepting the husband's plans, showing concern, and appealing to fairness. There seems to be a difference of opinion about which sex makes up first. I suspect "making up" is a function of how angry the person is, the seriousness of the issue, general satisfaction with the marriage, etc., more than a gender difference.

There is some general agreement among women about men, however. Their major complaint, bordering on calling males socially retarded, is that *men are noncommunicative and lack emotional responsiveness*. Men avoid interactions when dissatisfaction is or may be expressed. Could it be males' way of avoiding uncontrolled anger that would be regretted? Otherwise, how do we square this accusation of inaction with the evidence in chapter 7 of

intense action by males involving verbal and physical abuse? We probably need to make a distinction between what is called "marital conflicts" and the verbal or physical abuse situations. Perhaps quiet inaction and violent verbal or physical explosions are just two separate steps on the escalator from irritation to bitterness.

In a very general sense and in milder disagreements, the sexes seem to be at odds: women give more emotional responses and want an emotional response back. Men give more informational, unemotional responses and want practical, constructive, rational responses back. Neither response is bad, so if both sexes could learn to give both kinds of responses, we might be on the right track to improving understanding and relations between the sexes (see Tannen, 1990; Gray, 1993). Other skills would help too.

"Communication" is often given rather glibly as the solution to marital problems. It is no cure all; people who hate each other often communicate very well. One might ask, "Which comes first the poor communication or the resentment?" I'd say anger comes first most of the time. A husband once told me about coming home and commenting to his wife that a bill for \$350 had come to his office, which was unusual because most bills came to their home. The next morning his wife, clearly miffed, said the bill didn't have to be paid for 30 days, not immediately as he had nastily implied the night before. What the husband had considered a simple comment about getting a bill was seen by the wife as a critical attack. When he defensively tried to explain himself, she said, "You are unconscious of how hostile you are." He walked away thinking, "she is just taking her guilt about over-spending out on me, what a bitch!" In this case, the wife's anger resulted in her mind-reading, psychologizing, and angry communication. Without the underlying, stored up anger, the interaction wouldn't have happened (we don't know what or who originally caused the anger).

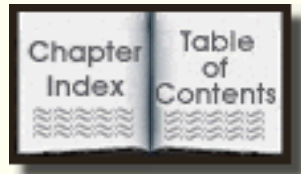
In other instances, the communication may, in fact, be minimal, and that causes anger. Lillian Rubin (1976) described a typical working class family. The husband may think he shows his love--he married her, works hard, comes home right after work, is faithful, and wants sex 3 or 4 times a week. The wife doesn't feel loved, however. She wants to talk more, to have more fun together, to be affectionate without sex. She doesn't want to nag. She loses interest in sex. She feels mad. He feels rejected. Both say, "He/she just doesn't understand me" which is true. Had they communicated, it could have been different.

As emphasized in chapter 9, there are many *communication skills that can help* a strained relationship. We can learn to **listen** better and be more **assertive** instead of hostile; we can improve our social skills by **role playing** and learning to use "**I**" **statements** and **empathy** responses; we can **check out our hunches**, **fight fairly**, and **negotiate** compromises (see chapter 13); we can reduce our anger (see chapter 7). Encounter groups and marriage enrichment groups emphasize communication. There are *books* specifically written for improving couples' communication (Notarius & Markman, 1993; Tannen, 1990; Gray, 1993; Gottman, et al., 1976; Strayhorn, 1977; Goodman & Esterly, 1988). Many other

books document the value of good communication skills in marriage; they advocate these same methods (Austin, 1976; Bach & Deutsch, 1970; Bach & Wyden, 1976; Chaikin & DevLaga, 1976; Charney, 1972; Ellis & Harper, 1975; Gallagher, 1975; McCary, 1975; Mace & Mace, 1974; Powell, 1974; Shain, 1974; Smith and Phillips, 1973; Viscott, 1976; Wilson & Wilson, 1976). Communication skills are very important.

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HANDLING MARITAL PROBLEMS

Changing our communication habits require awareness and practice

Notarius and Markman (1993) have trained couples to talk more positively to each other. But first the partners must learn to recognize their negative communications (the table above is a good summary of the common hurtful habits). Often we don't even know we are being nasty and hurtful. Also, some couples disagree so often that they just come to expect almost every interaction to become a disagreement; therefore, they hardly listen to the other person's opinions and start attacking right away. If your discussions almost always end in unresolved irritating disagreements, then why talk except to vent some of the vile resentment festering in your gut? Obviously, such couples must learn to talk differently. Notarius and Markman suggest the following procedure.

First, since negative communication may have become an unconscious habit, we have to be confronted with our comments and gestures that spew out negativity. One way is to audio or video tape one of your arguments and then review it together. Carefully observe every statement and movement, stopping the tape frequently and discussing openly the critical, hurtful, counter-attacking comments and looks. Another way is to have only one person talk at a time and have the listener give immediate feedback to the talker about how they (the listener) is feeling about each comment. Do this by using +, -, and 0 signs, meaning "that is positive and makes me feel good," "that is negative and upsets me," and "that is neutral and I feel okay." This feedback is an interesting, often eye-opening experience.

Second, both partners must study and practice "I" statements and good listening with empathy responding (methods 2 and 4 in chapter 13). It is helpful to have some discussions using these rules: each partner must carefully listen and accurately give empathic feedback to the person who has just spoken *before* he/she can express an opinion or reaction to what was said. This forces each person to hear what the partner is really saying and feeling... and it prevents the machine-gun like exchange of angry, critical comments. (Also, look for the attacked person's denial of responsibility responses and his/her avoidant, stonewalling reactions.)

Third, each partner needs to attend to his/her physiological reactions that signal being upset or mad or hurt. It isn't easy to do, but it is important to be able to stop a destructive, out-of-control exchange. So when either partner gets beyond the point of being civil and rational, you must learn to ask for a "time-out," taking some time to calm down. Don't just drop the discussion, however. Be sure to agree on continuing the discussion when you have had time to think about it more reasonably and less hostilely. A long string of negative comments can over-ride hours of ordinary conversation. Your feelings need to be communicated, but not in a vile, brutal, uncaring, unending manner, which happens when we get really mad.

Lastly, during a calm moment, it is very important that both partners realize (and maybe tell each other so) the secret, unexpressed feelings that often underlie the anger and criticism. What feelings are these? Frequently, **feeling unloved, rejected, hurt or neglected** gives rise to the cutting criticism and nagging comments. In other words, what we really want is more love, tenderness and attention but when those needs are frustrated, we respond with critical, hurtful comments and outrage about all kinds of petty annoyances. How sad that love turns so quickly to resentment. If the criticized partner can see the underlying reasons for the hurts and anger, the entire interaction can change. The hurtful comments are disarmed. The criticism is seen as merely a way for your lover, who wants to be more loving with you, to vent his/her temporary frustration. Look for the hurt little child behind the attacking, bitchy mask. If a couple can become understanding, get closer, and show they care, the marriage can be turned around.

Resolving marital conflicts

As we have just seen, we have a choice: we can "understand" our partner or we can blame him/her; how we view and explain the other person's behavior is crux of the emotional problem. And, how we explain or understand our situation, influences how we try to change those problems. Happy couples tend to accentuate the partner's good traits and motives as causes of his/her positive behavior; his/her negative behavior is seen as rare and unintentional or situational. The happy spouse, thereby, reinforces his/her partner's good traits.

In contrast, unhappy couples overlook the positive and *emphasize the partner's bad personality traits and negative attitudes* as the causes of marital problems (Brehm, 1985, pp. 289-297; Fincham & O'Leary, 1983). The partner's bad behavior is seen as frequent ("it happens all the time"), deliberate ("they know I hate it"), and wide ranging ("it effects everything we do"). Obviously, such mental explanations (attributions) are going to cause trouble and, especially, when conflicts arise, because we become much more concerned about understanding someone's actions when tensions mount. When breaking up, many of you have probably experienced a very intense need to understand why, to explain what

happened. Perhaps we are looking for some way to handle the problem. Maybe we are just hoping that if we understand the situation, the agony will go away. But, if within our marriage our "understanding" has become intensely negative and hostile, our view of things must change.

According to Orvis, Kelley and Butler (1976), during conflicts we also become more *self*-protective, believing there were good reasons (usually situational--"I just went along with the others") for whatever *we* did. Therefore, when we start strongly disagreeing with others about why we or they did something, the conflict is hard to resolve. Each partner sees different causes. We tend to excuse ourselves but believe that evil motives or bad attitudes--"you only care about yourself"--motivate the person we are in conflict with. Being aware of the irrationality of our own thought processes can bring some rationality to the situation. See method #3 in chapter 14. Change your own thinking, and try to see and understand your spouse's viewpoint.

As discussed in chapter 9, once we start this kind of blaming or psychological labeling of the other person, the relationship is in deep trouble. For one thing, the next step is to conclude, "If this problem is your fault, only *you* can change it." While you are viewing yourself as totally blameless (probably untrue), you are also assuming you are helpless and can't do anything about the situation (probably untrue). Such attitudes only block change; try backing off, cooperating a little, and making plans for change.

Secondly, although we may complain later, bad-mouth them to others, and sulk, we are likely to stop saying something to our spouse about their disturbing behavior at the time it occurs. Seething silence doesn't help. Example: your spouse's constant interruptions burn you up but eventually you stop talking or walk away instead of saying, "You're interrupting" or "I'll talk when you'll listen." *Share your feelings* (tactfully, as with "I feel..." statements). Don't expect your partner to read your mind.

Thirdly, while "getting out of the way," being alone, and "keeping your mouth shut" are very wise reactions sometimes, they are mistakes if done all the time. Avoiding discussing conflicts and/or *denying there are problems builds the emotional distance* between spouses. If you don't talk about your feelings and thoughts, neither of you have a chance to correct the trouble-causing misunderstandings of the other. This self-protective approach (avoiding or stonewalling) becomes self-defeating. Men tend to avoid discussing their relationships. You must talk openly and calmly.

Fourthly, each person thinks the other should "make the first move to make up." Example: a couple goes to bed after an argument and both want to make up but he thinks, "She's still mad; I'll wait until she signals things are okay" and she thinks, "I'm not mad; I wish he'd reach out; he's so stubborn and he's not very affectionate; that makes me mad again." *You can make the first move!*

Finally, the worst way to try to change a partner is to say, "You have to change....or else!" The change demanded ("stop spending all your time with those people") may not be the change wanted ("show you love *me*"). Besides, *ultimatums are resisted*. Understanding the reasons, the meaning behind the demand for change, will facilitate change. Example: nagging your spouse to clean out the sink and put the cap back on the toothpaste tube isn't likely to work, but he/she may change if you honestly explain that the messy toothpaste tube by the dirty sink reminds you of your drunken, abusive, sloppy father who made you clean the bathroom after he vomited. People who understand each other accommodate each other better. Changes are needed in both spouses, not just one.

Remember from chapter 6 on depression that our optimism about changing the future depends on whether we think the causes of the unpleasant interactions are changeable or permanent. *Uncontrollable causes* are often permanent personality traits or characteristics (of you or the partner), such as selfishness, hostility, need for attention, stupidity and so on. These are an angry person's favorite explanations. Or, uncontrollable causes could be unavoidable situations, such as an illness. *Controllable causes* are temporary behaviors or circumstances, such as "having a bad day," "I approached it wrong," "it was an oversight" and so on. You can do something about the controllable causes; that's hopeful. Even being self-blaming can be hopeful if you feel the power to change yourself is in your hands. So, thinking in terms of controllable causes may lead to hope and more effort to improve the marriage. Whereas believing the causes are uncontrollable leads to despair and giving up on the relationship, "I could never stay with such an awful person." You can control how you think.

Awareness of these interpersonal dynamics can be helpful (Hendrix, 1990; Doherty, 1982; see chapters 4, 6, 7 & 9). If we understood others as well as ourselves, if we were as generous with our positive interpretations of the causes of their behavior as we are with our behavior, there would be less marital discord to suffer through. Not only must we change our "attributional style" from negative (blaming) to positive (see the good and understand the bad) but we must *at the same time* change our behavior (decrease the hate and increase the tolerance). This is no easy assignment to carry out in the midst of a heated emotional conflict, but try to remember the above points. When we disagree with another person there are only three options: fight it out, withdraw, or negotiate a compromise (see method #10 in chapter 13 for resolving conflicts). *Look for compromises that offer hope*. Be understanding. Plan together and carry out cognitive and behavioral changes. Accentuate the positive in your loved one. It is important to "debrief" after a fight and learn from it (Wile, 1995); unfortunately, most couples avoid talking about the fight. We can learn to find solutions and get along.

Power struggles in marriage

There is an old adage about love: the person *least* in love (least needy) has the *most*

power. Other truisms are: "you can't make anyone love you" and "when his/her love for you dies, your power over him/her is gone." Of course, there are many other power bases in marriage besides love: money, goods, services, sex, status or authority, friendship and respect for the partner, threats and punishment, useful knowledge, personal appeal and pleading, and others. All of these can be used to motivate or direct the other person; all can become a battleground.

In chapter 7 we saw that men tend to use anger, authority, and logic (knowledge) to get their way, while women use sadness (tears) and appeals of helplessness to influence their husbands. In our culture, at least in the past, male domination is approved; indeed, if the male isn't successful and doesn't earn a good living, he finds it hard to get respect. The lack of success, such as unemployment, is more distressing for married men than for married women. Conversely, being the breadwinner may be very hard but it is less stressful than being a spouse who needs to be a breadwinner but can't get a job. It seems to be generally true that having power is enjoyable and being powerless is stressful. However, in the specific instance of female-dominated marriages, neither the husband nor the wife, who has power, tends to be happy, not as satisfied as spouses in egalitarian and male-dominated marriages (Gray-Little & Burks, 1983; Horwitz, 1982).

It is commonly speculated that a person with high needs for power and control over others is secretly or unconsciously insecure and anxious. Such people presumably try to deny their weaknesses by dominating others. For example, an extremely insecure (and emotionally disturbed) man might abuse his wife, as in the film *The Burning Bed*. Research has shown that as men get more education they experience less and less need for power. In general, this is not true for women, in fact just the opposite, women want more power as they get more educated. This is probably because women have to fight for power in school and the work place even if they are well educated, whereas men are given power and respect along with the educational degrees (Veroff & Feld, 1971).

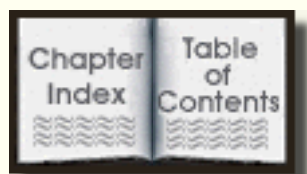
In any case, the need for power has profound effects on love relationships for men, not necessarily for women. Consider this. Undergraduate males with strong needs for power as shown by tests, compared to males with weaker needs for power, were found to have had more relationships with women in the past but have poorer relationships with their current partners. They also loved their current partners less than men with less need for power and they foresaw more problems in the relationship, expressed more interest in dating other women, and were more likely to leave the relationship (Stewart & Rubin, 1976). What happens to these power-oriented college playboys? They move into the business world and eventually marry women who are less invested in a career. In other words, these men shift from dominating women sexually to dominating their wives economically. Does this mean they feel inferior? Not necessarily, they may feel superior (if that's possible without underlying insecurity). It is interesting to note, however, that college males who married highly motivated career-oriented women had less need for power, felt more need for close relationships, liked college, got higher grades, and, in general, seemed to be more secure

(Winter, Stewart & Mc Clelland, 1977).

Unfortunately, there is little research about the details of the many struggles for control that occur in marriages: Who will do the laundry? cook supper? change the diaper? go to the store? handle the money? decide when to buy a car? get a degree first? initiate sex? plan the social life? make the big decisions? Yet, we do know that even after women go to work full-time and should have more "power," they still do more than 50% of the child care and housework. Certainly, falling in love doesn't perform miracles and erase forever the desire to have one's own way, although for the first few months of courtship the self-centered tyrant is amazingly transformed into an accommodating charmer. It helps in marriage if you both have similar interests and values, equal educations, equal incomes, and are truly willing to compromise. When a disagreement arises, be sure to consider together the pros and cons of several alternatives. Don't get locked into a win-lose battle where either I win and you lose or the reverse. Strive for win-win innovative or compromise solutions (see negotiating in chapter 13 and Campbell, 1984). Jones and Schechter (1993) guide women around impossibly dominant relationships so she can reclaim her own life.

[← Back a page](#)

[Forward a page →](#)



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HANDLING MARITAL PROBLEMS

Understanding and handling jealousy

Most of us have experienced Shakespeare's "green-eye'd monster"--jealousy. In its intense forms, it is a horrible, tormenting obsession. Often in a crisis we'd like to kill the person who tries to take our lover away. It is estimated that 20% to 35% of all murders involve a jealous lover (White and Mullen, 1989; Pines, 1992b). A third of all couples in therapy have a problem with jealousy. It is common for a jilted lover to threaten suicide, and some do it. Certainly power is involved; we want the power to keep our lover to ourselves exclusively. Just as falling in love seems "natural" and unlearned, so does jealousy. It just comes over us when someone or something (like work, TV, or sports) threatens our love relationship. Of course, it isn't always painful and crazy-making, sometimes it's milder and fun--a tease--and a sexual turn on, as in swapping partners. We will focus on the more intense, unpleasant kind. How does it differ from envy and rivalry?

There isn't a clear-cut distinction between jealousy and envy but, in general, **jealousy** is experienced when something you have (e.g. a lover) is taken away or is threatened by someone else. **Envy** is when you do not measure up to someone else or you very much want something someone else has (e.g. an attractive lover, a sports car, success, a sexy build, etc.). **Rivalry** is when no one yet possesses the thing you desire (a particular person or position or status) and there is keen competition for the desired goal. Obviously, all of these feelings increase as our desire--our desperation--for the "prize" increases. Jealousy is the most intense. It involves having something highly valued and losing it to the competition--that hurts, angers, and shames us.

Nancy Friday (1985) has written an enormous volume on *Jealousy*. Schoenfeld (1980) discussed jealousy in a practical way. But, Barker (1987) has been considered most personally helpful by my students.

The greater the threat, the more intense the jealousy. Accordingly, a large *Psychology Today* survey (Salovey & Rodin, 1985) showed that separated and divorced persons suffered the most jealousy, followed by cohabiting single people, and married people the least. How

we perceive the threat influences the jealousy; thus, men and women have somewhat different experiences. A jilted man gets mad at the other male; a jilted woman dwells on the loss of her partner's commitment and love.

There are five stages of jealousy (White, 1981; Brehm, 1985):

1. **Suspecting the threat:** If you are insecure about a love relationship (not necessarily about yourself in general) and very dependent on your lover, you are likely to be jealous. You may see "signs" of disaster when none are there. Conversely, some people overlook very suggestive signals. In reality, 45% of the people in the *Psychology Today* survey had cheated on a partner while pretending to be faithful. Men are more likely to deny feeling jealous; women more readily admit it. If the threat to our relationship--the competitor--is attractive, intelligent, successful, etc., we will be more threatened and more disturbed. If we have or want an exclusive sexual relationship with our lover, we will be more threatened by a competitor than if we were in a non-sexual relationship. If we ourselves have been unfaithful to our partners, others might expect us to be less jealous if our partner also has an affair, but research shows that some unfaithful spouses are more jealous (perhaps, in these cases, the greatest threat to the relationship is when *both* partners have had affairs).

2. **Assessing the threat:** We may spy on our lover and the rival; we probably lie awake nights worrying about the situation and reviewing the evidence, "Did she come on to him?," "I wonder if he has talked to her?," "Does he love her?," "Wonder if everybody but me knows about it?" Women are concerned about their partner becoming attracted to other women by sex, intelligence, and other attractions, *and* dissatisfaction with the current relationship. Thus, women feel multiple threats. Men are consciously more concerned about their partner finding someone who will offer a more secure, committed relationship. Men are more concerned (than women) about protecting or re-building their egos if they are "beaten out" by another man; they worry about their partner having sex with someone else (but they'd probably blame the partner if that did happen). Men see a threat and feel jealous first, then worry that something is wrong with them. Women are more concerned with maintaining the relationship; they worry about losing love; they feel inadequate first, then jealous. It is in this intensive worry and spying stage that we go crazy, see the discussion of irrational ideas in chapters 6, 7, and 14.

3. **Emotional reactions:** If we decide there is a threat to our love, we can have a very wide range of responses: clinging dependency (more women but many men too), violent rage at the competitor or the partner (more men), morbid curiosity, self-criticism, and depression with suicidal thoughts (more women), hurt and resentment of the partner's lack of devotion and resistance, social embarrassment, selfish--sometimes realistic--concerns ("I'd better take the money out of the bank"), urge to "get back at" the partner, fear of losing companionship, loneliness, regrets at giving up all the future plans, etc., etc.



Heaven has no rage like love to hatred turned,
Nor hell a fury like a woman scorned.
-William Congreve, *The Mourning Bride*, 1697

In spite of Congreve's famous quote, there is some evidence that men have a more intense jealousy response to losing a loved one than women do, and they take more time to get over it (Mathes, 1988).

The 1950's advocated "family togetherness." In the late 1960's and 1970's there was an "open marriage" movement (O'Neill & O'Neill, 1973); we were told that jealousy was a sign of inconsiderate possessiveness and immaturity, that we were selfishly restricting our partner's love for everyone. Certainly many people tried gallantly to suppress jealous feelings while being open and modern "swingers," but many failed. At the same time, there were arguments that jealousy was a natural, inevitable, and useful reaction (Mace, 1958; Harrison, 1974). Surely, a couple deciding on exclusiveness in their love and sexual life is not always a master-slave relationship, not necessarily one-sided possessiveness. Yet, love is scary. We can be hurt; the lover has power over us; we need to be #1 in his/her life. How does someone become so important in our emotional life? In the same way *The Little Prince* loved his rose bush (Saints-Exupery, 1943). It's a neat part of the story; I'll summarize:

The Little Prince lived on a tiny planet all his own. He had only one rose bush. He loved it. It was so beautiful, it gave him so much pleasure. He remembers tenderly planting the little bush in his richest soil, building a fence to protect it and a trellis to hold it, trimming it and watering it every day. With pride he watched his rose bush grow into a healthy, mature rose bush which faithfully produced beautiful blossoms year after year. Then he went to another planet, Earth, and saw thousands of roses, much bigger and more beautiful than his one little bush. At first, he felt foolish for having liked his rose bush so much. After all, there was nothing special about his bush. Then he realized he didn't love his rose bush for its bigness or its outstanding beauty, he loved it because he had personally cared for his bush and because so much of his time and pleasure had been with only one rose bush, "his" roses. Like the Little Prince, we hurt when we lose "our" love. The hurting doesn't necessarily mean we lack confidence or that we believe we possess the other person; it means we are human, we long for things we have lost.

4. **Coping response:** There are two basic choices--desperately trying to shore up the threatened relationship or trying to protect or bolster your sagging ego. Men are more likely than women to become competitive and/or have angry reactions, often including getting drunk or high. Women more often become weak and depressed; sometimes they act like they don't care; more often, they cry, plead, and blame themselves (Brehm, 1985). Bar talk suggests that recently rejected lovers are sexually on the make and/or sexually "easy." An interesting study by Shettel-Neuber, Bryson, & Young (1978) suggests that men and women,

when threatened by an *unattractive* competitor, are about as likely to go out with "someone else" and be sexually aggressive. However, when threatened by an *attractive* competitor, men felt an even stronger urge to make it with "someone else," while women didn't want to get involved with any other men at all.

5. **The outcome:** It is important to know if particular emotional and coping responses help or harm threatened relationships. Also, do these responses build or destroy self-esteem? Both self-esteem and love are important. For instance, a threatened lover, who temporarily keeps his/her partner (and protects his/her ego) by threatening violence or suicide or by frantically begging, will probably lose the lover's respect in the process. What are the best responses?

Before looking at ways to cope with jealousy, let's try to understand its causes better. Different therapies have different explanations of jealousy. Examples: Freudians say the overwhelming dread and pain of rejection originates in childhood when we discover that we are not Mommy or Daddy's favorite (Daddy or Mommy is). Of course, this insecurity is unconscious. The Family Systems therapists point out that both partners contribute to the jealousy-producing situation. If one partner has an affair, it reflects a troubled relationship, for which *both* are responsible. Yet, behavioral therapists use psychological techniques to reduce one individual's jealousy response--desensitization, flooding, and satiation (having the unfaithful partner "report in" every hour). Sociological treatments emphasize cultural influences. For instance, all societies tell us we should be jealous but in different circumstances, e.g. certain Eskimo men consider it a compliment if a visiting male wants sex with his wife but a visitor wanting to keep the wife would be highly resented. Thus, jealousy is a learned social reaction, not our innate nature. On the other hand, the sociobiologists, like Darwin, believe jealousy is innate and instinctive for genetic survival. Men want exclusive sexual partners (to pass on their genes) and women want devoted helpers (to help with the kids' survival). Thus, after an affair, men want sexual details and women want to know how serious the relationship is. All these "understandings" can reduce intense jealousy and blaming each other (Pines, 1992a).

So, what can be done about jealousy?

Needless to say, the best protection against jealousy is a good relationship, i.e. prevention is better than a cure. If the love can be kept alive and exciting, that is much more effective than trying to revive a threatened love. Once jealousy has occurred, however, what works best? Salovey and Rodin (1985) asked 100 college students what had worked for them. *Best was "tough it out,"* i.e. controlling their emotions and becoming even more committed to and attentive to the loved one. A second method was somewhat effective, namely, "*selective ignoring*," i.e. telling themselves that the desired object (the lover or some achievement) was just not that important. A third method, telling themselves their good qualities and doing something nice for themselves, was not helpful in this case. Read on.

Branden (1981) advocates an openly honest "I feel..." response. Example: you see your partner flirting with a very attractive person at a party. Rather than bitterly attacking the partner, what if later you said: "As I watched you with *him/her*, I immediately felt anxious. There were butterflies in my stomach and I started to imagine that you might try to see him/her later and get all emotionally involved. The idea of your touching and holding him/her really upset me. I'm scared you will leave me." Such a frank, unattacking response, which discloses the true feelings underneath the jealousy, should make it easy for the flirting partner to respond sympathetically and honestly to the heart of the matter, namely the jealous person's hurt and fears. This honesty is usually the best way to handle jealousy.

What is the best protection against being devastated by an actual break up or the possibility of a break up? *Self-esteem and a belief that your future will work out okay*. But esteem has to be developed before the break up, not afterwards. Some simple techniques may be useful in reducing jealousy: *stay active*, distract yourself with friends, fun, hobbies, work, self-improvement, etc.; *thought stopping* (ch. 11) should reduce the jealousy arousing fantasies; *desensitization* (ch. 12) can reduce the emotional response of jealousy just as if it were a fear; *venting* (ch. 12) will relieve the hurt and angry feelings; *seek support* from friends and tell them how you feel. Also, you must *challenge your irrational ideas* that drive you "crazy" (ch. 14), including understanding that jealousy is probably unavoidable to some degree, that you are responsible for your feelings, that the thrill of a new love will initially overshadow a taken-for-granted relationship, that some "games" are played to make us jealous, that some partners are so self-centered they can not be faithful, that no love comes with a life-time guarantee, that there may be very good reasons for your former lover to be interested in someone else, etc. Most of us who have been deeply hurt by a rejection know, however, that little can be done about the pain during the first several days or weeks. You can try to keep busy and "keep your mind off of it," but in the main you just have to *tough it out*.

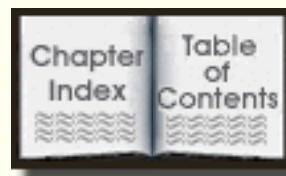
Before long, the basic solution to these many irrational thoughts and expectations surely involves a counterattack with rational thinking. One important point to realize is that intense jealousy *does not prove there is intense "true love"* between two people. In fact, jealousy only reflects *your* intense needs, *your* desperation to keep what you want (at the moment), and *your* unrealistic (perhaps) demands about what the future should hold. Thus, *jealousy reflects self-interest and self-love*, rather than mutual "true love." A second important point is that your lover can decide to like or love someone else without that proving in any way that you are less worthwhile or less desirable or less lovable. There are hundred of reasons why people lose interest in others, including paradoxical reasons like "I'm not good enough for him/her," "I'm just not as serious or ambitious as they are," etc. And, there are many good reasons for changing partners that demean no one, e.g. "I have more interests in common with another person," "Our cultural-religious backgrounds are so different," "Our futures will take us in different directions," etc. *Being rejected doesn't mean you are no good*.

For many hurting people, it is helpful to realize that the pain of childhood wounds may intensify your reactions to the hurtful situation. Sometimes, putting yourself in your partner's shoes is very helpful. One partner can write a defense for the actions and feelings of the unfaithful or rejecting partner, while the other partner writes a description and defense of his/her partner's pain and jealousy. It may also help if the jealous person acts as if he/she is not jealous. It will probably help to know that jealousy is common and normal, not a shameful personal weakness, and that jealousy is a result of the situation. Ask yourself: "Have you been constantly jealous in every relationship?" If no, then you aren't an unavoidably "jealous person." In short, your understanding of both the hurtful and the hurting person can be reframed, i.e. the unfaithful person may be seen as seeking a childhood dream or desperately signaling that the marriage is in deep trouble. There are many ways to reduce jealousy (Pines, 1992b). In any case, the pain will normally go away in a few weeks.

Unquestionably, it is often wise for lovers with doubts to break up. Considering the divorce rate, perhaps we, even in pain from rejection, should be thankful and accept it. Not likely! Yet, a person with "true unselfish love" would say, "I love you enough to let you do whatever you think is best for you, even if that means leaving me." But, romantic love is selfish. Perhaps the best you can hope for is to learn from this relationship and select a better partner and be a better partner next time. If you break up, the most important thing to remember is: "I am a valuable, lovable person regardless of whether you love me or not. It hurts but I can handle it. I'll get on with my life." For me, the best way to get over pining for a lost love (after a month or so) is to begin carefully looking for a better relationship (Mathes, 1988, found several women reduced their jealousy this way, men did not). Other people need some time alone. See discussion of divorce and re-marriage.

[← Back a page](#)

[Forward a page →](#)



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HANDLING MARITAL PROBLEMS

Avoiding facing marital problems

Some married people avoid expressing their unhappiness to "keep peace." Although well intentioned, this concealing of your feelings and pain from your spouse month after month causes serious harm to your marriage. The quiet one is denying the truth, pretending to be happier than he/she is, minimizing the marital problems, endangering his/her own health, avoiding a vital task merely because it is stressful, trying to play it safe, acting uncaringly and hostilely towards his/her spouse, and renegeing on his/her sacred vows to preserve the marriage. This is kind of keeping the peace is the kind of behavior that causes problems. Honest openness is needed to maintain a marriage. Don't cop out. Learn about "I" statements and empathy responding in chapter 13, then get to work.

Some writers, e.g. Cole & Laibson (1982), believe that the hiding of disagreements between husband and wife also gives children a distorted view of marriage and deprives the children of the chance to learn how to handle conflict. We need to realize that (1) all thinking people disagree occasionally and (2) anger doesn't have to destroy love. Many happy couples fight verbally or argue. Cole and Laibson think parents should "fight" (disagree or argue but not get verbally or physically abusive) in front of the kids and especially show the children that arguments can and should lead to workable solutions. Children shouldn't witness certain arguments, however, such as about sex, child-rearing, money, relatives, or divorce, nor should the children become involved in the argument if it is just between the parents. Always assure the children that they aren't causing the marital problems. No parent should ever involve a child as an emotional substitute for the spouse, an ally against the other parent, or as a pawn in the marital wars. The rules for fair, good, constructive "fighting" are given in chapter 13; two psychologists have written a book on how to conduct effective, beneficial family fights (Rubin & Rubin, 1988). If you can't follow these rules and the arguments become vicious, name-calling, destructive battles, both partners should get counseling.

Loveless marriages; lasting doesn't mean loving

With divorce being common, why would anyone stay married to someone he/she didn't love or even like? There are lots of reasons, according to Florence Koslow, a well known marriage counselor. This would include the same reasons young people do not break engagements or leave boy/girlfriends when they suspect they haven't made the best possible choice. If there are children, there are powerful reasons to stay married, even if the marriage is strained or dead. Even in a loveless marriage *both* parents can preserve their close relationships with the children. Divorces often strain and even destroy parent-child relationships as well as terminate a marriage (see the discussion of step-parents later). Many people are also trapped in marriage by their own fears: fear of the unknown, fear of losing status (people gain status by marrying an attractive, successful partner), fear of criticism, fear of being alone, fear of intimacy and sex with someone new, fear that all marriages are unhappy, fear of losing income, fear of doing harm to the children, and a fear of raising children alone. These are serious matters to consider.

Unfaithfulness

Even though surveys vary greatly in their estimate of infidelity (from 25% to 70% of partners), the Kinsey Institute estimates that about 35% of husbands and 30% of wives have been unfaithful. Janus & Janus (1993) also found that more than 1/3 of husbands and more than 1/4 of wives have had an extramarital experience, but less than 1/4 of divorces are caused by affairs. Of course, as time goes on, more of the faithful will become unfaithful. It may be hard at first to separate the chronically unfaithful from those who have only one brief affair in 50 years, but these are very different people. Pittman (1989) distinguishes between **adulterers** and **womanizers**. Adulterers (males) usually have one affair, typically during a crisis--when passed over for a promotion or when his wife is very busy--and then feels guilty. Womanizers compulsively seduces women as a full-time avocation and hide this from their wives. They often claim to have a high sex drive and a lust for sexual variety. Their therapists say such men often don't like women or even sex. Womanizers have a disease or an addiction, in which they see women as the enemy. They think of "being a real man" is escaping a woman's control and as being someone who can powerfully manipulate and deceive women. Like a rapist, he seeks power and superiority. Many had fathers who escaped their mothers via work, divorce, or alcohol. There are some 12-step programs for womanizers. Advice for therapists of people who have had affairs is given by Eaker-Weil and Winter (1993) and Brown (1991).

On the positive side, Greeley, Michael, & Smith (1990) report that *a high percentage of married people* (ranging from 91% and 94% for men and women under 30 to 95% or more of both sexes over 30) *were monogamous*, i.e. had only one sex partner, *during the last year*. But, the years roll on and those 5% and 9 percents add up. However, most marriages today are faithful and *the belief in being faithful to your spouse has steadily increased* during recent decades, even during the time that premarital sex was being approved of more and more.

Unfaithfulness is always a devastating blow to the partner. We feel crushed, like a part of us had been ripped out. We may be very angry or sad or both. It isn't just that our partner wanted and did have sex, the ultimate expression of love, with someone else, but he/she lied to us, betrayed us, and had so little concern for our feelings. Yet, two thirds of marriages survive infidelity. Many people say they would "immediately throw the b-----/b---- out." The situation is more complex than that. A brief affair doesn't always mean there is a serious problem with the marriage. Men having an affair are not more unhappy with their marriage than faithful men; women are more unhappy. Nevertheless, infidelity is a huge problem even if the marriage survives. Putting love back together is a long-term, difficult task in our culture (it's no big deal in some cultures).

We need to realize how widely the rules about sex differ from culture to culture: we expect our spouse to be faithful, but 75% of societies are polygamous.

Frank Pittman (1989) clarifies some of the *misconceptions about infidelity*:

1. No, *not everyone has affairs*; about one third to one half of us do (although some new research suggests maybe up to 73%) over a period of years. Women, especially younger employed women, are having about as many affairs as men, but the difference is that men frequently have brief affairs or one-night-stands while women are more likely to get emotionally involved. Only about 20% of married men are continuous, compulsive philanderers or womanizers. Pittman's experience is that womanizers usually get divorced (often after many years). Faithful partners rarely get divorced.
2. No, having *an affair doesn't always mean that love is gone*. Both men and women sometimes just want sex, not love. Occasionally, a spouse has an affair as a warning or a "wake up call" for his/her partner. Often an affair reflects an ego that needs inflating. Or, a person finds him/herself in a tempting situation or in a friendship which gets out of sexual control. Affairs frequently mean that the wayward spouse has a problem, not that he/she doesn't love you any more. Nevertheless, it often inadvertently ends in divorce. Pittman says with honest work on the marriage, couples therapy, and with forgiveness (once), the marriage can gradually revive.
3. No, *the "other woman/man" is not always beautiful/handsome or sexually "hot."* Pittman says the choices are mostly neurotic or a mishandled friendship. Sex is not usually the main purpose. No, the deceived faithful spouse did not "make me do it." The unfaithful one makes the decision to "act out" his/her feelings via an affair. No, it isn't best to keep your affair secret or to pretend you don't know about your partner's affair. For sake of the marriage, the mess of the affair and other problems need to be

dealt with. *Affairs often die when exposed; marriages often die when problems are unexposed.* Only 1 in 7 new marriages resulting from an affair are successful.

4. No, *the best approach is not to "keep it a secret ."* In fact, the suppressed emotions erupt and the marital problems multiply; thus, much honesty and work, usually in couples therapy, is almost always needed to salvage the marriage. (An isolated, meaningless one night stand may be another matter.) If you are tempted to be unfaithful, read Pittman's book or one of several others, e.g. Lawson (1989) or Linqvist (1989), before doing so, to find out what you are facing and why. It's seldom worth it. If your spouse has been unfaithful to you, read Golabuk (1990) or Dolesh & Lehman (1985). Pulling your marriage back together is possible (Reibstein & Richards, 1994; Weil, 1994; Spring, 1996), even trust, forgiveness, and intimacy is sometimes possible.

Lessons from lasting marriages

Rather than studying failing marriages, several people (Wallerstein & Blakeslee, 1995; Gottlieb, 1990; Hendrix, 1991; Klagsbrun, 1985; Lauer & Lauer, 1985) have explored successful marriages to see why they last. Both men and women give the same basic reasons:

- My partner is *my best friend* and I like him/her as a person; I put him/her first over all others, over my work, over TV, over everything. It isn't just "you're # one" in spirit; I actually give him/her my whole attention and make time every day.
- I regard marriage as a deep, almost *sacred commitment*; we've had some disagreements but never for a moment did I seriously consider divorce. We worked it out. To love, you must feel emotionally safe--totally accepted, respected, and supported. Therefore, we don't criticize or strike out in anger, instead we gently request a change (see method #4 in chapter 13).
- *I enjoy my partner*, we laugh and touch, we confide, we agree on values, goals, and sex. We look for the good in each other and in life; thus, we are optimistic. We have wide interests and try new things. We try to have fun.
- We have equal power; we *respect* our partner's wishes and know we can't always have our way; disagreements are negotiated (method #10 in chapter 13). Decisions are made fairly, some together, some by me, and some by him/her. We both make changes when needed, tolerate losses, and accept unresolved conflicts. We are patient and forgiving.
- We accept and *trust* each other, permitting honesty and security; I tell him/her

everything (methods #6 and #7 in chapter 13). I love the closeness; we share our minds, hearts, and souls. We listen to the other (see method #2 in chapter 13).

- We are equally dependent on each other in ways that enrich our lives; and we are *equally independent* from each other in ways that enrich our lives. We do so much together and agree on most issues, but we have a clear sense of self and do things by ourselves. Clearly, we think for ourselves.
- We *cherish our time together*, expressing our appreciation of each other for little acts of kindness as well as major sacrifices. We treasure our memories and frequently remind each other of the good times.

Note: Of course, everyone would stay together if they were getting *all* these benefits. No one has it so good but some come close. These are ideal goals which require a good psychological adjustment, great skill, and effort to achieve. In this sense, good marriages are not "made in heaven."

Interestingly, these lasting marriages challenge several ideas put forth by professionals. For instance, less than 10% say that good sex keeps their marriage together. Few buy the idea of fighting fairly; they say intense anger would hurt their relationship. Many said that the egalitarian relationship notion can be damaging, if it is understood to mean everything is 50-50, because the truth is that both partners need to give in 60% or 70% of the time, at least it seems that way. About 33% of these older women feel the women's movement has helped their marriage, 22% say it has harmed, and 21% see good and bad consequences (Sangrey, 1983). Marriage experts stress that spouses *need* separate interests and activities; these married people say they do some things independently but the emphasis should be on trying to spend as much time together as possible (Lauer & Lauer, 1985, 1986).

Maintaining intimacy throughout marriage

John Bowlby and Mary Ainsworth developed the theory that attachment to another person is our primary motive in life. Between 6 months and one year of age, human infants who are "securely attached" to mommy (or a caretaker) begin to explore the world in brief excursions, starting the process of gaining self-confidence and independence. If a child of that age is taken away from his/her mom, however, they usually respond with crying, reaching out, and other protests. When mom is brought back, they want to be close--they hug, cling, look at her with hurt eyes, and then they turn on the charm, cooing and smiling. The point? We need attachments (intimacy). We don't all respond that way to detachment, however. About 40% of infants are very upset when separated but when re-united with mom,

they *approach and reject* her, presumably because she is sometimes attentive and affectionate and sometimes not. They are considered "insecurely attached" and have trouble exploring the world. These attachment styles supposedly last a lifetime. So, perhaps 40% of us adults respond with anger when we feel rejected.

Marriage therapists (Johnson, 1994), following the attachment theory, consider anger expressed by a spouse to be an effort to restore closeness and intimacy to the relationship (although the attacked spouse is likely to see it and feel it as tearing the marriage apart). Anger is considered a natural protest to losing security or love. So, if both partners can re-interpret or "reframe" the spouse's anger into being a cry for regaining lost love and attachment, then the angry partner can become aware of the loneliness behind the anger and the criticized partner can be more sympathetic, a better listener, and more open about his/her own insecurities. Thus, the cycle of attack, building resentment, and counter-attack is broken. If both spouses can disclose their tender underlying feelings, such as the fear behind silent withdrawal, the couple is well on the way to a "secure attachment" and a good marriage.

There are lots of detachments in life. In a mobile society, we often leave our families of origin at 18, never to return. With marriage, we often lose contact with our college and casual friends. We never get over our need for intimacy, however, and in today's culture, we seem to be looking more than ever for continuing intimacy with our spouse. Ordinarily lots of disclosing occurs early in a relationship, but within a few years it fades away. In the past, there were many barriers to intimacy in marriage: gender inequality (e.g. men more educated), false or unreasonable expectations of the opposite sex, dependent ties with families of origin, "unfinished business" from family or previous relationships, women involved with children, men obsessed with work, few examples of intimate parents, etc. Several of these barriers are declining and, as that happens, the emphasis on obtaining true intimacy in marriage is increasing (Gordon & Frandsen, 1993; Young-Eisendrath, 1993; Barbach & Geisinger, 1992; Campbell, 1980, 1984; Emmons & Alberti, 1991).

Young-Eisendrath (1993) sees old gender stereotypes as engendering false expectations of the opposite sex. She feels a spouse can find out what the other is really like by talking. Research by Bradbury and Fincham (1990) supports this notion, except they say that it is the way we have learned to explain our spouse's behavior that must be changed first. As discussed above, unhappy spouses see their spouse as having bad intentions, selfishness, and permanent negative traits that cause problems. With this attitude, it is hard to give any praise or to be nice. In fact, faking it by "talking" and feigning being "understanding" or pretending to make efforts to reconcile usually make things worse, until in your own mind your views of the spouse's motivations become more positive. This cognitive aspect--viewing the partner positively--is part of all these efforts to increase intimacy. Barbach and Geisinger (1992) concentrate on understanding how our previous relationships, such as an absent father or a critical former wife, influence our current love. They emphasize friendship, respect, trust, and sexual satisfaction.

Lori Gordon (Gordon & Frandsen, 1993) has developed a 120-hour class for teaching intimacy skills to people who haven't gotten what they wanted from marriage and, subsequently, stopped confiding, walled themselves off, found other ways to spend their time, etc. The course has been shown to reduce anxiety and anger, increase marital satisfaction, and improve self-esteem. Her approach is to *encourage confiding to each other*, and from this comes self-understanding, insight into the history of the expectancies or emotional baggage we bring into a marriage, mellowing of one's negative feelings towards the partner, feelings of security, and intimacy. The course teaches the skills of open, honest communication, listening, empathy, and forgiveness (see chapters 7 and 13). Much of the confiding is about their personality and emotional development in the context of their family's emotional history, i.e. what were we taught about ourselves, love, sex, morals, unspoken family rules, confiding, trust, intimacy, etc. Eventually, we find that the source of our marital misunderstandings and negative expectations is *our history*, not our spouse. Here are some exercises Gordon recommends:

1. *Daily Temperature Reading* --at the same time every day, hold hands and (a) express *appreciation* for something your spouse has done, (b) share some *information* about your mood or activities, (c) *ask* about something you don't understand ("Wonder why I got so upset about the phone bill?" or "Why were you quiet last night?"), (d) *request some change* without blaming the spouse ("Please call if you won't be home by 5" or "Please don't wear the pants with the rip in the crotch any more"), and (e) express some *hope* ("I hope we can go hiking this weekend").
2. *Bonding exercise* --when you are upset with your spouse, ask for some bonding. (a) Lie down and hold each other. (b) Describe what is bothering you (your partner just listens), be specific. (c) Share your memories of the past that seem connected with your emotional reaction to the spouse ("Your having lunch with _____. made me think of my first wife's/husband's affair..."). (d) Tell your spouse what you needed to have happen in your history that would have reduced your being upset now. (Maybe your spouse can say or do, at this time, what you needed long ago.) (e) Discuss how the past--the inner child, old hurts, Papa's rules, unfinished business, etc.--has a powerful effect on you today. (f) Plan ways both of you can help avoid the unwanted emotional reaction in the future.
3. *Play dead* --Arrange for an hour in a private place. One person lies on the floor and pretends to be dead. The other person imagines his/her spouse is dead. The purpose is not to emotionally grieve so much but rather to talk about things you appreciated about the partner, what you will miss about the partner, and what you wish you had done while he/she was alive. The "dead" person can't talk, just listen. When finished, then the other person plays dead. This can be a powerful experience. Use what you learn to improve the relationship in the future.

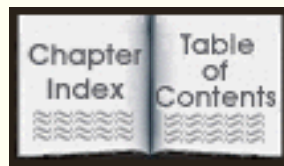
Gottman (1994) reminds us that for a good relationship our negative emotions

(criticism, contempt, emotional withdrawal, boredom, loneliness) must be out numbered by positive emotions (interesting activities, conversation, affection, appreciation, concern, fun, sex) by 5 to 1. We all need love and respect. It is important that spouses don't dismiss their partners' complaints nor let their complaints become personally insulting or expressions of contempt. Make your requested changes very behaviorally specific. It is crucial to keep love relationships positive. How? Call "time out" in any fight as soon as it starts to get out of control. Do this by taking a break for 15-20 minutes and calming down; you can't be irate and rational at the same time. Be sure to replace your hate-generating thoughts with more positive or tolerant thoughts about your spouse. Express your unhappiness, gently, but curb the vitriolic attacks on his/her character. Belligerent or domineering talk has no place in a marriage. In fact, attempt to frequently communicate some praise and admiration to your spouse (even during a confrontation). Remember the good times. Be optimistic. Be an empathic listener, don't shut out your partner. Let them know you understand their feelings and desires. All this self-control when being criticized is not easy, it takes skill (chapter 13) and lots of practice.

Next, we will review more ways of coping with marital problems, including professional help.

[← Back a page](#)

[Forward a page →](#)



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ADDITIONAL SOURCES OF HELP WITH MARITAL PROBLEMS

Starting in the late 1980's, Americans seem to be more reluctant to leave a marriage, at least more are seeking marriage counseling. Poor economic conditions and AIDS may be factors. In the 1960's and 1970's, we expected too much from marriage. When it wasn't ideal and marital problems developed, we suffered for a while but then, still idealistic, we looked for a better partner. Gradually, people recognized the terrible cost of divorce in terms of human misery--single-parents struggling to make it alone, fathers seeing their kids only on weekends and trying to pay for two families, children upset by divorce and re-marriage and/or torn apart by two bitter parents. In the early 1990's, the divorce rate is still very high but has possibly leveled off (others say it is still increasing); the median length of marriage has stabilized at seven years which means that many marriages only last 3, 4 or 5 years.

Arond and Pauker (1987), who studied the first year of marriage, say that couples either found the first year to be their easiest or hardest year. A hard first year can be a good sign. The ones who said it was hard worked through their adjustment problems; many who found it easy denied and avoided facing their problems. You have a better chance if you start working on the minor problems early. Attend to the little stuff: spending too much time with friends, not helping with the housework, spending too much on clothes, drinking too much, gaining weight, watching TV, etc. Don't wait until one partner is about to walk out (Matthews, 1990).

Not only are the disadvantages of going through a divorce becoming more clear, the possibilities and advantages of working out the marital problems are also becoming easier to see. Notarius & Markman (1993) observed that all couples, early on in marital conflicts, want to preserve their love, that most disagreements are not world-shaking, that small changes in one person's behavior (more attentiveness, more compliments, more affection, less complaining, etc.) can make great changes in the relationship, that men withdraw from conflicts while women insist on resolving them immediately, and that the use of skills (empathy, "I" statements, decision-making, negotiating, etc.) can sooth negative feelings and overcome most differences. In other words, as a society, we may be becoming more hopeful of preserving our marriages.

Warning signs

We started this marriage section by describing different types, some happy but several unhappy or blah. At that point some danger signs were described: factors that predict future trouble in the marriage or characteristics of deteriorating relationships. You may want to review that list.

It is common for one spouse to not realize the other spouse is unhappy--very unhappy (McGinnis, 1986). How can you tell? Look for these signs: (1) you no longer laugh together or do nice things for each other, such as send a love note, give a little present, bring a flower, etc. (2) You talk to someone else more than you do to your spouse, especially if the talk is about being unhappy with your spouse and/or how attractive someone else is. (3) You frequently become irritated with your spouse and your discussions escalate into nasty fights. (4) You seldom remember good times together or share your hopes and ideas. (5) You don't try to do things with your spouse, are bored with sex, and avoid him/her by sleeping, working, drinking, playing sports, community work, etc. If you see several of these signs in your life, start working on the relationship soon.

Self-help exercises: learning to meet each other's intimacy needs

Scarf (1987) interviewed Stuart Johnson (formerly at Yale Psychiatric Institute) and described several ways to break out of the polarized interactions in which couples can only fight. Keep in mind the previous discussion of unconscious motives influencing our selection of a partner: a partner may be selected to re-enact a childhood situation or a partner may be selected because he/she enables us to deny our faults by projecting these negative traits to the partner. Most fighting spouses do not understand all the complex underlying reasons for the quarrels; thus, they have no idea how to change.

These simple exercises force the couple into new ways of interacting which require each person to self-explore, to self-disclose, to listen carefully without having to defend one's self, to have some control, to give up bitter accusations, to understand the partner, etc. Try them:

The couple should schedule an hour in a private place, at least once or twice a week. During the first half hour, one partner simply *talks about him/herself*. *But, nothing can be said about the partner or about the marriage*. The second partner says nothing at all for 30 minutes but listens attentively. During the second half hour, they reverse roles. Each "speaker," in turn, talks about his/her life, needs, hopes, characteristics, disappointments (no blaming!), hurts, joys, plans, etc. When both are finished, there should be *no discussion*--not one word about the session for at least three days. This is important. Each person listens to the other but inhibits

the attack-counterattack elements.

This exercise also sidetracks "projective identification." Example: if a wife is projecting "feeling stupid" to her husband, for the process to work the husband must respond in some way suggesting he thinks she is stupid (that's the basic purpose, namely, to get the painful, horrible self-accusation out of her mind and into his mind and behavior, so she can hate "being dealt with as stupid" rather than thinking "God, I'm so stupid!"). If the wife is not conscious of feeling stupid, then she isn't going to say that as she talks about herself. Since the husband is prohibited from responding, the usual trigger to an outrage ("you think I'm stupid") can't occur and they learn more about each other. However, if while talking the wife becomes more aware of her *own* feelings of inadequacy, i.e. takes personal responsibility for the "I'm stupid" self-evaluations, then the couple have made remarkable progress towards reducing the tension between them. In any case, they are practicing interacting as separate, responsible, autonomous, and respectful people, not as people who are defined and judged by others. The exercise increases intimacy.

With some thought, you can see how the exercise cuts through many "games," such as the I-want-total-intimacy pursuer with the I-want-space distancer or the I'm-the-boss with the I'm-so-helpless partner. These relationships, like so many, are based on self-put-down, restricted views of our needs and potential.

You may not need to continue this exercise for a long time. Use it as long as it is beneficial. After increasing communication in this way several times, it is important to try the next one (even if you haven't made much progress thus far). Ideally, the next exercise should be added so that you are doing both #1 and #2 together for a while.

On designated days, say Monday, Wednesday, and Friday, one partner gets to *make one "intimacy" request*. On Tuesday, Thursday and Saturday the other partner makes one intimacy request. (Sunday is a day of rest.) The requests must be reasonable and do-able that day; it can't be unrealistic, like "adore me forever," or a demand for an uncontrollable feeling, like "forgive me for last night." The request must also be made clear in terms of the behavior involved, for instance if you ask for "some attention and tenderness," it needs to be spelled out as "take a long walk with me," or "help me decide tonight what courses to take," or "give me a back rub," etc. Since this exercise is to increase intimacy, offensive, disgusting, disturbing, inconsiderate requests must not be made. Some couples may want to make certain areas off limits, such as sex or money matters. Within these limits, however, the other partner agrees in advance to carry out the intimacy request. After several days, two or three requests could be made.

For couples made up of "givers," who never think of themselves, and "takers," who never do for others, this exercise is an eye-opening experience. Likewise, for couples in a power struggle who have trouble thinking in terms of shared or equal power, this experience opens up vistas. They will find, in small ways, at least, that it is safe for someone else to be in control. The pursuer-distancer couple will also have to change, with the distancer shifting from always running from his/her partner to specifically thinking "how do I want to be closer." We don't have to have problems to ask for and do nice things for each other.

When exercise #2 has been worked out, a simple change should be made so that *both* are in control of the intimacy. On your day to make "intimacy requests," you can now make as many requests as you want, BUT your partner now has the choice of doing them all or not doing any, i.e. if you ask for too much, they can stop the whole process for that day. Your partner can't choose to do some of your requests and forget the others; it is an all or none decision. Also, *the decision can not be discussed or negotiated or argued*; the partner says "okay to all the requests" or "no requests granted today." If he/she says "no," you lose your turn and the partner makes his/her requests the next day. Of course, the two of you can be nice and intimate with each other during the rest of the day, you just can't make requests.

The idea is to enable both of you to be in charge--to have some control--at the same time. It is important for the person who can't say "no" to learn to assert him/herself as a person with rights. Under these conditions, much like what would occur in a good marriage, saying "okay" means you really want to be intimate in these ways with your partner.

Most importantly, these exercises, as Scarf says, "provide an ebb and flow of emotional exchange--experience in recognizing intimate needs and in getting them met." We can become self-aware, self-directing individuals who still have a feeling of closeness and intimacy.

Books, books, and more books about improving your marriage

There are hundreds of marriage-improvement books. In fact, 20 years ago one book reviewed 80 others, all involving improving marriage (Suid, Bradley, Suid & Eastman, 1976). Two of the better older marriage books are Zerof (1978) and Rogers (1972). Many helpful books which deal with a special, specific problems that can destroy a marriage, such as jealousy, unfaithfulness, and power struggles, have already been cited in this chapter. A textbook for a Marriage and Family course might be of value; they usually have a sociological orientation, however.

Earlier (in the Marriage & Love section) *four well regarded books* were cited for

providing insight into love relationships. Hendrix (1990) essentially provides an excellent self-help marriage course at home. But understanding your family history and dynamics is only one way to improve a marriage. In addition to insight, there are many other approaches to mending a marriage. Examples: a leader of Cognitive therapy, Aaron Beck (1988), recommends cognitive self-help techniques to overcome misunderstandings, negative attitudes, improbable expectations, and anger that destroy love. Another leading researcher in the area of love, Robert Sternberg (1991), advocates bettering relationships by increasing your understanding of the basic qualities of love (passion, intimacy and commitment) and sharpening specific communication or problem-solving skills used in a relationship. A very different approach is taken by Weiner-Davis (1992), a social worker, who persuasively argues against divorce and urges her readers to take specific, concrete steps to quickly rejuvenate their affection for each other rather than splitting. Markman, Stanley & Blumberg (1994), Notarius & Markman (1993), Gottman (1994), and Kottler (1994) also concentrate on resolving conflicts and preventing a divorce. Their methods are based on research.

Many other *general books* focus on understanding and improving marriage: Barbach and Geisinger (1992), Bradshaw (1993), Broder (1993), Lauer and Lauer (1986), and Sarnoff and Sarnoff (1989). They are useful to many people but not as highly rated by professionals as the books in the last paragraph.

Also, there are books addressing specific problems which I have not dealt with at length in this chapter, such as **obsessive love** (Forward, 1991), **love-hate** relationships (Arterburn & Stoop, 1988), **foolish** relationships (Schlessinger, 1994), **codependency** (chapter 8; Covington & Beckett, 1988), **sexual boredom** (see end of this chapter), increasing **commitment** (Bugen, 1989; Schwartz & Merten, 1980; Smedes, 1988), **burnout** and painful stalemates (Pines, 1988; Driscoll, 1991), an **overweight** partner (Stuart & Jacobson, 1987), and other **crises** (Ruben, 1986; Viscott, 1989).

You must keep in mind that you are an individual as well as part of a couple. Duncan and Rock (1991) offer advice when your spouse won't seek counseling. Also use the references mentioned before for maintaining your own independence while becoming intimate with another, such as Lerner (1988) and Horner (1990).

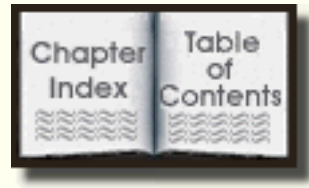
Videotapes are becoming available, such as "Getting Back Together" and "Falling in Love Again" from SyberVision (1-800-678-0887). Gary Smalley (800-592-3200) is well known for his workshops and video tapes, "Hidden Keys to Loving Relationships." And, recently McKay, Fanning, & Paleg (1995) have marketed (1-800-748-6273) a skills oriented book which is supplemented by a video tape and several audiotapes illustrating specific marriage communication skills.

As you read about marriage problems and solutions, set aside time to talk with your

spouse (the average couple talk only 4 minutes per day). If you have trouble starting to talk about a sensitive topic, a book by Chesnow and Esersky (1988) could help. Keep a problem-solving attitude; avoid excessive crying (as a form of pressure), begging, nagging, accusations, demands, personal putdowns, and endless analysis of what's wrong with your marriage. O'Hanlon and Hudson (1995) recommend actions in place of psychological speculation. See chapter 13 for useful communication skills.

[← Back a page](#)

[Forward a page →](#)



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ADDITIONAL SOURCES OF HELP WITH MARITAL PROBLEMS

Marriage encounter, marriage skills courses, and support groups

Some mental health centers and a few marriage counselors offer small classes for persons wanting to work on marital problems. Most of these courses describe different kinds of marital problems and teach various skills, such as listening, empathy, assertiveness, negotiation, etc., that will help with relationship problems. Ordinarily, these classes are for couples who do not have serious psychiatric problems and who are motivated to improve their relationships on their own. The cost is less than couple's therapy. There are some advantages of groups, including hearing the problems others have--and the solutions that work for them. Also, support groups for marital concerns exist in a few communities. Call your Mental Health Center to find out what groups and classes are available.

Marriage Encounter weekend programs are designed for couples who do not have serious problems but want to enrich and revitalize their love. There will be some group discussion of marriage and some experience for the couple that will facilitate closeness, warmth, and affection. Churches often sponsor these programs, but you do not need to be religious to attend. They are not expensive. Call 1-800-795-LOVE to find out about these worthwhile activities.

Therapy and counseling

When the friction heats up in marriages, more people (maybe 10-20%) than ever before are considering getting professional help. That is very wise. We may be making progress. But I am still disturbed that most do not seek help. What is wrong with the other 80%? Getting therapy seems so reasonable to me; it seems that every friend, every parent, every child, every relative, and every professional person in contact with the unhappy couple should recommend counseling. Why don't they? Divorce is such an emotionally laden decision (perhaps more so than who to marry), we need help seeing the situation realistically, trying to resolve the problems, deciding what other alternatives exist, considering the consequences to others, making reasonable plans for our future, etc. Anyone going through marital hell or a divorce needs a friend to talk to and vent with, no doubt, but

he/she needs much more than that--a wise, experienced, unemotional but empathic and caring counselor (the earlier the better).

As soon as there is continuing conflict in a marriage, both partners should openly acknowledge the situation to themselves and each other. They both should show their concern by immediately trying to rectify the situation using self-help methods. Read if you don't have any ideas. If the couple can not make any progress within a month or so (or if it seems like an overwhelming problem and emotions are intense), they should immediately go together to a qualified counselor. **THIS IS CRITICALLY IMPORTANT.** But, there are some things you should know about marriage counseling.

Family and marriage counselors have no magic. The partners themselves must work to understand the conflicts (with the therapist's help), devise possible solutions, try out the solutions, see what works, etc. Relationship problems are hard to resolve, partly because most people seeking professional help have waited much too long. Do not expect the counselor to take sides, tell you what to do, or to make your decisions for you. The clients who expect to patch up their troubles in a session or two, say for \$60 to \$200, are expecting magic and will be disappointed. It will, at least, take several sessions (plus reading and practicing on your own) and probably months.

In counseling, the problems must be described (from both viewpoints), goals set, treatment plan developed, some understanding acquired, new communication skills learned, new attitudes utilized, compromises negotiated, and love rekindled. It is not possible to know in advance what a "successful" outcome will be, it isn't always a happy marriage forever; divorce may be the wise or only choice; staying together merely to be close to the children may be the best outcome possible; a trial separation may be wise. Most marriage therapists believe that both people must be genuinely committed to improving the marriage via talking therapy in order to benefit from it. So a couple, still hoping to save the marriage, should see a therapist together (unless it is the opinion of a qualified therapist that only one partner has serious psychiatric or personality problems).

The qualifications of marital counselors varies greatly. Almost anyone can legally call him/herself a marriage counselor, so don't just look up a counselor in the Yellow Pages (although a qualified counselor is likely to be listed there if he/she is primarily in private practice). McCary (1975) says half the marriage counselors may be incompetent. Many MA-level counselors, especially those from one-year graduate programs, have little or no specific training in couple's therapy. I recommend you check to see if your health insurance covers private therapy for marital problems (usually it won't) and/or some associated anxiety-depression diagnosis (it always will). If your insurance will pay 50% or more of the expense or if you have the money, search out the most experienced and most highly recommended (by several people) marriage therapist in your area. Most insurance will *not* pay for a MA-level counselor. The therapy available in Community Mental Health Centers is usually adequate, *if you ask for and get an experienced MA-level or doctoral level therapist.* State

supported Mental Health Centers are low cost if you are poor and charge less than half the price of private practitioners even if you have a good income.

The discipline of your therapist is important. Most Ph. D. psychologists can handle marital problems, but, if at all possible, search for one who is a marriage specialist. Many MD's and psychiatrists have little or no training with marital problems (if they are drug-oriented, they can't do you much good). Some psychiatrists, who are talking therapists, are excellent. In many clinics, the MA-level social workers are assigned most of the marriage counseling cases, so they sometimes (but not always) have lots of experience. Discipline is important but not as important as experience and reputation.

There is an old but still relevant book focusing specifically on helping couples find professional help (Koch & Koch, 1976). Get recommendations of therapists from several people--your family physician (tactfully letting him/her know you don't need a MD), your minister, your lawyer, a local Mental Health Center, Psychology Department, or from other people with experience. Select one who is well recommended and try out the therapist for a session or two, if either you or your spouse have doubts, try another therapist until you both are satisfied. At the first session, find out about the counselor's training and level of experience with your kind of problem. Don't hesitate to ask all the questions you want. In a later stage of counseling when you are deeply involved in telling your stories and, hopefully, starting to gain some understanding, it is very inefficient to switch to another therapist. In fact, if you become very dissatisfied with the therapy after 4 or 5 sessions, don't just drop out. Instead, matter-of-factly confront the therapist with your concern or complaint, e.g. that he/she seems biased in favor of your spouse, that there seems to be no progress and the therapist doesn't seem to be doing much, that the focus isn't on the main problems as you see it, that you have negative feelings towards the counselor, etc. These are not uncommon feelings in marital therapy (even when progress is being made) and it is often to your advantage to work them out rather than leave therapy prematurely. Important topics often offend or upset us but must be faced. Of course, if you are wasting your time, get another therapist.

Divorce

For hundreds of years in Europe, marriage and divorce were religious matters, not civil matters. This meant, as it does today in the Catholic Church, that there was almost no way to get a divorce. Only 130 years ago, divorce became a civil matter to be handled by the courts in England and the U.S. Very few divorces were granted initially by the courts; a spouse had to be proven to be "at fault," i.e. guilty of adultery or extreme cruelty. Gradually, more grounds for divorce were added, but someone still had to be at fault. In the 1920's, there was one divorce granted for every 7 marriages; recently, there has been one divorce granted for every two marriages. Starting in 1970 in California, several states have adopted "no fault" divorce laws permitting anyone to get a divorce who wants one (if they pay the court and lawyer's fees). Thus, only in the last 25 years have there been remarkable changes in the law

as well as in peoples' attitudes toward divorce.

When two people are under the influence of the most violent, most insane, most delusive and most transient of passions, they are required to swear that they will remain in that excited, abnormal and exhausting condition continuously until death do them part.

-George Bernard Shaw, 1963

We are freer than we have been for centuries to dissolve an unhappy marriage. There are other factors associated with the increasing divorce rate. Many of these social-economic factors would be considered good, e.g. more equal education and job opportunities for women, higher incomes, fewer children, fewer religious restrictions, and general social acceptance of divorce and of women living alone. Yet, as we will see, there are terrible consequences frequently associated with divorce (and with continuing a bad marriage). Over 75% of Americans accept divorce as a solution when a couple can't get along, even if they have children. But there is concern by some that divorce may have become too easy (few people who have personally gone through a divorce consider it easy).

Reasons for divorce; divorce rate

What are the reasons given for divorce by the spouses? In order of importance, women say (1) incompatibility and unhappiness, (2) husband's alcohol, physical and verbal abuse, (3) husband's infidelity, (4) disagreements about religion and children, (5) their own alcohol abuse, (6) their own infidelity, and (7) their needs for independence. Men say (1) drug abuse (wife's or his) and mental illness, (2) many differences (religion, communication, in-laws), (3) his alcohol and physical abuse, (4) wife's independence and infidelity, (5) incompatibility and unhappiness, (6) wife's alcohol abuse, and (7) his infidelity (Cleek and Pearson, 1985). In general, "emotional problems" are the most common cause of divorce; men cite "sexual problems" three times more often than women and women cite an "affair" twice as often as men (Janus & Janus, 1993). Quite often, people say they do not really know why their spouse filed for divorce.

Helen Fisher, an anthropologist, has found that divorce worldwide occurs most common in the fourth year of marriage or between ages 25 and 29. She speculates that 4 years have been needed in human history to attract a mate, establish a home, produce a child, and raise it until it was weaned. Humans may have survived a few million years by changing partners with each new child or every 4 or 5 years. She suggests it could be our genetic inheritance.

More than a million people a year get a divorce. Who divorces? What is the divorce rate? Divorce is most common among couples who have been married only two or three

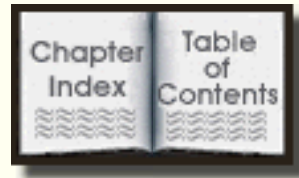
years. 40% of men and 50% of women getting a divorce are less than 30 (this will change as we marry later). Between 10% and 15% of people aged 35 to 55 are currently divorced. About 20% of marriages last less than 5 years, 33% last less than 10 years, and 40% last less than 15 years. For three decades the most common estimate has been that one out of every two marriages will end in divorce. The US divorce rate, highest by far in the world, was thought by some to have stopped rising in the 1980's but that was misinformation. Recent estimates are that 65% to 70% of all new marriages will fail. There are many complex factors involved in divorce. Examples: about 60% of teenage marriages last less than 5 years. Being pregnant when married increases the chances of divorce. Children of divorced parents are more divorce-prone.

Besides those who get a divorce, 80% of those who nevertheless stay married have *considered divorce* sometime during their marriage. So, if we are realistic, most of us can expect to have serious trouble sometime in our marriages. Remember also that many marriages that last are pretty unhappy or an "empty shell." Yet, marital troubles do not deter us from trying again, 80% of all divorced people get remarried, usually 3 or 4 years after their divorce. Thus, about one-third of all married people today have been married before. The risk of divorce is even slightly greater in the second marriage; about 50-60% of remarriages end in divorce (Goetting, 1982). For unknown reasons, third marriages seem to do better. Maybe we get wiser, older, or tired of playing musical chairs.

Most are not prepared for marriage

In our culture, we have very unrealistic ideas about marriage. We may falsely believe that marriage will bring us great joy (true) all the time (not true). After a few years, marriage gives big thrills only rarely. If your marriage is a good one, it gives mostly comfort, closeness, satisfaction with our lives, fun with the kids, and deep gratitude in quiet moments for the companionship and life together. We falsely assume that marriage is maintenance-free, which is absolute non-sense. Marriage takes attention, effort, and knowledge. We are not given an instruction manual nor the tools for maintenance and repair of loving relationships. When "things go wrong," we don't know what is wrong or what to say or who to talk to or how to change our or our partner's feelings or behavior. Given our impossible expectations of marriage and the fact that we were never encouraged to face our naivete and ignorance about it, is it any wonder that we walk away when the marriage starts to break down and our anger flares?

To the inexperienced and uninformed (that's most of us), it seems so much easier and even exciting to fantasize about finding "the right person" for you--someone who will truly appreciate you just as you are. Besides, we don't love each other any more! Clearly, it is my partner who has a serious problem. How could I possibly fix him/her, he/she is so messed up and I'm no shrink! I want a divorce! It is so difficult to see the problems that will occur in the next marriage, but they are inevitable.



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COPING WITH DIVORCE

The pain of divorce

When the love we had hoped and expected would last forever fails, our world falls apart. Unless you have already found another lover, divorce is a very painful experience. The hardest divorces are when you are being rejected by your partner, you thought the marriage was okay, and your parents and friends disapprove of the divorce (Thompson & Spanier, 1983). Very few divorcees end up having a wonderful, creative growth experience with lots of sex, although that is a common fantasy. We lose our most important relationship (or had lost it years before). It can crush us with depression (see chapter 6 for the stages of divorce). It can flood us with anger. It can overwhelm us with scary changes and decisions, new responsibilities, economic hardships, questions about "What do I want to do?" and on and on. The "leaver" or rejector is sometimes less stressed than the "leavee" but that isn't always true. Baumeister & Wotman (1992) say many rejectors are profoundly guilty, in turmoil, and feel helpless or embarrassed. The "leavee" isn't guilty but is hurt and shamed by failure and abandonment. The marital conflicts may have lasted for months or years before the divorce and then emotional distress often lasts for months afterwards. In fact, although people expect to feel better soon after the divorce, in some cases the worst time is about one year after the divorce. During the first year after separating, 73% of the women and 60% of the men think the divorce might have been a mistake (Hetherington, Cox and Cox, 1985). Yet, half of the men and two-thirds of the women said that overall they were "more content with life" five years after a divorce than they had been before.

Supposedly, time heals all wounds, but the pain of divorce lasts and lasts. Ten years later 40-50% of women and 30-40% of men remained very angry at the former spouse and felt rejected and exploited (Wallerstein, 1986). Females over 40 have an especially hard time. They have less chance of remarrying (28%), inadequate income (50%), and loneliness or clinical depression (50%). After 10 years, in only 10% of divorces was life better for *both* partners, in 27% of the cases both had a poorer quality of life, and 63% of the time one partner was better off but the other was unchanged or got worse. In the latter situation, the upbeat spouse is more likely to be the woman (55%), usually in her 20's or 30's. Some researchers have found that women more often report joy as they experience

independence and new competencies (Riessman, 1990). But for the majority of us, losing love inflicts deep and remarkably lasting wounds.

Divorced women, who get custody of the children, also suffer a 33% decline in their standard of living. Men are considered "better off" (except they frequently become responsible for another family). Only about 50% of divorced fathers pay child support regularly; 25% pay some and 25% pay little or nothing at all. Non-custodial parents (75% are men) are often depressed and anxious because they feel alienated from their children. Of the 18 million poor children in this country, over 50% live in a single-parent home caused by divorce. The emotional and financial neglect of children is appalling (see next section). This harsh reality underscores the necessity for each parent to be prepared by him/herself to financially care for the children.

Attempting to cope with divorce

Cox (1979) and others have described several **pitfalls** for recently broken-up or divorced people: (1) *Retreat* back into a lonely state of self-pity and depression. The pain is so great that serious thoughts of suicide may occur. If so, immediate professional help is necessary. For many the worst time is several months after the divorce. It is important to stay socially active and seek out friends. (2) *Rebound* back into another love situation too rapidly. An obsession with sex or with finding the perfect man/woman often interferes with making wise choices. (3) *Escaping through excess*, such as alcohol, drugs, sex, work, food, shopping, etc. (4) *Return* to the former spouse. This is tempting but usually foolish and unrealistic because it frequently doesn't work out, it just prolongs the pain. As mentioned above, within one year after the divorce, 73% of women and 60% of men wonder if they have made a mistake. It is usually better to get on with building a new life. (5) *Resentment* of the former spouse may rage for years. Furthermore, this seething anger can harm your children and their relationship with the ex, your physical and emotional health, and your interpersonal relations--you can be so unpleasant that others will avoid you. Divorce is an uncertain, gut-wrenching, destructive, lonely experience (not for everyone, of course).

If divorce is so awful, then why do we choose that alternative so often? We may not realize the problems we face alone or with a new partner. Besides, loud marital conflicts and/or the silence of a dead marriage are awful too. Many people have little hope of improving the relationship. It would be hard to chose to continue living with an unloving, hateful, uninterested partner for another 40 or 50 years. In our fantasy, as we saw above, it is so easy to find a new exciting infatuation, so easy to dream of a wonderful future with an ideal partner. But how many ideal partners are there?

Medved (1990) and Weiner-Davis (1992) oppose divorce, questioning the common notions supporting divorce, such as "we don't love each other any more," "we are

incompatible," "he/she had an affair," etc. I don't agree with them that divorce is "almost never worth it," but I'd urge everyone to consider several factors before giving up on marriage counseling and seeking a divorce. (1) Are you sure the awfulness of your marriage is not a product of your own thinking and attitudes? or a justification for your anger and urge to leave? If so, the same process is likely to reoccur in 4-7 years with another spouse. (2) Are you pretty sure you can and will select a better partner for you next time? Might you be attracted to a person with the same traits? Might you need new communication skills (with your old partner or a new one)? (3) What are the consequences to others, especially the children? See the next section. (4) Are you staying in the marriage because you are dependent (Horn, 1976) and afraid to change? Vedral (1993) contends that women usually wait far too long to "get rid of him." It is so hard to know ourselves, especially when we are in an emotional turmoil.

If divorce is being considered, I have five more recommendations:

1. Most of us by ourselves can not rationally handle the complex and emotional questions involved in divorce. Even friends are often supportive of whatever they think we want to hear. We need to be told things we don't want to hear. As I emphasized above, most people considering or going through divorce should *get counseling*.
2. There are **many helpful books about divorce**. A very rare (it is one of the first) study compared the effectiveness of four self-help books about coping with divorce or breaking up (Ogles, Lambert, and Craig, 1991). All four (Fisher, 1981; Kingma, 1987; Wanderer & Cabot, 1978; Stearns, 1984) appeared to be about equally helpful in reducing the misery of losing love, although no matched control group was available. Your expectations seem to determine how much help you get from the books, i.e. if you think "it won't do any good," it won't. *However, the books were second only to "friends" as a good source of help*. The better recent books encourage you to try for a healthy divorce which reduces the harm to the children (Ahrons, 1994; Benedek, 1995; Everett & Everett, 1994).

Although dealing with the pain and anger is important, there are many other issues to confront, e.g. *how to understand and cope with the divorce process* (Lubetkin & Oumano, 1991; Kingma, 1987; Wallerstein & Kelly, 1980; Wallerstein & Blakeslee, 1989; Vaughan, 1986; Rice & Rice, 1986; Kaslow & Schwartz, 1987; Gettleman & Markowitz, 1972; Weiss, 1975), *how to survive divorce* ("Surviving Divorce" tapes by John Bradshaw [1-800-733-2232]; Kranitz, 1987; Triere, 1993; Bloomfield, Colgrove & McWilliams, 1977; Friedman, 1982; Krantzler, 1973; McKay, Rogers, Blades, & Gosse, 1984; Women in Transition, 1975), and *how to rebuild a life after divorce* (Hayes, Anderson & Blau, 1993; Napolitane, 1978, 1993-see for support groups; Kahn, 1990; Gullo & Church, 1988; Krantzler, 1977; Golabuk, 1990; Fisher, 1981, 1992). More information and the location of support

groups can be gotten from Divorce Anonymous, 2600 Colorado Ave., Suite 270, Santa Monica, CA 90404 (phone: 213-315-6538). Books for helping children cope with divorce are in the next section.

3. If the divorce involves emotional conflicts over marital property or children, consider using mediation (Emery, 1994; Wiseman, 1990; Kranitz, 1987; Neumann, 1989; Johnson & Campbell, 1988, for highly revengeful couples; Blades, 1985; Everett, 1985) rather than lawyers in court. Margulies (1992) and Berry (1995) emphasize the legal-financial aspects of divorce as well as mediation. The procedure of "letting the lawyers fight it out" is often unfair, very traumatic, and results in increased, lasting hostility (Kressel, 1986). Besides, lawyers are costly and courts aren't always thorough. Most couples, who aren't crazy with rage, can *find a good mediator* and together work out a fair, considerate agreement (acceptable to any court) within five to eight hours, say for \$500 to \$1000 or considerably less than going through a nasty divorce. (Mediators are trained professionals, not your Aunt Alice. Your marriage counselor can help you find a mediator.)
4. *Children should have equal representation* in a divorce (in an ideal world). The children must be reassured that *they* aren't being divorced. They have a birthright to two parents, their time, love, and resources. The children will remain "sons" and "daughters" forever with the parents, even though the divorced parents will have no relationship with each other. The most vital decisions in a divorce are about how to continue and enrich each parent-child relationship, not who gets the house and pays the bills. Child custody is an enormous problem. Some of the children's stresses might be lessened if the children were equally cared for by both parents even though the parents are divorced (Galper, 1978). Yet, not all joint custody arrangements have worked out well. Recent data suggests that father custody or joint custody can benefit certain children, especially boys (Warshak, 1992). The decision must be based on what is best for the children, not on a parent's emotional needs. We need more study of these matters. Another point here is that during a divorce, the mother and father frequently get lots of attention and support from family and friends, but the children are often neglected. As a society, we must find ways to keep the parent-child relationships strong, in spite of the animosity between the parents. Thus far, we are doing a very poor job caring for our divorced children (see next section). But extensive efforts are being made in the 1990's by courts around the country to get divorcing parents to learn to cooperate effectively in providing two loving homes--Dad's house and Mom's house--to their children.
5. *Use self-help methods* to reduce your emotionality and irrationality. Try to relax (chapter 12) and reduce the sense of loss (chapter 6), stop your crazy-making and angry or self-critical thoughts (chapters 7 & 14), pore yourself into something--work, school, exercise, friends, helping others, etc. (chapter 4), build your

communication skills and self-esteem (chapters 13 and 14), work on being independent (chapter 8) and tough, vent your feelings openly--but not repeatedly--to a trusted friend (chapter 12), avoid subtly smearing or openly berating your "ex" in front of the children, recognize when you are "reliving" old hurts over and over which only magnifies the current stress (chapter 15), and start planning, after learning from your mistakes, how to slowly, carefully find a new and better partner. Remember each day in the former relationship had its own rewards; no relationship is guaranteed to last forever. Get support from friends, stay socially active. If possible, forgive your former lover and yourself (chapter 7). Get on with life.

The negative effects of divorce (abandonment, hostility, and over-burdening) on children

Divorce combines with other factors, such as never marrying, so that *70% of all children (94% of black children)* will experience living with a single-parent by the time they are 17. About 15 years ago, research (Wallerstein and Kelly, 1980) documented that going through a divorce can be very traumatic for children too. There are frequently (but not always) loud arguments and accusations, 25% of the time there is physical violence, and eventually one parent, usually the father, leaves home. The child may have to move away from friends and into a new school. About 75% of the children oppose their parents' divorce. To some children life before the divorce had not seemed so bad because both parents had concealed their fights and tried to maintain the appearance of a good relationship in front of the children.

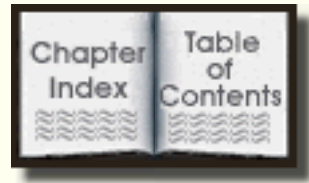
In general, many children, no matter what age, have an intense traumatic response to their parents' conflicts: they fear the fighting and worry about possible abandonment; they often *feel they are responsible* for the arguments and for one parent leaving home. What a terrible load for a child to carry. The children long for the missing parent. During and long after the divorce, the children, especially those going through a custody battle, suffer a variety of psychological problems--shock, denial, physical problems, anger, panic, depression, guilt and self-criticism, low self-esteem, and misbehavior. We hoped the children "could be protected," but half to 2/3rds suffer a long time. Two excellent recent reviews (Wallerstein, 1991; Amato & Keith, 1991) confirm the findings summarized below.

At the time of the divorce, boys aged 6 to 12 seem to have the hardest time; many become aggressive, rebellious with mother, needy of attention, and socially insecure. Boys have trouble in school and socially. It is not known why boys, at this time, have more difficulty than girls, perhaps because males are more belligerent and aggressive anyway. Perhaps because boys around 5 or 6 are struggling to identify with dad and pull away from mom. However, 90% of the time, custody is given to mothers and, after three years, *about 52% of all divorced fathers hardly see their children at all* (Francke, 1983). Divorced non-

custodial fathers, who maintain some contact, socialize but almost never teach or discipline the children. This is a critical time for boys to be abandoned by their role models! Nevertheless, boys' and girls' adjustment seems to get better two or three years later, depending on (1) how well they are getting along with the custodial parent and (2) how well that parent is adjusting (Pett, 1982). However, *even 5 years later*, one third still had a wide range of school and behavior problems and they weren't getting any better. Another third had some lingering problems. The remaining third seemed to be doing well.

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COPING WITH DIVORCE

Divorce may be harmful to children, but what are the alternatives?

Research has shown just as clearly that *serious open parental conflict within the home causes harm*, probably more harm than a divorce if it goes on and on. So, a loving single-parent home is probably better than two fighting parents, although children need close contact with **both** parents. It may be easier if the parents are separated, but it is also hard for bitterly angry people to work together to provide wise, coordinated post-divorce co-parenting. Consider this: the children are having the emotional reactions mentioned above; they are also probably critical of the divorce; they may hide their feelings but often show disapproval of mom and dad dating other people; they may feel guilty and "in the middle" of their parents' continuing battles, especially if one parent says he/she is "fighting for the benefit of the children" (implying the other parent is shortchanging the children). In short, children suffer either way, i.e. in a crippled marriage with parents fighting or in a divorce situation with parents still fighting at a distance. Because fighting is harmful in all situations, some researchers (e.g. Brehm, 1985) conclude that divorce should be decided "for the parents," not "for the children." I disagree. The children's interests and needs must be considered as much as the adults' preferences because they are **unfairly** harmed *more* than anyone else by the fighting. The kids didn't cause the divorce. Their emotional health is too important to be neglected. Since neither parent can quit the job of parenting, an important question is: Can the parents do a better job co-parenting married or divorced?

There is ample evidence that the traditional bitter divorce leading to the alienation of one parent is a potential disaster for the children. An important study has found that *if the divorced-and-removed-from-the-home parent (usually father) seldom visits (less than once a month), the effects on the child can be devastating--learning deficits, misbehavior, low self-esteem and depression (Wallerstein & Kelly, 1980)*. Therefore, I think the rights and desires of the children (along with society who "picks up the pieces") should have equal representation along with mom and dad in divorce hearings. Likewise, one might think the courts should insist that custody and child care responsibilities be shared by mom and dad, assuring the continued involvement of both. However, it is more complicated than that.

Children who have frequent contact with their divorced-but-still-fighting parents are at serious risk too. Indeed, the more contact they have and the more switches between mom and dad's home, *if they are still warring over custody and visitation*, the more behaviorally and emotionally disturbed the children become (Johnson, Kline, & Tschann, 1989). Thus, not only must both parents stay involved with the children, *they must co-parent without rancor*. **If the hostility of either parent is uncontrollable, psychotherapy is necessary immediately and until the anger subsides.** We can no longer consider bitter ex-spouses as benign; they are dangerous to their children. Yet, healed or calmed or silenced, they are necessary to their children. Society (courts) must serve the children, not just warring parents.

Not every child needs two *live-in* parents, but **almost every child needs a highly involved, loving mother and father, not just an every-other-weekend visit.** Both parents must discipline, be there in good times and bad, involve the child in decision-making and deep discussions, hold them when they hurt, etc., etc. Researchers (Hetherington, Cox & Cox, 1985) have found that girls without a father in the home, like boys, suffer *long-range* consequences; they tend to be negative towards their fathers. Such girls feel more uncomfortable with male adults and peers but act more sexually provocative and promiscuous than girls with fathers at home; therefore, they have more unwanted pregnancies. On the other hand, girls fought over in highly contested custody battles, tend to form close, dependent relationships with their fathers and become hostile towards their mothers. Being fought over doesn't seem to affect boys in the same way. Recent research findings have suggested that boys without fathers in the home tend to become "hypermasculine," i.e. more tough, more drug-using, more violent, more criminal.

Social analysts (Blankenhorn, 1995; Popenoe, 1996) contend that many of our major social problems, such as crime, violent gangs, alcohol and drug use, poverty, low achievement, and marital instability, are attributable to parents splitting and fathers deserting their children. 40% of all children today live in a home without a father. Fathers are not expendable. Involved and responsible fathers bring traits and attitudes to a family that appear to be very important to the child and society. Moreover, a parent who isn't involved sends a message to his/her child: "you aren't interesting or important!" That surely hurts the child's self-esteem. There is building public pressure for society to make divorce harder to get or, at least, to make it mandatory that both parents pay their fair share and stay involved as a parent. Finding solutions by passing laws, however, seems much more difficult than teaching young people to avoid pregnancy until they have found a partner who will make a commitment to any child until he/she is 18, including seeking counseling as soon as problems arise. Marriage can be temporary but parenting must be forever.

Important research has also documented that the consequences of divorce are much longer lasting for children than we originally thought ("Oh, they'll get over it in a couple of years"). *The long-term effects* include feeling the world is unsafe and unreliable, poorly

controlled anger, grief, and sexual problems. There are often heretofore unseen "sleeper" effects, affecting girls more than boys, perhaps, when they get into early adulthood. *Even 10 years or more after the divorce*, Wallerstein and Blakeslee (1989) estimated that *41% of the children of divorce in their study were still doing poorly* --underachieving, tense, insecure, self-critical, and/or angry. Thus, children of divorce may be so anxious about love relationships that they will find it hard to create a lasting family. Although no major problems may have occurred at the time of the parents' divorce, over ten years later, *66% of young women*, 19 to 23-years-old, became **afraid of intimacy** with a male, afraid of betrayal, and/or afraid of losing love. As adults, women suffered more negative effects from their parents' divorce than men did. For instance, the *divorce rate for children of divorce is 60% higher for women* than for women from intact families! For men it's 35% higher. This is serious.

Young men with divorced parents also feared their girlfriends wouldn't stay with them if they really got to know them. Moreover, *40% of males*, 19 to 23-years-old, ten years after a divorce, had set no life goals, were drifting in school, and generally **lacked self-direction**. This lack of enthusiasm for life is understandable in light of their family history: 30 to 50% of their parents were still bitter 10 years later, only 14% considered both their parents happily remarried, 60% felt rejected by one parent, and 80% had to deal with a step-parent. Science is just recognizing that certain problems in adult children of divorce take years to show up.

Another "sleeper" effect of divorce occurs in the *15% of children* who become the "caretaker" of a parent during and after the divorce. Some parents, overwhelmed by depression, bitterness, or mental illness, turn to their own child for support. The child tries to hold the parent together and becomes what Wallerstein and Blakeslee call an "**overburdened child**." Some eventually become angry because they are treated unfairly and neglected; some "never had a childhood;" some feel guilty and a failure. In any case, the burden of excessive caretaking often increases the child's problems.

One child out of every three has gone through a divorce. An astonishing study has found evidence that going through a divorce as a child may shorten your life by approximately four years (Friedman, et al., 1994). Another indication of the devastation following the break up of a family is the fact that 60% of all children getting psychological treatment are from a divorced family, and 80% of children in a mental hospital are. Divorce is serious business (especially in light of the fact the divorced parents often aren't any happier either). Stevenson and Black (1996) have recently summarized the short-term and long-term effects of divorce.

Most children can probably handle a divorce *if* both mom and dad continue being a close, supportive parent and *if* both parents put their animosity and differences aside without involving the children. It is important that the children get loving attention and support from both parents, whether they are divorced or not. It is best if the divorced

parents can even be fair and kind to each other. It is especially helpful if each partner can point out to his/her children that their other parent has many good traits. Remember, your children feel that half of them comes from your "ex," so badmouthing the "ex" is usually a threat to your child's self-esteem.

Helpful books for children of divorce

We are just beginning to learn the complex consequences of a long sequence of stressful events: marital problems, separation, divorce, single-parenting, loss of the non-custodial parent, and remarriage. It is knowledge we need to help the innocent victims of divorce--the children--adjust to major losses. Because bitter divorces and, essentially, abandonment of the child by a parent are so harmful, many divorce courts require parents to take a parenting class. I think it is a good idea. Both parents are urged to maintain close, meaningful contact with the child (not just going to a show and McDonalds on Saturday afternoon); ideally, both parents should provide extended and coordinated child care, i.e. total parenting. The parents must learn to be civil to each other; they should encourage the children to love and be with the other parent. All this means that divorced parents can't just avoid each other. They must talk, plan, decide, and work together for the good of their children, just like one does with a good babysitter. Society should expect nothing less from every parent, divorced or not. If you can't control your emotions (by separating your marital conflicts from your parenting role) to the degree necessary to co-parent your children with your ex, get therapy--you have serious emotional problems.

Mental health professionals recommend for 10-year-olds or older, *The Boys and Girls Book about Divorce* (Gardner, 1983), for younger children, *Dinosaurs Divorce: A Guide for Changing Families* (Brown & Brown, 1986), for older children and adolescents, *How it Feels When Parents Divorce* (Krementz, 1984). For kids 4 to 9 missing their dad, try Weninger (1992). For children 5 to 12 upset by divorce, try Blakeslee, Fassler & Lash (1993). Also, it is recommended that divorcing parents try to help their children avoid the school, behavioral, social, and emotional problems that tend to follow a divorce; a good source of this advice is by a respected psychologist, Neil Kalter (1989), in his book, *Growing Up with Divorce* (Santrock, Minnett & Campbell, 1994). In the mid-1990's there are several new books (for parents) dealing with this current "hot topic," such as Ahrons (1994) and Benedek (1995). I recommend both. Other helpful books include Banks (1990b), Francke (1983), Gardner (1971, 1977, 1991, 1992), Teyber (1991) and Jewett (1982). Adult children of divorce with problems should see Beal and Hochman (1991). A catalog of books and material for children in many troublesome situations is available from 1-215-277-4177. Two therapists have written a book for protecting the interests of children undergoing nasty divorces (Garrity & Baris, 1994); it is for therapists and judges and bitter ex's.

To keep things in perspective, we have to realize that many children, say a third or so,

within a few months are able to cope with divorce very well. Therefore, divorcing parents should take heart and realize that if they learn about the children's problems and develop their own skills and self-control, they can help their children through this crisis without serious harm. Some children (maybe 10%) are much relieved when their parents get divorced, a few are delighted and thrive.

Remarriage

About 75% of divorced women and 85% of divorced men get remarried. Half are remarried within three years (some got a "head start"). As a result, only 4 out of 10 adults in America are married to their first spouse. The remaining 6 out of 10 are remarried, cohabiting, or single. Second marriages have an even higher divorce rate--perhaps 60%. Of course, *none* of these peoples' first marriages lasted, so it isn't surprising that 88% say (while still in their second marriage) that it is better than their first one (Albrecht, 1979). As we will see, second (and later) marriages are much stronger, happier, more beneficial, and richer than the myths about step-parents imply. Step-families usually (70%) have a step-father, 20% of the time a step-mother, and only 10% of the time do both parents bring children into a blended family.

People remarry for the same complex reasons they marry. It is our second chance for happiness. We have more life experience and tend to select better partners the second time. Yet, less than half of remarrieds make it through the early years and find lasting happiness there; they may need a third or a fourth marriage which seem to work out better. Many second marriages are highly stressful during the first couple of years in which parents' love has to be shared and new relationships are being worked out: the new spouse's family of origin, the step-children and step-parents, the step-siblings, etc. Moreover, financial problems are common, especially if there are step-children and/or biological children with a former spouse to support. Remarriage may also involve relocating and dealing with one or two troublesome ex-spouses. Equally important, it may involve losing contact with your own children and intense, bewildering animosity from your new step-children, particularly if the step-parent attempts to discipline.

Some research shows that early in the second marriage *step-children are two times more likely to have school problems and four times more likely to have psychological problems* than children living with both biological parents. Children living with a step-parent even have more problems with conduct and adjustment than children living with a single parent. But, are the problems of step-children the result of divorce or remarriage or both? We don't know for sure yet; however, new research suggests that *bitter divorces and continued fighting between biological parents cause more problems* for the children than step-parents do. In any case, the leftover problems from the old marriage plus the integration of additional people into the new "family" put blended marriage to a severe test (Levine, 1990; Goetting, 1982).

Psychology Today (May, 1994) summarized the information we have about step-families. They find hopeful signs for the one in three children with a step-parent (by 2000 there will be *more* children with a step-parent than there are children living with both biological parents), for example:

- Once the blended family has adjusted to new members and roles, it is more satisfying, more supportive, more complex, and a better learning-to-cope environment than traditional families. Therefore, don't strive for a totally happy family immediately. These complex emotional adjustments take three to five years involving lots of family discussions about how to accommodate each other.
- After the first five years, step-families are more likely to last than first marriages. People can find the love and care they need there; the children see happy, loving parents.
- 80% of the children raised in a step-family are well adjusted; they are tough, flexible, sensitive to and willing to accommodate other's emotional needs, and prepared to face the external world. It is parental conflict that causes problems for the remaining 20% of kids, not divorce or remarriage. The ongoing fighting and/or the loss of contact with one biological parent are the major sources of problems. The *biological* parents must continue to cooperate closely with each other (in a civil, uncritical manner) in the parenting of *their* children. The custodial parent can't just take over all the child care and discipline (and neither should the step-parent try to do this). In particular, *the step-parent must, for several years, stay out of discipline* and thoroughly support the continued parenting by *both* biological parents of the child; the child needs one-on-one time with both parents. Divided loyalty between warring parents (who are sharing their love with newcomers) is usually hell for children.

Some therapists have suggested that girls, especially adolescent daughters, have more problems being a step-child than boys do. Often girls have played a central role in running the household before the addition of a new step-parent; the addition of another adult into the family creates role and status conflicts and confusion. When mother acquires a new husband, who often gets a lot of attention, the daughter may resent the intruder and have a lot of conflicts with the mother for at least a couple of years. If the new male will play basketball with the son, things may be okay. When father brings home a new lover, this too may be a more stressful situation for a daughter than for a son. Any open display of affection and hints of sexuality between a parent and step-parent seems to create more discomfort for daughters than sons. A boy may, of course, have a difficult time at first with a step-parent, but he soon settles in and has no more aggression problems than boys in intact families. The family dynamics can become very complex and may require therapy. Certainly, parents and step-parents should be ever watchful for difficulties and quick to

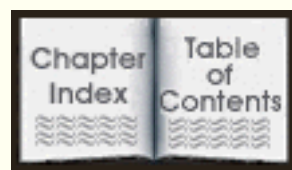
address problems in "family conferences."

Because it is such a common and difficult problem, more and more is being written about remarrying and step-parenting. The Vishers (Visher & Visher, 1982), founders of the Stepfamily Association of America, have written a guide to step-parenting primarily for counselors but self-helpers could profit from it. Other texts recommended by professional counselors (Santrock, Minnett & Campbell, 1994) are about the **general** pitfalls in second marriages (Janda & MacCormack, 1991; Einstein & Albert, 1986). Good general discussions of step-parenting are in Booth & Dunn (1994), Newman (1994), Dinkmeyer, McKay & McKay (1988), Martin & Martin (1985), Krantzler (1977), and Nobel & Nobel (1977). Specifically, **blended families** are the focus in Bernstein (1990) and Eckler (1988), **step-mothering** in Prilik (1988) and Clubb (1991), and **step-fathering** in Rosin (1987). A couple of books are **for children** in a step-family (Blakeslee, Fassler & Lash, 1993; Fassler, Lash, & Ives, 1989; Evans, 1988). I suggest you contact the Stepfamily Association of America (1-800-735-0329) for support group information and many books on all phases of divorce and remarriage.

Living together is not easy under any circumstances, but being a step-parent and/or having a blended family are special challenges. Yet, it can be a very gratifying and enriching experience. Many step-parents and step-children are loved deeply and relate warmly. The alternative--living alone--is not easy either. It's about a tie, i.e. people who remarry are no happier (nor less) than those who do not remarry (Spanier & Fustenberg, 1982). We can find lots of ways to be happy.

[← Back a page](#)

[Forward a page →](#)



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SEX...AND CULTURAL TABOOS

Sex is an important part of life. It gives us physical pleasure *and* babies. It sometimes expresses love beautifully. Sex leading to children is the only way for the species to survive and for most of us to achieve a form of immortality--of living beyond our death. Although simple, fun, and necessary, sex is restricted by a complex set of morals, social customs, and taboos. Any drive that is so strong and valued, yet so controlled and prohibited, is going to generate stressful, ambivalent, confusing feelings.

Part of the confusion about sex comes from the church. It may surprise you, but for centuries until the 1800's, the church fathers thought and taught that *women were over-sexed* and had poor impulse control, i.e. were easily seduced and prone to act out (wow, is that projection or what?). As women gained more power in the church, an implicit agreement evolved: women would be viewed more favorably by the church *if* women would deny their sexual interests and become the moral caretakers of the flock (Baumeister, 1991). That is still our "understanding" of gender roles today, but we must remember that women in our Western culture were seen as very sexual (and inferior) creatures only 150 years ago. It was men's fantasies about women having sex with Satan that lead to witch hunts (in the 17th and 18th centuries 500, 000 women were burned at the stake, not just a few). We are still sorting out sexual myth from reality. For example, to what degree are current women's sexual "gatekeeping" and insisting on love before sex a reaction to centuries of life-threatening sexual accusations by religious males? Or, are women's sexual inhibitions based on practical interpersonal politics (males say "why buy the cow if you are already getting the milk")? Or, have women learned and/or evolved over eons to be more interested in love, intimacy, and security than in carnal sex?

Acceptance of our sexual feelings

We are sexual beings; there is no escaping it. Infant boys get erections. Little boys and girls like to rub themselves "down there." One of the great mysteries for most of us as a small child is "How are babies made?" Another is "What do girls/boys look like?" There are good books to read to little folks and books for maturing teenagers (Madaras, 1988a, 1988b).

If you ask a college class to anonymously write down a secret, something they are ashamed of, the response is frequently about sex. Things like, "I had an abortion," "I masturbate," "I went out with a married man/woman," "I had sex with someone I didn't love," "I had oral sex with my boyfriend," "I'm attracted to my own sex," "I've had sex with a black," "I'm attracted to large penises/breasts" and so on. For a culture that thinks of itself as sexually liberal, we have a lot of hang-ups, a lot of guilt.

On the other hand, since 1960 there has been an explosion of sexual activity, some of it foolishly impulsive and inconsiderate of one's partner. Many teenagers get pregnant (see later discussion). In fact, some studies find that 60% to 90% do not use a contraceptive during intercourse the first time. Other reports say 2/3's of teens use contraceptives the first time but only 17% use condoms all the time. Many college women forget to take their pill 3 or 4 times a month. In any case, more than one-third of all sexually active teenaged women become pregnant before they are nineteen (Maier, 1984). In the late 1980's, college students were becoming more sexually active but using contraceptives less. This helps explain the large number of abortions in this country. It seems as though guilt and personal shame about sex doesn't prevent intercourse but does prevent the advanced planning necessary for the prevention of pregnancy. Also, our general emotional discomfort with sex may reduce the use of condoms and increase AIDS and other sexually transmitted diseases.



The sex taboo is the notion that sex and love are so important that we must pretend that they are unimportant and so emotionally loaded that they are dangerous to think about.

-James Weinrich (1987)



Teaching that sex is taboo

In our society, sex is taboo from birth to the mid-teens--don't play with yourself, don't use "dirty" (sexual) words, don't read "filthy" (sexual) books or see R-rated movies, don't have sex until you are older and in love. But when you decide to have sex, you are supposed to immediately function perfectly, i.e. the virginal male is supposed to instantly be a wonderful, considerate lover and the virginal female immediately aware of what to do and how to be orgasmic. What foolish expectations (under those conditions). Everyone knows it can't work that way if young people aren't taught about sex *or* are taught that sex is bad. Yet, starting with infants, hands are removed from the genitalia. At age 4 or 5 we are still being told not to touch ourselves "down there." Weinrich (1987) gives a delightful example of this prolonged early sex training:

1. Mother sees her 4-year-old rubbing his penis through his pants and asks, "What are you doing?" (She *knows* what he is doing! But, yet, she asks.)

2. The boy replies, "Nothing." (He *knows* what he was doing! But even at four, he knows to deny his actions.)
3. Mother totally ignores his lie and denial, saying, "Well, stop it!"
4. The boy indirectly admits the truth by responding, "Okay" and, with little apparent reaction, goes back to his play.

This interaction might occur in any home but notice the lack of frank, overt, explicit communication here. The boy has already learned and is over-learning that rubbing his penis in front of mom is so awful, at least in mom's eyes, that it is unspeakable. They totally avoid discussing why he is touching his penis or how good it feels. Mom doesn't admit she has done it privately. Mother doesn't make it clear that other people--including her--might be upset by his openly pleasuring himself in front of them and, thus, he shouldn't do it publicly, but it is fine to do it alone. Instead, this little 4-year-old boy is forced to figure out on his own these subtle, confused or mixed messages from mom (or dad). Actually, even though he stops rubbing himself, we can't be sure what his interpretation of the interaction really will be. Perhaps he will think: rubbing my penis is a bad thing to do. Or he may say to himself: it's okay, if I don't let anyone see me. Or, perhaps: mom (and other women) thinks my penis is disgusting. Or, maybe: I'm bad and do nasty, weird things that other boys don't do. Taboos and silence create secrets--sometimes delightful secrets, sometimes disturbing secrets. A little honest talk would be helpful.

Masturbation

It is easy to see how silence becomes a powerful but unguided form of "sex education." Consider how we deal with little girls. They have a vagina and a clitoris, both of which produce feelings. Yet, many women are never told anything about their vagina--not its location, not its functions, and not how it feels--until blood starts coming out of "their bottom." We parents are even more secretive about the clitoris. Since its only purpose is to feel good, we seem to be especially careful to say nothing. Are we afraid? ashamed? unsure of what to say? But by saying nothing, we only add confusion and fears to their wondering about where babies come from, what do other people look like, how do people make babies, is it all right to touch myself and tingle "down there" where my pee comes from, etc. Thank goodness for the explicit children's books about sex (Madaras, 1988a, 1988b).

If the young person going through puberty has never been told "it's okay or even healthy to masturbate," the implication is that such acts are too naughty for mom or dad to talk about. Indeed, many people still think masturbation is bad. For centuries the Catholic church has condemned masturbation as sinful; this church still calls it a "seriously disordered act" (sounds like a mental illness!). Twenty years ago about 50% of Americans actually said "masturbation is always wrong" (Levitt & Klassen, 1973). That's amazing! But that percentage may not have changed much. Surgeon-General Joyce Elders was fired, in part,

because she advocated including information about masturbation in sex education courses. We must remember that only 60 years ago our society still believed the medical "science" of the mid-1800's, namely, that masturbation caused insanity, mental retardation, apathy, fatigue, poor memory, blindness, headaches, etc. No kidding! This negative attitude towards a wonderful aspect of the human body is a major problem. An innocent, harmless act which relieves sexual tension, helps control sexual impulses, increases sexual self-confidence, and provides great pleasure somehow becomes seen as negative or bad by 57% of female adolescents and 45% of male adolescents (Masters, Johnson & Kolodny, 1985). We are doing something wrong.



Don't knock masturbation. It's having sex with someone I deeply love.

-Woody Allen



A *Playboy* (1976) survey showed that 75% of college males masturbate at least once a month (in addition to 72% having intercourse), 80% say they like to masturbate, and only 10% say they refrain altogether. Other surveys show the average 16-year-old male masturbates about *three times a week*. College females are less enthusiastic about it, about 54% have masturbated sometime and liked it, 13% have tried it and didn't like it, 8% haven't but would try it, and 25% have never masturbated and don't want to. More recent surveys found about the same results, namely, 60% to 80% of females have masturbated at least once sometime in their lives. Masters, Johnson & Kolodny (1985, p. 366) say men masturbate about twice (other researchers say three times) as often as women both before and after marriage (about 70% of husbands and wives masturbate some). Masturbation and intercourse do not necessarily replace each other.

People who enjoy masturbating are more likely to have climaxes later in life (Kinsey, et al., 1953) while making love. Men usually ejaculate easily but women frequently have trouble climaxing. One reason for this is that men masturbate by grasping and stroking the penis with one hand. This is similar to the movements and sensations during intercourse, so for men masturbation is good training for intercourse. Women often masturbate in ways that are unlike intercourse: light strokes on or near the clitoris (48%), vibrator on or near clitoris (26%), squeezing the legs together (4%), running water on the genitals (4%), stroking the breasts, having sexual fantasies, and so on (Masters, Johnson & Kolodny, 1985). (They rarely masturbate in ways similar to intercourse, i.e. inserting something in and out the vagina.) If one learns to have a climax in only one way and if that way is incompatible with intercourse, e.g. by squeezing the legs together, it may be difficult to achieve an orgasm when having intercourse with a partner. Thus, many women have to deal with two problems: (1) having little or no past experience with climaxing via masturbation and/or (2) having masturbatory experience that doesn't transfer well to intercourse. Women need to research these matters. It seems like it would be best for women to learn to enjoy masturbating by

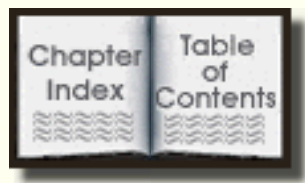
stimulating the clitoris in several ways (unless their religious or moral beliefs prohibit it).

There is another aspect of masturbation worth noting. If you marry a 22-year-old person, who has been a moderately active masturbator, even though he/she may be a virgin, he/she has already probably had over 1500 orgasms, each probably with an imaginary sexual partner. That is quite a sex life (for a "virgin") already. My point is: this sexual experience may be good--it may reflect a healthy drive and a positive attitude towards sex. Contrast this "history" with an inexperienced person who doesn't like to masturbate at all or with another person who masturbates two or three times a day fantasizing only about prostitutes. Which of these three "histories" sounds healthiest to you? It is amazing that researchers and we as a society know very little about the implications of our past masturbatory-fantasy sex life for love-making with our marriage partner. This ignorance is another result of our avoidance of sex, of our moral inhibitions--our sexual taboos.

A *Forum* (1973) advisor claimed that 90% of non-orgasmic women did not masturbate regularly when younger. For this reason and others (e.g. fun, healthy, normal, creates a more positive attitude towards sex in general), several highly respected authors have prescribed masturbation and even given detailed how-to instructions (Barbach, 1975; Comfort, 1972; Dodson, 1974, 1987; Heiman, Lo Piccolo, & Lo Piccolo, 1976, 1988; Seaman, 1972; Ellis, 1974; Smith, Ayres & Rubinstein, 1973).

[← Back a page](#)

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SEX...AND CULTURAL TABOOS

Turn ons for men and women

There are other differences between males and females in addition to attitudes about masturbation. Even though girls mature earlier, boys think about sex more, enjoy X-rated movies more, and start having sex earlier. Men "turn on" to almost any nice body; women "turn on" to charming, successful men in romantic situations. That's an overgeneralization, but, in general, most single men would welcome sex without love, while women want love and commitment first before having sex. Women more often than men feel sex without love is vulgar and animalistic. Men say (50%) they would use the services of a prostitute if it were legalized; only a few women (5%) say they would use such services (Easter, 1975). The centerfold of *Playboy* is much more popular to men than the centerfold of *Playgirl* is to women (*Psychology Today*, 1976). After reading an erotic story, women report avoiding men, while men report seeking out women (Byrne, 1976).

Males in our culture are titillated by women's bodies. By nature or by social conditioning males come to crave sexy body parts (of course, in the right circumstances, women like this attention). Idealized female body parts become erotically tantalizing even as objects, even as pictures on a page or on a TV screen. Objects become sexually arousing, e.g. pages in *Playboy* produce erections. And, in turn, actual, live, whole women are responded to by men as if they were only erotic objects, not complete physical, mental, and spiritual beings. Women have and control these precious sexual objects (breasts, butt, vagina, etc.) that men want; thus, men may feel vulnerably dependent on women for sexual favors and fearful of the power women have over them. Brooks (1995) says this woman-as-sex-object situation poses serious interpersonal problems between men and women, especially because men idolize perfect female body parts to such an extent that it interferes with emotional intimacy between men and women. He recommends ways for men to, first, recognize and stop this "turning women into objects" and, second, learn how to establish deeply intimate relations with a woman. As a culture, we need to deal more effectively with men's depersonalization of women, called "**the centerfold syndrome**" by Brooks.

This lusting for women's body parts by men causes many problems for both men and

women: (1) men feel compelled to look at women but see them as only highly erotic sexual parts, not real whole persons. (2) Men believe they must "turn on" women in order to feel like "a man;" thus, women wield enormous power over men. (3) Likewise, men feel that attracting beautiful women, as if they were great trophies, proves their sexual powers and personal worth. (4) Once men are trained to crave sexual gratification and, at the same time, taught to avoid softness, emotionality, and intimacy, men may sexualize their relationships as a way of avoiding the dangers of a deeper involvement, such as emotional domination by women, commitment to women, and love. Recognizing and rejecting the "centerfold syndrome" is necessary before we, as men, can mature, like ourselves, become a compassionate caretaker, and become close friends with women. Brooks (1995) says men can consciously suppress their voyeurism and sexual thoughts (as they do towards a daughter), learn to love women for their abilities and personal traits, and enjoy the nurturing of others as much as women do. But as long as males are exclusively obsessed with the sexual build of any attractive woman that comes along, we have a serious social problem.

Some think men are by nature more sexual or "hornier" than women. Probably not true (remember, not long ago, the church thought women were over-sexed). Indeed, Masters, Johnson & Kolodny (1985) found the sex response--orgasm--is very similar in men and women. Women can climax as fast as men; they can have more orgasms. College males and females are about equally (75%) active sexually (*Playboy*, 1976); college communities don't need prostitutes any more. The same percent of first year college men and women (80%) have had their genitals stimulated by a partner; 40% of women and 50% of men have climaxed this way (Kolodny, 1980). When viewing erotic films women actually became just as sexually aroused physically as men. Yet, when asked, many of these women denied (or were unaware of) their sexual responses (Heiman, et al., 1976). Women tend to underestimate their own sexual arousal while overestimating males' sexual arousal (Byrne, 1976). It appears that the social-sexual indoctrinations given women--the sexual taboos--take time to wear off. As a woman gets more sexual experience, she responds more freely to sexual stimuli. That may be why males hit their sexual peaks early (late teens) while women peak much later. More and more women are escaping this oppression of sexual sensitivity and are learning to "turn on" easily (like men do). Unfortunately, a few women conclude that they are abnormal--"nymphos." That is seldom the case; they are just healthy and uninhibited. (Nymphomania is when a high sex drive is combined with emotional and interpersonal problems producing inappropriate or self-destructive sexual behavior resulting in repeated rejection, unwanted pregnancy, sexual disease, social censure, and other difficulties.)

The sexual information one needs is available--how to avoid pregnancy, how to overcome disgust towards sexual body parts, how to make your own decisions, how to be a good lover, how to have an orgasm and so on. One has to learn these things mostly on one's own, not from parents, teachers, friends, priests, or doctors. Where is accurate information available? In books mainly.

Men have historically had more sexual freedom than women. But women are rapidly gaining freedom both in society's acceptance and in their own minds. By age 13, about 20% of girls have let a guy touch their breasts. By age 15, about 50% of girls have had intercourse (in 1960 it was 10%). One reason may be our entertainment; only 15% of sexual acts on prime-time TV in 1984 were between married partners (*Harper's Magazine*, Feb., 1985). Also, women now have more sexual opportunities when working. Reportedly, over half of all *single* professional women had an affair with a co-worker or a client during the last year.

A serious worry many people have is: if we--men and women--overcome our sexual inhibitions, will we go wild? Parents and religions have worried about this forever. If we get comfortable with sex, i.e. able to openly discuss it, approach and touch others, initiate sex, masturbate ourselves and our lover freely, enjoy mouth-genital and many other activities, and so on, will we become more promiscuous or unfaithful to our lover? Maybe but I don't think so. In the grand scheme of things, sex outside a love relationship isn't very important. Our sexual drive doesn't overpower us. Many people have had a wild sex life and then became totally faithful to a spouse or lover. Besides, in fantasy, a wild sex life may sound very exciting, but research shows that faithful married couples have the most emotionally and physically satisfying sex (Laumann, Gagnon, Michael & Michaels, 1994). Most of us aren't faithful because our inhibitions prohibit sex with someone else other than our partner. We are faithful because it is the considerate, satisfying thing to do. However, in a totally sexually free society, where a spouse wouldn't mind if his/her partner had sex with someone else (presumably sex would no longer mean "I love you"), we don't honestly know what the marital or societal consequences would be. Separating sex from love and intimacy, as in the centerfold syndrome, may be impossible for many of us. Such a separation may also diminish the meaning of both sex and love, a high price to pay. At least, in the current culture in contrast with the 1960's, a free love movement seems unlikely soon. Considering the difficulties we are having staying married already, I suspect most marriages would not withstand the temptations of free love. Time may tell. In the meantime, each of us has to make our own decisions. In a later section of this chapter, we will consider the pros and cons for different sexual alternatives.

Acceptance of one's body

Although a majority of our young people have accepted premarital sex, we still have difficulty accepting the sexual parts of our body. Partly because these parts are associated the "going to the bathroom," our penises and vulvas are considered "dirty." As we have discussed, when young, we are scolded for touching or showing our sexual parts. We don't talk about these parts, not even if we are worried that they are abnormal (e.g. if our penis seems too short or if one breast is smaller than the other) or not working properly. We see pictures of super-sexy women and men that we know we can never match; we feel

inadequate and wish we were different. We all learn "dirty" words for our sexual parts and acts that we can never use publicly. We hear hostile, disdainful, crude expressions, such as "screw you" or "f___ you!" We insult people by using "dirty words," such as "dick head," "prick," "cunt," "asshole," etc. Besides, women have "the curse." Is it any wonder that we think our sexual parts are dirty?

One of the first things we are taught is "Where is your nose?", "What is this (ear)?", etc. but even as adults we still don't know where our clitoris is or if the head of the penis is supposed to be connected underneath to the shaft or if one testicle is supposed to be lower than the other. Besides ignorance, we are filled with misconceptions: one shouldn't have sex during menstruation, that a large clitoris means one is over-sexed, that men can have more climaxes than women, etc. Why are we so uninformed? Taboos, even about physiology.

Our body image has been studied (Cash, Winstead & Janda, 1986) yielding several interesting findings. Even though the exercise craze may have helped some of us become fitter, we are, at the same time, as a society becoming more dissatisfied with our appearance. About 35% of American men and women don't like their looks, so much so that 45% of these unhappy women and 30% of these dissatisfied men would consider cosmetic surgery. Only 50% of those who see themselves as overweight liked how they looked. Young people are getting more and more "out of shape." From 25% to 50% of the people who feel negative about their appearance, fitness, health, or sexuality also judge their psychological health to be poor (depression, loneliness, feeling worthless). Surely, feeling unattractive, e.g. flabby, would interfere with the free and full enjoyment of sex (women reportedly more so than men).

If one is not attractive, the choice is to change it or accept it. Some things can usually be changed: thinness, fatness, poor complexion, make up, and hair. Many things can not be changed: facial features, height, and many specific features, like narrow shoulders, fat deposits, flat butt, bust and penis size, etc. Surgery can, of course, change some of these parts but there may be serious contraindications to surgery besides cost. For example, breasts can be made smaller or larger but the surgery frequently results in a loss of sensation in the breasts. That is a high price to pay.

One's body image remains long after the body has changed. The most common example is an attractive young person 18 to 25-years-old who thinks he/she is unattractive. Strikingly often such a person reports that as a teenager he/she was skinny or fat or pimply. To correct this, the person has to give up the idea that he/she is entirely unattractive, then an honest positive self-evaluation ("I have a nice figure", "I have a strong-looking, masculine body") has to be repeated over and over until it is believed. Reinforcement from others helps too.

Unfortunately, in our culture it is commonly believed that "bigger is better" in regard to breasts and penises. Masters, Johnson, & Kolodny (1985) say large breasts are no more sensitive than smaller breasts. Indeed, some sexologists claim that small-breasted women respond more to touch and enjoy it more. But, because some men are brainwashed and conditioned, large breasts are considered by some as especially desirable. Consequently, many women are dissatisfied with their breasts, even though size has little or nothing to do with experiencing sexual feelings or attractiveness over the years. While no research addresses this issue, so far as I know, I'll bet that a sexually enthusiastic, active, and highly responsive small breasted woman is far more exciting to most males (considered over a period of months) than a less responsive, big bosomed woman. It's what you do with what you've got that counts.

The same is true for men's penises. Most penises are about 6 inches long when erect (Purvis, 1992). Size doesn't make much difference, either in terms of appearance to most women (Fisher, Branscombe & Lemery, 1983) or in terms of sensation inside the vagina (Masters, Johnson & Kolodny, 1985). In fact, bisexual women frequently find sex just as good (often better) with a woman; thus, a penis is not necessary at all. A 4 or 5 inch penis would do just fine. Yet, many men are worried about being small. Some misjudge their own size (penises get more alike as they get erect). But, regardless of actual size, it is almost always an unnecessary concern. Sexually sophisticated people know that sexual know how and a loving nature are much more important than the size of the penis. Unlike men, few women have been brainwashed into believing that a big penis is fantastic. Men's emphasis should be shifted from the size of some sexual part to behaving in a loving, caring, tender way.

Acceptance of sex play

Almost all of us participated in some sex play as children. Only about 45% to 55% of us say we remember any sex play. Yet, mothers of 6 and 7-year-olds say 76% of their daughters and 83% of their sons engaged in sex play, more than half with siblings. But, only 13% of college students admit any sexual activity with siblings. So why do we forget these events? Maybe we feel guilty. Maybe we are very young. Maybe it isn't worth remembering. Sex play among playmates doesn't ordinarily hurt us. Harsh punishment or criticism--"You are a bad girl to do something dirty and disgusting like that"--can do harm. Distinguished from mutual experimentation, about 25% of the time it is not just sex "play" because force is used, and another 25% of the time one sibling or playmate is five years or more older than the other one (Finkelhors, 1981). These incidents become more like sexual abuse; they certainly can do harm but may not. Homosexual sex play is also common in children. It doesn't cause us to be homosexuals as adults but we are likely to feel unnecessarily guilty about it.

These taboos against masturbation, sex talk, and sex play may cause problems for adults. Examples: Most men, I predict, would like to have their penis fondled and aroused

every day (outside the usual setting and time for intercourse), but this is seldom done. Most women would appreciate more affectionate attention to their bodies (outside the setting for intercourse). Why are these behaviors lacking? After passing through the infatuation phase, when our hormones drive us to be highly sexual all the time, we gradually revert back to our early teachings of taboos and inhibitions (or we just "get used to" our partner's body). The inhibitions and taboos, both of the fondler and the fondlee, could surely be unlearned or overcome with a little practice.

Acceptance of sexual fantasies

For 75% of us, sexual fantasies are simply a pleasurable and exciting escape. Over half of all men think about sex once or more during the day, 20% of women do (Doskoch, 1995). Male college students have sexual thoughts over 7 times a day, college women over 4 times a day. Over half of these thoughts are externally triggered. About 85% of men and 70% of women fantasize when they masturbate. The most common fantasies are about ordinary intercourse with current or past lovers or with people we know, have met recently, or have seen on TV or film. Yet, our sexual fantasies are rarely revealed, not even to our closest friends. Perhaps this is because some fantasies suddenly appear that are shocking to the daydreamer, e.g. a religious person imagines having group sex or a straight person thinks of an exciting homosexual encounter. About 25% of us feel quite guilty about some of our sexual thoughts. A few people have no sexual fantasies, possibly because they consider the thought equivalent to the deed, e.g. thinking of having sex with a movie star could be the moral equivalent of premarital sex or adultery. Also, a few people think sexual fantasies indicate poor mental health or abnormal sexual desires. Rarely is that the case, although some persons with psychological problems have fantasies of punishment which disrupt their sexual acts or have repeated sadistic fantasies which they feel pushed to act out. For most of us, however, fantasies are beneficial--they increase our sex drive, make masturbation more exciting, boost our confidence, permit the impossible or impermissible (in fantasy a teenaged girl can touch the penis of a *Playgirl* center fold or a teenaged boy can seduce his friend's mother), release tensions, help us overcome sexual fears, and provide a rehearsal for a real encounter. Most of us do not consider the thought as morally equivalent to the deed (see discussion in chapter 6). People who fantasize more have more sex and more fun doing it. Professionals often consider having no fantasies as an unhealthy sign.

Masters, Johnson & Kolodny (1985, p.344) say having kinky sexual fantasies does *not* necessarily mean you want to actually engage in the same sexual acts (e.g. no one wants to be raped). Of course, some daydreams *are* about actions one would like to experience, some are not. The common sexual fantasies of men and women are quite similar, except women may imagine being in more romantic situations (and the personal-emotional aspects of the man) while men focus on body parts. Also, men are more prone to imagine themselves doing something to the woman (dominating), while women imagine being done to (submitting). It is common for men and women to imagine doing something

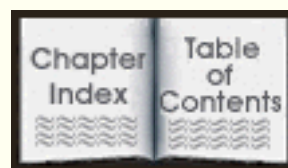
different from the ordinary: meeting an attractive stranger on a moonlit beach, being the star of a porno film, being a prostitute, having sex in the middle of the football field, watching animals having sex, etc. We like to imagine being desirable. We seek novelty. Especially during masturbation but also during intercourse, it is common to imagine having sex with someone else other than our real life partner: a previous lover, a neighbor, a teacher, a celebrity or star, etc. (This is the most common source of guilt and it may not be a good idea to disclose those fantasies.)

Of course, our fantasies are often unrealistic. Masters, Johnson & Kolodny (p. 348) tell an interesting story of a "groupie" who always fantasized about Mick Jagger while having sex with other musicians. Eventually she had a chance to go to bed with Mick Jagger himself. To her surprise she had to use her fantasy because he wasn't nearly as good as she had imagined. Two other kinds of "forbidden" fantasies are fairly frequent-- watching others have sex (perhaps a group orgy) and having sex with someone of the same sex. It comes as a surprise to some people that rape fantasies occur to about 24% of men and 36% of women (Knox, 1984, p. 283). Over 10% of women report that being forced to have sex is their favorite sexual fantasy (Doskoch, 1995). Remember, fantasies are *not* wishes! The rape fantasies of women may reflect a desire, not to be hurt, but to be attractive, to be passive, and to avoid the responsibility for the sexual act. For unclear reasons, a few men and women find it sexy to inflict pain or to experience it. Conquest and/or humiliation fantasies are also common, i.e. to control a subordinate, to force someone, to be forced, to be seduced to have sex. Power, denial of responsibility, and anger get all mixed up with sex in fantasy--and maybe in real life.

Casual, passing sexual thoughts hurt no one and probably are important in maintaining year after year a healthy, loving interest in sex play with our lover. If hurtful, inconsiderate, or violent thoughts become obsessions which could influence your behavior, that is potentially dangerous (seek treatment). But, having sexual fantasies (or dreams) you would never act out is not abnormal.

[← Back a page](#)

[Forward a page →](#)



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CHOOSING YOUR SEXUAL LIFE STYLE

Avoiding being "forced" by anyone

For 3,000 years, at least, sexual attitudes have shifted back and forth from permissive to restrictive. In spite of all this experience, debate, and moralizing, we still have very little scientific knowledge about the outcome--the results or the pros and cons--of different sexual attitudes and actions. Man would rather preach (pontificate) to others about how to live than to scientifically investigate the consequences of specific actions in real life.

Being pressured or persuaded

Many of us ruminate indecisively for months or years about whether or not to have sex. Others of us decide in a matter of seconds to have sex. Others are absolutely certain they shouldn't and won't have sex, and never entertain any other thoughts. In any case, the decision is not simple. We are influenced by many people: our parents, our lover, our friends, our religion, our teachers, our entertainment, our role models and so on. Our own thoughts and fantasies influence us. Friends are an especially powerful influence on us--and we tend to choose friends who support our sexual life style. When we are "different," peer pressure can be heavy. I have had college students come to me and say, "My problem is I'm 21-years-old and never had sex." One such student had sexually active room mates who cruelly called her "neurotic," "prude," and "frigid." Billy & Udry (1985) found that virgins in junior high school, whose best friends were sexually active, were 12 times more likely to have sex in the next two years than virgins whose best friends remained virgins. When deciding what to do sexually, it's important to listen to people with different views, talk with your potential sex partner, talk with a counselor, read some books, you don't have to decide today, take a couple of weeks and talk to friends with different views, and maybe even talk with an open-minded parent or relative. Deciding to have sex deserves careful thought... with whom, when, where, under what conditions are all important. These are your decisions, don't be pressured.

Make it clear what you want to do sexually; you have every right to make the decision

The person we currently have a crush on may have an especially powerful influence over us. The most common problem for women on dates is the male making unwanted sexual advances (Knox, 1984). Being "forced" or pressured into some unwanted sex activity is a serious problem. It isn't just a minor difference of opinion (75% of women want to delay petting until after the 4th or 5th date, while one-third of men want to pet on the first date), the fact is that *25% to 35% of college males admit "forcing themselves" on women*. Furthermore, *35% say they might **rape** a woman if they knew they wouldn't get caught*. Women should note this statistic carefully. Indeed, over 50% of college women have had experience with "offensive" dates, and 23% have been "forced" to have sex on a date or at a party (Masters, Johnson & Kolodny, 1985, pp. 467-472). If your lover respects your preferences and totally accepts that sex is a mutual decision, be grateful. If not, teach him or leave him.

Society has made women the gatekeepers to sexual activities. This decision-making process is especially hard for the woman if she is needy or scared and/or really likes or wants to please the guy. Males "go for it" and expect the female to stop them. Young women must learn how to stop the male; who teaches them? Women must also learn to avoid unsafe situations with men they don't really know; who teaches that? *Women must be free and know how to say "NO" very clearly*. This isn't easy. Males hear "not now" to mean "definitely yes (later)" and "don't do that" as "try some other approach" and "stop that" as "maybe, if you try something else." It isn't that all men who don't hear "no" are stupid or woman-hating rapists or doggedly determined to get what they want. A small part of the problem is that more than 1/3 of college women admit they have (*but only occasionally*) said "no" to sex when they really meant "yes" (Muehlenhard & Hollabaugh, 1988). What were their reasons for the token resistance? (1) To look like a nice girl and not "loose." (2) To convey a fear they have, e.g. "My parents might come home." (3) To underscore some hesitancy, e.g. "It's against my religion." (4) To psychologically manipulate the man, e.g. "I'm mad at you" or "I want you to beg." Here we have another consequence of sexual taboos: indirect, incomplete, or dishonest communication! Every woman must *know how to say what they want* and rehearse in advance communicating exactly what she really wants... yes to this point, no to anything beyond that, and no arguments!

Women *don't have to decide hours in advance* exactly what they want or how far they want to go (they may not know in advance), but they should avoid, if at all possible, being deceptive or manipulative. Pretended interest in sex (when you don't want it) is unfair, inappropriate, and even dangerous. Pretended or partial resistance to sex (when you really want to have intercourse) may encourage men to ignore all women's words. On the other hand, just because some woman may have said "no" while acting out "yes" is no excuse for men to press on. Males must keep in mind that only rarely do women say "no" when they mean "yes," so *men must always take the first, faint "no" to mean strictly, loudly, and definitely "no."* If she wants to change her mind, she'll have to let the male know in no uncertain terms. A man's job is not to see how far he can get. His job is to totally respect her wishes--being considerate is truly "making love." The woman's and the man's

responsibility is to guide or tell the partner clearly what he/she wants to do and doesn't want to do. When either one wants to stop that must be respected. That usually means that the female is fully in control (but it works the same way if the female is more pushy). Once told "don't do that," the male no longer needs to approach the breasts or the crotch repeatedly to see if the answer is still "no." Learning to explicitly relax the limits she has set will be something new for many women; after saying "no" she has to take the initiative.

When deciding your sexual life style, remember it is your life; you have every right to do only what you want to on a date; you must take the consequences of your actions; don't give in to pressure; make your preferences clear and insist they be respected. If you want your first sexual experience to be with a special person in a committed relationship and in a safe, comfortable and highly romantic situation (and who wouldn't?), then insist that it be that way... wait until those conditions exist in your life. If a "date" or "friend" continues to be too sexually aggressive after you have said "no" firmly, you should insist that he/she stop or you will leave. If a "friend" becomes physically aggressive, raise hell: scream, kick, hit, bite and run (Adams, Fay & Loreen-Martin, 1984). See chapter 7 for a discussion of the difficult task of handling a rapist and sexual abuse. The advice--don't be pushed into anything--goes for males too; 16% of college males report being psychologically pressured by a woman to have sex (Stuckman-Johnson, 1986).

Parents want to help but are confused

Today's parents want to talk to their teenagers about sex. But we parents are baffled by the situation and caught between Puritan prohibition of premarital sex and modern sexual liberalism. That's understandable; there is no one correct position. Should we parents say sex is bad or that sex can be fantastic? If we were to say sex is great, doesn't that encourage young people to have sex? If we emphasize the potential problems associated with having sex (pregnancy, hurtful rejection, AIDS and STD, reputation, etc.), doesn't that imply sex is all trouble and no pleasure? Since we aren't sure what to say to our teenaged sons and daughters (even Hugh Hefner didn't advocate free love to his daughter), we parents aren't saying much at all about sex to our children. We don't know if we should restrict our children or let them go free; we want to protect them either way. We don't know whether to say, "Don't do it" or "Use some protection."

Sex education classes (taught in only 35% of our high schools) offer mostly plumbing facts and almost no psychological-interpersonal reasons for and against sex in different circumstances. How can we persuade a 13 or 15-year-old to not have sex if we believe that sex is fine for college students *if* they are caring, responsible, in love, and use birth control? The argument "you're too young" may not be good enough. If we, as parents, avoid discussing with our 16-year-old son or daughter the possibility of having sex, there is little possibility of helping him/her consider the ramifications of unprotected sex and little chance to prepare to use contraceptives. Where else can a 16-year-old get sound, detailed advice about when, how, and with whom to have sex, except from Mom and Dad?

Telling them to wait until they're older might work up to 16 or 17, but not beyond that. Telling them "it's a sin," may be both ineffective and unwise. Telling them to wait until they are married (when many don't expect to get married until they are 30), just isn't "going to fly." Better "*get real* " and get *detailed* with them in the early teens.

A lonely decision in a supposedly intimate situation

Since deciding about sex is, supposedly, left up to the female, the young teenaged woman is burdened with an awesome responsibility. Without intimate discussions with her parents or a friend, she makes this decision alone. She has frequently lost touch with the traditional religious arguments against premarital sex. Most young people have no access to written material that could help them make careful decisions about sex. The potential male partner is usually more of a problem (always pushing the limits) than a helper. It seems grossly unfair. She is not helped by parents, schools, friends, counselors, self-help books, and certainly not by the boyfriend or the media (remember 85% of TV sex is illicit) to make these decisions: how to select a boyfriend and friends? how to argue with and sexually resist her boyfriend and still keep him interested? when to have sex? how to have sex in the most comfortable and satisfying way? how to avoid pregnancy? how to deal with her own doubts, fears and guilt? how to handle her parents and their disapproval? No wonder the young woman feels "I'm in this all by myself. I don't have any help." No wonder there is an epidemic of teenage pregnancies.

To make matters worse, if the young women decide to have ("permit" may be a better word) unprotected sex, many of these teenagers will not even enjoy the sex. People who work with teenaged mothers say they commonly had intercourse only a few times, and it was after school with their clothes on, while they were rushed or "scared to death" they would be caught, and they did it "just for the boy" (Goodman, 1983). Then, the "boy" abandons them! And, they fear pregnancy! This is ridiculous. What a thoughtless act. What a terrible waste of one of life's most precious and glorious moments. What a crushing blow to a fragile ego and to an aching heart. We adults *and friends* don't have all the answers, but we can surely help our children avoid such stupid, regretful situations. We can help young people--girls *and boys* --make better decisions, have better self-control and birth-control, relate more considerately with each other, handle their feelings more wisely, etc.

When deciding about sex, we are also pushed and pulled by our own strong emotions and feelings. We may desperately want the other person to love us, our love and sexual needs drive us constantly and distort our thinking, the threat of loneliness haunts us, fears of intimacy (of moving too rapidly) and possible rejection lurk in the background, concerns about parents' reactions and religious condemnation may be felt, worries about pregnancy and our financial future concern us, and we fear our sexual performance will be totally inadequate. This situation is hardly conducive to rational decision-making. In such an intense and complex situation, one can see that the old trite advice "do what you feel

like doing" is rather foolish. We all surely know we must use our brain before using our genitals.

Beware of soothsayers

With a dearth of scientific information, limited unrealistic guidance from religion, little help from sex education, and mixed messages from the media, we may rely too heavily on one or two others' opinions about sexual choices. Everyone seems to know what should be done. Some people think that *whatever they have done sexually is the best choice for everyone*. This attitude obviously serves their psychological needs but this doesn't help the young decision-maker very much, since his/her situation is different from all others. For other advice-givers, their thinking is "*don't do what I did*." A third kind of sexual advice-giver doesn't reveal his/her history but knows with certainty there is *only one right way* to live, all the rest are foolish, neurotic, or immoral. So, in short, some opinions should be taken "with a grain of salt;" however, there is one opinion, as I see it, that should be taken very seriously, namely, *your own religious or moral beliefs*. Not your minister's opinion or your church's views (unless they are your own) but your own considered judgment. If you are convinced it is a sin to masturbate, don't masturbate. If you believe with certainty it is immoral to have premarital sex or an abortion, then do your very best to avoid these actions. Strong religious convictions, backed by intense personal feelings of guilt and shame, must be followed... or changed. If your religious beliefs are not that strong, however, then you have the responsibility for making a wise decision on other grounds.

What are other peoples' reasons for having sex?

Are teenagers doing it for love? They are probably hoping so... but no. For physical thrills? Again, they are surely hoping so... but, as we've seen, it doesn't work out that way. Polls by Children's Defense Fund and Planned Parenthood have shown that teenaged girls have intercourse for these reasons: peer pressure (34%), pressure from the boy (17%), others are doing it (14%), curiosity (14%), love (11%), and physical gratification (5%). Boys have sex for these reasons: peer pressure (26%), curiosity (16%), others are doing it (14%), curiosity (14%), physical gratification (10%), and love (6%). In short, teenage sex doesn't have much to do with love or with passionate physical gratification! So, be warned. I find these statistics about teenagers astonishingly different from young people 22 to 35, as described in the next paragraph.

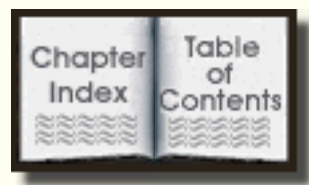
Well, what about adults? Do they do it for love? Or, do all men have sex for pleasure and women for love? No, it isn't exactly the way we think. *Psychology Today* (Dec., 1989, p.12) cites David Quadagno and Joey Sprague who say 41% of younger men, aged 22-35, have sex for physical pleasure and 31% say for love. However, only 36% of older men, 35 and older, have sex for physical pleasure and 50% do it for love. Only 22% of younger

women have sex for physical gratification and 61% for love, but almost twice as many older women (43%) seek physical pleasure while 38% primarily express and/or receive love through sex. Given time, women learn to enjoy sex and men learn to express love. That's nice.

The major point is that while most people, especially women, would say "sex should be an expression of love," in reality it appears that intercourse is done *primarily* for love only among younger women (22-35) and older men (over 35). In very general terms, the majority of teenagers, younger men, and older women have intercourse for other powerful reasons, not primarily for love. It begins to look like we, as a society, are a little hypocritical, i.e. we say "have sex to express love" but actually have intercourse mostly to "feel good." Like most human behaviors, there are a lot of complex reasons for having sex and different ideas about what sex means.

[← Back a page](#)

[Forward a page →](#)



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CHOOSING YOUR SEXUAL LIFE STYLE

Deciding what sex means to you; what feeling does intercourse symbolize for you?

It might be helpful to think of making your sexual life style decisions by considering four alternatives. Each of the following alternatives reflects a way of viewing sexual intercourse, in terms of the *meaning it has for you*. Others can try to influence you, but in your own heart only you can decide what meaning your sex acts will have to you. Each alternative is an acceptable way to live; each has a number of pros and cons, i.e. psychological reasons for and against each way of thinking about sexual intercourse:

In the first alternative, *sex is fun and has no special meaning beyond that*. Sexual intercourse is for adventure, physical gratification, and enriching the interaction between two people. When sex is accepted merely as pleasurable passion, sex need not be taken to mean anything more, i.e. not a sign of commitment, not a show of love, and not an indication of any continuing emotional involvement with the partner. This is typical of a "free spirit" who favors short relationships or "one night stands." It would also include people who realize they are primarily meeting each other's physical, erotic needs, such as the "pick up" at a bar, cruising homosexuals, married "swingers," persons seeking prostitutes, and continuing but sexually oriented relationships. This is the mutual enjoyment of physical sex.

Pros: It is potentially an adventurous, exciting, enjoyable life style, if one can be honest with others and still find interested sexual partners. This attitude about sex cleanly separates lust from love, and since both emotions are acceptable (as long as both people are honest), the two people don't have to rush into or fake love in order to have sex. This attitude may reduce the risk of lust leading to bonding with a person who is a poor choice as a long-term partner. With about 70% of females and 80% of males sexually active by age 19 and with marriage commonly being postponed until the late 20's, there may be 10 or 15 years of sexual experience before marriage. Between high school and marriage, many people will have 2-4 serious relationships with several brief, uncommitted experiences between the serious affairs. Over several years, would you prefer to meet and go to dinner or a show with 100 interesting people or would you rather meet the same 100 people and have sex with 50 of them who are interested in having sex with you? It is your choice; both are good choices.

Cons: Even among college students, men having intercourse with a great many women

are considered "immoral" by 25-30% of males and 40-45% of women (some states still have laws against "fornication," i.e. premarital intercourse). Likewise, very sexually active women are regarded as immoral by somewhat higher percentages of men and women (the old double standard). It is lust without love that is really condemned in our culture. Only 1% of college women *say* they approve of sex without affection, about 10% of men *say* they approve (Duvall & Miller, 1985). Another argument is that the sex-is-fun advocate is likely to consider the opposite sex as mere sex objects ("if they look good, take them to bed"), not genuine feeling, caring people (see the centerfold syndrome discussion above). Thus, social disapproval, possible guilt, "getting a bad reputation," and "being used" are the major drawbacks of this alternative. Of course, disease and pregnancy are grave dangers too, if not protected.

While one person may have healthy, reasonable reasons for freely engaging in sexual intercourse, another person might have unhealthy, unconscious motives for seeking sex (and not love primarily), e.g. emotional coldness or a fear of intimacy (Brooks, 1995; Berman, 1984; Cassell, 1984), using conquests to boost ego, too much self-love, poor self-control or inability to say "no," need to control or put-down others, rebellion against current sexual prudishness, and others. The possibility of these motives underscores the risk that a person with a liberal sexual outlook might be unfaithful *if* the relationship developed into love. Lots of sexual partners before marriage is correlated with more extra-marital affairs (Sex, before and after, 1975). On the other hand, if you are having sex simply for fun, it may not make much difference if your partner's motives are just as self-centered and demeaning as your's are..

Note: there seems to be a contradiction between college student *morals* (no sex without love; sex with many people is immoral) and their *behavior* (petting and sex early in relationships; postponing marriage but having intercourse with several premarital partners). It is not unusual for behaviors to differ from stated attitudes, especially where the issue is emotional and confusing. Usually attitudes are changed over time (years) to catch up with behavior. I suspect the "sex is great wherever you can get it" view is common among uncommitted men. But, considering this attitude is so disdained by women, it is a closely guarded male secret.

General findings: Among college freshmen, 2/3rds of the males and only 1/3rd of the females agree that "sex is OK if people *like* each other." Therefore, among college women, 1/2 have sex while "just dating," 2/3rds have intercourse while "going steady," and 3/4ths have sex when engaged (Duvall & Miller, 1985). Recent evidence suggests that in 1990 college students are waiting longer to have sex and sex is more often with a "steady" than in 1980 (pre-AIDS). Among all adults, about 25% think premarital sex is always wrong.

In the second alternative, *intercourse is fun and means "I like you "* as a person and enjoy being with you but having intercourse does not mean I am making any commitment to you in the future. This is **casual sex**. Casual sex doesn't mean being totally without care and concern for the other person, but the promise of involvement in the future is not there. When you suggest having sex, in this case, it simply means you find the other person attractive and interesting, someone you

think you would enjoy being with and having sex. In order to avoid misunderstandings and hurt feelings, it is necessary to be totally honest about your limited interests, emotions, and future intentions. Of course, this honesty will turn off many people who want love and the intent to remain involved before having sex. Having your offer of a good time sexually turned down is the "cost" of being a decent, honest person (no decent person would lie about his/her commitment). There is, of course, a possibility of a serious friendship developing and even for love to develop, but there are no such promises asked for or made, and such possibilities should be seen as slim.

Pros: Most of the pleasurable aspects of physical sex (#1) are true of casual sex too. Since the sexual partner is someone you know or could call a "friend," you are somewhat less likely to be considered immoral or "loose." Since you know the person and there is a chance of additional contacts later on, you should feel more comfortable and there is less risk of violence and abuse. The intimacy of sex permits you to find out more about the person's personality and attitudes than might otherwise be the case. If there are no future contacts, the implied "rejection" should be less painful, especially if the person remains a friend. Roughly half (more men, less women) approve of casual sex and engage in it while dating in college. The "friendships" made should be more exciting, more meaningful, and more memorable than would otherwise be the case.

Cons: Same as in physical sex (#1). Some people will consider you immoral. The explicit lack of commitment may lead to fears of being rejected (not as a lover necessarily, but as a friend *and* sex partner). Likewise, few people can be sexually intimate with one person for any length of time without starting to want some commitment. And, without some hint of deeper involvement, one might just leave the relationship as soon as a problem arose, rather than working it out. Having sex with a friend increases the chances of losing the friendship and making the breaking up more stressful. If the friend is not a good choice as a friend, why would you spend much time in such a relationship rather than looking for a person who could meet more of your needs?

After sleeping with a new partner, 14% wonder if it is now a committed relationship and 62% wonder if it gave them a disease.

In this alternative, which has become the American standard, *having intercourse means "I love you" and want to have an exclusive relationship with you* for a while but I'm not sure for how long--forever is a long time. This is "going steady" or being engaged or living together in a "temporary arrangement." It isn't just love that makes sex socially acceptable; the more emotional involvement *and commitment* involved, the more socially acceptable sex is (if you are 18 or older). For instance, having sex with someone you love and are strongly attracted to is not fully approved socially if one person is unwilling to commit to the other.

Pros: There is comfort--security--in a somewhat committed relationship, and comfort makes the love and the sex better. Over 90% of engaged couples say sex helped improve their relationship; 75% of women have no regrets about premarital sex. If an accidental

pregnancy occurs, you are not as likely to be left all alone. Sex with affection and commitment is accepted (if you aren't too young, e.g. still in high school) by the majority; this tolerance reduces our guilt. Couples who have good premarital sex have better post-marital sex; however, having premarital sex does not reduce the divorce rate (Knox, 1984, p.204). Good safe sex and love are great self-esteem builders.

Cons: Insisting that you must love and commit to me before we "make love" may result in premature (pretended?) commitments--and poor choices of a mate. Certainly many people have been seduced into a long-term relationship by the thrill of sex. Perhaps better choices would have been made if sex were available before a commitment or not available at all until after marriage. Having sex makes breaking up harder to do and more painful. Poor sex and unwanted pregnancies are serious problems and jeopardize love. Besides, as many have speculated, having ready access to sex may reduce the desire to get married.

Most people would consider this alternative psychologically sound and emotionally healthy. But, sex and love can, of course, result from many unhealthy motives: to reassure yourself you are attractive and lovable, to be taken care of and protected, to avoid working or a bad home life, to "hook a man/women," to get pregnant, to do what your friends are doing, etc. These unhealthy possible motives, however, are in no way valid arguments against wholesome, healthy, reasonable love and sex. It's just that none of us can be certain that our motives to love and have sex are entirely healthy.

Fourthly, *sexual intercourse is considered almost a sacred act symbolizing total commitment forever*, regardless of the difficulties that arise. In this case, sex might reasonably occur at the same time the couple are legally and spiritually united in marriage. This is the traditional Christian and Jewish view. People who endorse this attitude tend to be older and more religious.

Pros: In some respects, this sounds ideal: everyone approves, no risk of children before total commitment, no guilt about sex, comfortable and well planned conditions for sex, and the sex act is made special--saved for years for this one special person and symbolizing the highest degree of respect, almost a reverence, for each other. One can be proud of the self-control and religious commitment involved. And, one can be pretty sure you weren't selected just because of your great body or sexual virility. Your partner's permanent commitment to you and to God gives some reassurance that marital problems will be taken seriously.

It is as absurd to pretend that one cannot love the same person always as to pretend that a great artist needs several violins to play a piece of music.

Cons: One has, in this alternative, to give up sexual intercourse with all other people except with the person you are going to marry. If, in fact, one has avoided sexual intimacy with all others prior to marriage, eventually one might feel cheated (especially if the partner has had or seeks sex or love from others). This view of the meaning of intercourse may be confounded with unhealthy attitudes towards sex: fears or negative feelings about sex or

genitals, difficulty communicating, little interest in sex, etc. In short, one can have sex or avoid sex for unhealthy reasons. If one abstains from sex, the relationship may become "traditional" in many other ways besides sex: the man is the boss, the wife stays home, subordinates herself, and loses her identity. Too much may be expected from the marriage or from romantic love, leading to disappointments. If the couple believes divorce is impossible or horrible, they may be miserable either way, i.e. trapped in an unhappy marriage or breaking the vows and getting an immoral divorce.

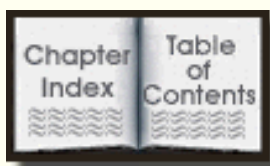
Sex can be given many meanings

Sex may, for some people, have different meanings at different times; at first, intercourse may just be fun, then later it may mean "I like you," later "I love you," and finally eternal commitment. However, the meaning of sex, for others, may not be defined in the heart, but explained differently as it becomes convenient to do so (i.e. people lie: "I love you, now let's do it"). Likewise, intercourse doesn't, for some people, necessarily have the same meaning with different partners. With one person sex may honestly mean "I love you," with another person it may mean "I find you attractive and fun." Furthermore, while you are usually clear about what meaning having intercourse with a particular person has for you, the sex partner may have a different notion or be uncertain about your meaning. One of the more inconsiderate, immoral, despicable human acts is to whisper "I love you" to someone and really mean "I want sex but I don't care about you as a person." The immoral aspect is not the sex but the lying, i.e. the person is not going to carry through the next day, week, or month with the actions implied by "I love you."

If you can decide what you want sexual intercourse to mean to you and if you can clearly and honestly convey this meaning and its implications to your partner, you are well on your way to establishing a considerate, non-hurtful relationship.

[← Back a page](#)

[Forward a page →](#)



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PREMARITAL SEX...THE SITUATION

Premarital sex in our time

Women's premarital sexual behavior has changed markedly in the last 50 years. During the 1940's, Kinsey, et al. (1948, 1953) found that about 10% of 17-year-old unmarried women and one-third of 25-year-old unmarried women had had intercourse. In the 1970's one-third of 13 to 15-year-olds and 50% of 17-year-old unmarried women and three-fourths of single college women had had intercourse and, moreover, 85% to 90% approve of premarital sex for themselves or others (Hunt, 1973, 1975; Hass, 1979, *Playboy*, 1976). A review of the 1988-90 General Social Survey also shows that a majority of American males have intercourse by 16-17, females by 17-18. Over 60% of 18 to 21-year-olds have had sex with more than one person. Premarital sex is increasingly common. Women who are better educated have more premarital sex, more sexual partners, masturbate more, and find oral sex more acceptable (Janus & Janus, 1993). Without doubt, we are getting sexually freer.

In 1963, 75% of young unmarried women and 40% of young unmarried males were virgins; in 1984, 43% of such women and 28% of such males were virgins. During the 1980's, virginity became less common. Women have changed sexually far more than men in the last 40 years. It used to be important to "save yourself," today 75% of single women are having sex. Consequently, 22% of white mothers are unmarried when the child is born. For 85% of recent college students it wasn't considered important to marry a virgin. Today's young wives are also more unfaithful than their mothers or grandmothers were, almost as unfaithful as today's young husbands (Sex, before and after, 1975). The sexual revolution has brought many other changes: fewer prostitutes, earlier intercourse (average age=16), more experimentation (different positions, oral-genital activity, sex with drugs), more partners, higher frequency of sex, more orgasms for women, and more living together.

The AIDS revolution is also having some impact on sexual behavior: surveys of *high school students* in grades 9 through 12 show that slightly fewer (55% rather than 60%) have had sex in the early 1990's than in the late 1980's. Also, fewer high schoolers (20%

rather than 25%) have had four or more partners. The fear of AIDS and sex education may be having some effect, but still only *somewhere between 17% and 40% of the sexually active high schoolers use condoms regularly*. Unfortunately, the teens with the most partners are the least likely to use condoms--and the most likely to shoot up drugs. In short, if you have sex in high school, the probability is about 50-50 that your partner has already had sex with someone else or shot up drugs (don't trust what they tell you) and, thus, could be HIV positive. Moreover, one out of every 25 high schoolers has a sexually transmitted disease (and the person "coming on" to you is even more likely to be diseased). Therefore, even at a very young age, if you are going to have intercourse (even with a supposed virgin), use a condom. It may save your life (not to mention pregnancy and disease).

The first sexual experience comes early: 40% of 9th graders have had intercourse, 48% of 10th graders, 57% of 11th graders, and 72% of seniors. The first experience is memorable for everyone but for young teenagers *it frequently is not fun*, particularly not for the female. For one thing, most of the time (78%) intercourse is not planned, it "just happens." Only 25% of the women found it pleasurable at all, for 40% it was painful, for 22% it was frightening and for 40-50% it caused guilt even though 60% felt they were in love (Huk, 1979). Less than 10% had an orgasm. About a third used no birth control! For men having sex for the first time, they were surprised the woman said "yes," relieved they could perform, and found it pleasurable, both in terms of physical feelings and psychologically--"Today I became a man." The old double standard is still psychologically affecting males and females very differently.

When a couple engages in sex regularly, as you would expect, they generally (90% of teenaged males and 70% of teenaged females) say they like it (Hass, 1979). However, an estimated 30% of adolescents are "unhappy non-virgins" and are avoiding sex until they meet the right person; some were dumped, some felt like sexual failures, some were disappointed, some felt used (Kolodny, 1981). At a later age, about 90% of engaged couples, while sexually involved, say sex strengthens their relationship (Beach, 1973; Macklin, 1974). On the other hand, couples who do not have sex before marriage are just as likely to stay together as couples having sex (Knox, 1984). About 75% of women who have had premarital sex (not necessarily with the man they married) say they have no regrets and would do it again. Presumably, 25% had some regrets. Premarital sex may not improve post-marital sex (Frank & Anderson, 1980). Indeed, one large study found that people with many premarital relations often have many extra-marital affairs and unhappy marriages (Athanasίου & Sarkin, 1974). Masters, Johnson and Kolodny (1985) acknowledge the Athanasίου and Sarkin results but contend that premarital sex also yields some positive results, such as fewer sexual inhibitions, better sexual communication, and earlier (before marriage) breakup of incompatible couples. In short, the consequences of premarital sex are not predictable, i.e. positive for some and negative for others.

One study showed that women tend to save their virginity until they are going steady (58%) or at least "dating" (22%) or perhaps engaged (10%) and only 10% lose it with

friends or casual acquaintances. Men are less likely to save their virginity until going steady (39%) or engaged (1%) or dating (20%) and 40% have their first experience with friends or acquaintances (Zelnik & Shah, 1983). In another study, a *Playboy* survey (1976) asked college students (most of whom had lost their virginity long before) how well they needed to know someone before they would have sex with them. Remember the source, but Table 10.2 indicates the percentage saying "this is the least known person I'd have sex with":

Table 10. 2: Least well known acceptable partner for sex.

	Casual Acquaintance	& Friend	& Lover	& Fiance	& Spouse
Males	27%	39%	24%	2%	8%
Females	7%	29%	45%	5%	14%

In other words, 27% of college males say they would have sex with a casual acquaintance *and all the other categories*; 39% say they would have sex with a friend (and the others in the Table to the right), and, thus, a total of 66% would *not* consider sex to mean "I love you." About half as many (36%) females say they would have sex with a friend (or acquaintance) but 64% (80% of teenaged women) say they would wait until love and perhaps some commitment was present. Yet, 42% of teenaged females want the male to touch their breasts within the first two weeks of dating. Being very willing to cooperate, one-third of teenaged males say they want intercourse within the first two weeks, 50% within a month and 80+% want sex if "in love" (Hass, 1979). Obviously, "friends" develop very rapidly under these conditions.

You might be asking yourself, "So what?" This research data may merely tell us what men have always known, namely, to "score" you have to become friends first and maybe, if she's really conservative, convince her that you love her. On the other hand, the data may reflect the current status of the old conflicting traditions, namely, casual sex is wonderful (old male role) and intercourse should only be with someone you love (old and current female role). It is unknown how these conflicting sexual attitudes will be resolved in the future. How many women in 2010 will accept casual sex? How many men will chose to save sex for loving relationships? We don't know. Perhaps it doesn't matter.

Frankly, I suspect that many young people are not living according to their morals. For instance, I wonder how many junior high students, who haven't had sex, believe premarital sex during high school is immoral, but yet have sex before they are out of school? In the Janus and Janus (1993) surveys, 70+% of "very religious" adults admit they had premarital sex (30% have had extramarital affairs too). Do we pay a price for disregarding our morals

or do our morals change as we "fall in love" *or* do we easily dismiss our morals after losing them? Actually, 35% to 45% of religious people believe women should have sexual experience before marriage. We don't factually know the probable consequences of many actions... but we need to know. My advice: *if* your morals are strong, do not break them without careful consideration.

In any case, regardless of the sexual decisions your peers make, your sexual activity is *your own personal decision* and a very important one. Your sexual decisions *may* influence your self-esteem, your reputation, who your friends are, who you marry and how good the marriage is, when you become a parent, your career, how you get along with your parents, how many marriages you have, and many other things.

Knowing these kinds of things--with whom and when other people lose their virginity, how many people (about 75%) have premarital sex with how many (1 to 5) partners, the more active 40% of women have 10 sexual partners or more (Knox, 1984), how often promiscuity before marriage continues afterwards, etc.--may not be highly helpful in making decisions about your sex life. Yet, an informed person knows the facts about other people without feeling the need to follow the herd. A knowledgeable person considers the pros and cons of many alternative courses of action, such as the different sexual life styles discussed above. An example: any observer of young people has seen 7th and 8th graders (not all) fall in and out of "love" quickly; many 13-year-olds have a new heartthrob every week or two. Some 18 or 19-year-olds (not all) become so infatuated so quickly that they can not possibly foresee potential problems. If young people become aware of the many emotional roller-coasters and sexual pitfalls, like these, they would, hopefully, develop more self-control and, at least, reduce their emotional pain and avoid unplanned pregnancies. That is what self-help and being informed should be all about.

Guard against unwanted pregnancy

Unfortunately, sexual intercourse produces babies. (Think of the advantages of sex just being for fun and love, then, when ready, going to Wal-Mart to get a new baby for \$999.98.) 57% of all U.S. pregnancies are unplanned or unwanted. About one third of all U. S. babies are born "out of wed lock." 80% of teenaged mothers are unwed, 80% didn't want or plan their pregnancy, and 80% go on welfare. European teenagers have as much sex as we do, but our pregnancy rate is 2 to 6 times higher than theirs. Why? Because we don't educate and train our teenagers in sexual matters.

Unwanted pregnancy is a terrible problem *for* the terrified, embarrassed, confused teenage girl, *for* the panicked college coed who dreads the disruption of her life, of her relationship with the guy, and of having an abortion or a baby, *for* the married woman who says, "Oh God! I don't want a child now--I can't handle it," and *for* society that pays billions for aid to unwanted-at-this-time children. Consider this: the approximately 4-6

million sexually active American teenage girls have over one million pregnancies and 400,000 abortions each year. About 40% of all American teenage females get pregnant in their teens. That's at least double the percentage in any other educated, developed country. What's wrong with us? We can't blame all teenage pregnancies on innocence because 1 in 5 teenage mothers get pregnant again within two years. Two-thirds of teen mothers are impregnated by 20-year-old men or older; many are "predators," fathering several children with several women.

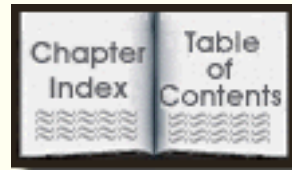
It is really tough to have a baby as a teenager. Most drop out of school; 90% will be abandoned by the teenaged father of the child. It is almost impossible to hold a full-time job and care for a new baby too. If these teenagers get married (only 10% marry the real father), it often doesn't last. Many are miserable; they wanted love but a baby takes love, not gives. The suicide rate is high among teenage mothers (Masters, Johnson & Kolodny, 1985). Teenage pregnancy is a horrendous social and personal problem, in contrast to the sentimental anti-abortion TV ads that explicitly say unplanned pregnancies are wonderful. Get real!

About 25% to 30% of all adult women in this country--single, married or divorced--have had an abortion (Janus & Janus, 1993). It is a preventable trauma. But, did you know that both the *anti-abortion* movement and the *pro-choice* movement have avoided encouraging birth control? Wouldn't birth control solve the abortion problem? Of course, but the two major movements have gotten so absorbed in a futile argument over whether abortion is murder or a woman's right, *the run-away accidental production of unwanted children is neglected*. Why do I say it is a *futile* argument? Because it is based entirely on religious definitions and beliefs--on ideas that can not be proven right or wrong, just opinions. (It is good to have your own beliefs and to live by them, but don't try to *force* others to follow your arbitrary beliefs.) While closed-minded zealots preach their self-righteous religious doctrine, elected government, health, and school officials timidly placate the over-emotional religious pontificators. People are politically afraid to advocate birth control. The result: millions of American women have unwanted pregnancies. It may surprise you but about 30% of all Protestant and Catholic women have had at least one abortion, but only 11% of Jewish and 22% of unreligious women have had an abortion (Janus & Janus, 1993). Why is this?

Americans close their eyes to the fact that 57% of *all* children born in the US are unplanned (which usually means unwanted at that time)! In addition, in 1970 about 20% of unmarried pregnant women gave up their child for adoption, today it is only 3%. Moreover, as young women today wait until they are 28 or 30 to get married and have several sexual partners between puberty and marriage, more go on the pill and, consequently, are less likely to use condoms. The result is *sexually transmitted diseases (STD) running rampant*. 12 million of us are infected by a STD every year. As mentioned before, one out of every 25 high school students has a STD.

[← Back a page](#)

[Forward a page →](#)



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PREMARITAL SEX...THE SITUATION

Be responsible: Don't do it or use contraceptives

Obviously, the solution to unwanted pregnancies is to avoid sex or use contraceptives. With our sex laden culture and media, the genie is out of the bottle. Sex between 13 and 30 is just too appealing for many of us to resist until we marry at age 30. The old line "save yourself for marriage" just ain't going to work any more. The "have sex" message, however, has overshadowed the "protect yourself" message. TV has prohibited birth control ads. We are real retarded in learning how to use contraceptives. Science has provided us with many highly effective birth control methods but we don't use them. But religion keeps telling us that premarital sex is a sin. 20% to 25% of singles in their twenties use no contraception. 40% of divorced men use none. How can we take control of our reproductive lives? The concept of the family--a monogamous union with one or two well cared for, very loved, *carefully planned* children--is a cherished, commendable ideal. What do we need to learn to achieve it? A lot.

First, many attitudes need to change. *Males must stop believing that women are responsible for avoiding pregnancy... and for the pregnancy*, if it occurs. As a society, we must hold males, even 12 or 13-year-olds, partly responsible for *their* impregnations. As a teenage male, you must think of the problems and pain inflicted on the girl if she gets pregnant. If she chooses to have the baby, you may be morally obliged to partly support that child for the rest of your life beginning at conception. As the father of a child, that has many implications for your relationship with your parents, for your education and career, for your relationships with all other women if you don't stay with the mother of your child, etc. Fatherhood is an awesome responsibility time-wise, money-wise, and emotionally, not just until the child is out of college, but forever. The woman--your child's mother--is responsible for your child forever, so why shouldn't you be? She and the child need you for more than four hours every other weekend.

Second, similarly but even more importantly, *young girls must never think* that young boys and men are the "sexual experts" who will "know what they are doing" and take precautions against pregnancy. Every female must become *an expert* in birth control and

sex, equal to any man, and far superior to any man in terms of knowing *her* body, *her* preferences, *her* morals, *her* sexual plan-for-life, etc. Every female must constantly realize that she is responsible and in charge of her body at all times. Every female must be familiar with the ignorant, irresponsible, selfish, inconsiderate kind of male who often objects to using a condom. Even an anxious, excited 13-year-old girl with a crush on a hunk of a guy must be strong enough to say in advance, "I must be protected or we aren't doing it" or better "*we must both be responsible and use some protection* (from pregnancy and disease). I will use a diaphragm with spermicide and you must use a condom!" She must know what she is doing; she must know that petroleum jelly (not KY jelly) deteriorates rubber in 60 seconds, that her placement of her diaphragm must be checked by a doctor, and much more. She must practice handling this I-demand-protection scene over and over in her mind (or with friends) long before getting sexual with any guy. Our lives don't work out well if we don't plan and prepare.

Every human being, male and female, who isn't ready right now for marriage and children, must learn to say, "I must stop the baby before I start the sex." If the male's hands have gotten to the woman's breasts or on her panties *before* birth control is on hand, they are both sexually irresponsible, inconsiderate of their partner, and a menace to each other's well being. We must learn to control ourselves. People uncomfortable with sex are not good at birth control. So, learn about and practice birth control methods until you are comfortable.

Ask yourself if you are mature enough to have sex. *If* you are too shy to buy a **condom** and some **spermicide**, too poor to get a **diaphragm** or cervical cap, too embarrassed to get on the **pill** or have an **IUD** inserted, too uninformed to know about **Norplant** or when pregnancy can occur, or too irresponsible to do anything to avoid pregnancy, *you should never (or let anyone) get close to a breast, let alone touch panties*. As stated, a good rule would be for *both* sexual partners to each assume responsibility for one contraceptive, so that two birth control methods are always used, say a condom (with spermicide) and the pill. I recognize this advice will not be taken by many but it should be. About 60% of sexually active college students do not use birth control at all or only occasionally. How stupid and inconsiderate! Remember, college students with negative attitudes towards sex (and the opposite sex?) use birth control even *less* than those with positive attitudes. Conversely, a sexually responsible partner is more likely to have a healthy, positive, thoughtful attitude towards sex. The failure to use condoms is not due to intellectual ignorance, it is due to psychological and sexual hang-ups (guilt and denial of reality and/or responsibility) and a lack of consideration for others. Having unprotected sex is very mean to the person with whom you are gratifying yourself.

Women assume men's sexual response is much greater than it is and they minimize their own response. In women, sexual guilt (resulting from taboos and religion), inhibitions, and morals seem to be associated with a denial of one's own sexual arousal, e.g. when watching erotic films or when petting. For guilt prone people, their erotic arousal is greater than they realize. Thus, there may be some truth in the old joke, "Religion doesn't stop you from

sinning, but it sure keeps you from enjoying it!" Guilt may also keep you from being safe too. Don't let fear and shame (or uncontrolled horniness) dominate your good sense about birth control.

Beyond guilt, denial of sexual intentions, and avoidance of contraceptives, *we are astonishingly misinformed about sex* as well. Only one third of young mothers knew when during their menstrual cycle they could get pregnant. Almost 10% of 15 to 19-year-old women think they are too young or have sex too infrequently to get pregnant. Wow! Some people believe they can't get pregnant if the female doesn't have a climax or douches with pickle juice or if sex is done standing up. Wow! People try to make condoms out of Saran wrap. Men have told women, "I have fantastic control, so don't worry I won't come inside you." And the ignorance goes on and on. It is sad that we (parents, schools, and media) have ignored these uninformed young people. The social-religious taboos keep us from being honest and teach teenagers exactly how to wisely undertake their sexual activity (if and when they decide to have sex). The result is they are unprepared for this critical aspect of life. And, we--the older folks--are largely to blame. Sex is a very important part of life. Important enough for young people to learn to take charge of their own lives and use the knowledge they need for a good life.

This avoidance of explicit sexual guidance by everyone--this burying our heads in the sand--results in young people feeling that it is more acceptable if they have sex by "falling in love" and getting unexpectedly "swept away" by overwhelmingly intense sexual urges. (This way they can keep their minds pure and innocent--"like good girls"--as long as possible *and* avoid the responsibility for what happens.) But, if they plan for sex (by getting and using a contraceptive), then intercourse might be considered less romantic and spontaneous or more sinful. They might even feel "planned" sex is less loving and more unnatural, cheap, or immoral, sort of like "using someone for self-gratification." In truth, *the most loving sex is when you avoid unwanted stresses of all kinds, including pregnancies, and make sex play comfortable, safe, meaningful, and satisfying* --one of life's great moments. These things don't happen without planning and preparation.

The most common reasons for not using a contraceptive are "I didn't expect to have intercourse" (20%) and "I wanted to use something but couldn't" (8%), according to Zelnik and Kantner (1979). The same authors report that only 36% of whites and 22% of blacks had been using contraceptives (obviously only part-time) before their unwanted pregnancy occurred. Furthermore, while teenagers and college students are having more sex, they are, in recent years, *using more unreliable contraceptive methods*. Fewer are using the pill (37% of blacks, 15% of whites), about the same use condoms sometimes (35%) but many more than previously are attempting to withdraw (13% of blacks, 42% of whites). No wonder there are so many unwanted pregnancies. Single mothers produce about half of all babies born in Chicago.

There are many more situational factors and attitudes that interfere with good birth

control practices. Examples: getting state aid for having a child, escaping a dysfunctional family of origin by getting pregnant, trying to find someone to love by having a baby, knowing a happily married teenager but knowing little about the difficult experiences of an unwanted pregnancy, believing birth control is racial genocide, assuming that all a woman can do is raise babies, assuming your buddies can tell you everything you need to know about sex and contraception, having intercourse for months before going to a birth control clinic, being unable to talk with our partner about sex and birth control, having little interaction with our parents about sex, assuming wrongly that you aren't going to have sex so there is no need to prepare, having low self-esteem and low self-control, overlooking the pleasures and gratitude of your partner when you use contraceptives, etc.

Another crazy aspect of the sex scene is the single-minded focus on intercourse, even when birth control is not available. Our anti-masturbation attitudes seem to permeate all our sexual behavior. If a wonderful sexual opportunity unexpectedly occurs and no contraceptive is available, why not have "outercourse" (mutual masturbation) rather than intercourse? It would be much more considerate and loving (and even more likely to produce intense pleasure *for both*). Outercourse doesn't produce disease or babies. Can you imagine our supposedly sexually liberated society discussing these matters openly?

While it is so much better to prevent the pregnancy than to abort it, the TV propaganda by anti-abortion zealots must be corrected. They, in effect, threaten pregnant women with guilt, shame, and depression for years after an abortion. That is a lie. Research shows that women's overwhelming psychological reaction to having an abortion is **relief**, not guilt. There is less anxiety, depression, and distress after an abortion than before. Of course, very rarely a person does have serious psychological problems after an abortion (just like after a birth), but this occurs more often when the abortion was long delayed by doubts or denial. Also, having opposition, criticism, and neglect, instead of sympathy and support, from your relatives, your religion, and/or your male partner make the abortion situation much more traumatic and depression more likely (Adler, David, Major, Roth, Russo, & Wyatt, 1990).

Beyond changing our attitudes towards birth control, every young person must learn to do very specific acts: (1) read at length about contraceptives, (2) visit a drug store and look carefully at the birth control methods and supplies, (3) role-play important situations (should we have sex? how will we prevent pregnancy? what if a pregnancy occurs? what will I say to Mom and Dad if I get pregnant?) with a friend before the actual problem arises (see method #1 in chapter 14), (4) learn about and actually practice, when appropriate, using several birth control devices, such as IUD's, condoms, diaphragms, cervical caps, vaginal suppositories, sponges, Norplant, etc., and (5) discuss with a counselor which birth control methods you think you would prefer for both preventing pregnancy and STD, and why. Preventing unwanted pregnancies is one of our major responsibilities in life. Don't sell it short; don't laugh it off.



If we don't change, we will keep on having millions of unwanted pregnancies and abortions, and we will continue the cycle of poverty and "poor babies having babies."

We need to improve our sex education in schools, in the home, and in the media. An excellent reference for this is Byrne, Kelley, & Fisher (1993). Research shows that the right kind of practical, realistic sex education course *can reduce unwanted pregnancies* and does *not* promote sexual activity (Fisher, 1990). It is foolish to believe that realistically planning how to prevent babies and disease causes you to have sexual intercourse. Rather, it is love, needs, and sexual attraction that lead to sex (with or without protection). Hopefully, you will have enough common sense to plan your sexual activities when your needs and your head tells you that having sex is a wise, desirable course of action. Actually, well informed sexual planning does *not* promote sexual activity; it does, however, help you skillfully *avoid* unwanted sexual behavior. There is also evidence that the simple "*don't-do-it programs*" *don't work* (Scales, 1987).

The sexual attitudes of young people about contraceptives need to become more positive, so there is increased self-awareness and self-control by every young person. Research has shown that teenagers with close relationships with their parents, especially if they communicate well with mother, have intercourse later than those with poor relationships. Books dealing with avoiding pregnancy include Calderone & Johnson (1990), Watkins-Ferrell & Robinson (1990), Foster (1986), and Howard (1991). Planned Parenthood Hotline is a good source of information, call 800-230-PLAN.

Birth control must be planned in advance. But, **in an emergency**, *Consumer Reports* says that oral contraceptives may serve as a "**morning after**" pill. According to them, taking four Ovral tablets, two at a time, 12 hours apart, within 72 hours of having intercourse may prevent pregnancy. Ask your OB-GYN doctor about this. Soon the abortion-causing pill should be available.

Sex education books also describe sexually transmitted diseases, something else that should be high on every sexually responsible person's priority list. In addition, there are hotlines: National AIDS Hotline, 800-342-2437; National STD Hotline, 800-227-8922; National Herpes Hotline, 919-361-8488. Always protect yourself and your partner.

Guard against date rape

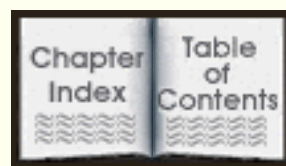
About 25% of college women have experienced a rape or an attempted rape since they were 14. Half of rape victims are under 18. Almost 85% of rapes are by people the victim knows; 60% occur in a dating situation. Mary Koss of the University of Arizona says many women are raped but then deny it, saying "I'm not sure what happened" or "he lost control" or "things got out of hand" but not "he raped me." In fact, only 24% of women actually

raped called it rape. Only 5% of rapes are reported. Even more astonishing, Professor Koss reports that 1 in 12 men admit they have raped someone (see discussion of rape and abuse in chapter 7). In addition, males and females look at the seduction situation differently: the man is marching forward, checking off the steps as he progresses--deep kissing, touching breast, unbutton blouse, feel up legs, massage crotch, etc., etc. The woman is trying to decide how far to go and resisting at some point the fondling hands. He expects the woman to put up some resistance, even if she "wants it." If, in the end, he forces her to go "all the way," he calls it a successful seduction; she considers it a rape or wonders if it was (Warshaw, 1988).

What can be done to avoid date rape? Know the person you go out with. Ask others what they think of him/her and listen for clues, such as "he is all hands" or "watch out when she gets drunk." Ask about and observe his/her drinking habits; 75% of date rape offenders and 55% of victims have been drinking. So, watch how much you drink too. If you do not want to have intercourse, be cautious about going to isolated places, do not "lead him/her on" or imply that you are "wild" or joke about being raunchy or sexually aroused. If you are certain that you don't want (or that it would be unwise) to have intercourse, stop the sexual activity early in the process. For instance, while either person--male or female--*has every right to stop the sexual seduction at any point*, it does not make sense to let the male expose your breasts, take off your panties, and stroke your clitoris, without indicating clearly from the start that you are *not* going to have intercourse. Under the circumstances I just described, it looks to the male like you, the female, are approving "going all the way." Without an explanation of why you are stopping at this point and without an understanding that you will masturbate him or have intercourse with him later when birth control is available, the male may feel so frustrated, angry, and confused that a date rape is more likely to occur. Of course, no rape is ever justified under any circumstances, but we shouldn't put ourselves into dangerous situations. Even in these very emotional "hot" situations, we still have to use our brain and common sense. Of course, many rapes occur even when the victim has been very cautious. You can lower the risks, however. If you are ever raped, report it immediately (see chapter 7). Rue (1989) and Jackson (1996) suggest ways of coping with dating violence and acquaintance rape.

[← Back a page](#)

[Forward a page →](#)



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SEX IN A COMMITTED RELATIONSHIP

Sex in (and out of) a "committed" relationship

Remember, we are marrying later. In 1975, 65% of women had married by age 25 and 93% by their early 30's. In 1990, only 40% of women have married by age 25 and only 82% are married by their early 30's. But we aren't postponing sex until marriage. Between 18 and the middle or late 20's, before marriage we are often involved with a series of sexual partners in more prolonged and "committed" relationships. In their lifetime, 55% of men and 30% of women have had 5 or more sex partners (20% of men and 30% of women have had only one partner). The sexually active singles are not unhappy with their lot, only one in three would prefer being married. Indeed, as long as there are no children, these serious premarital relationships are something like the early part of a marriage.

Once started, sex is usually frequent during the first few months of a sexual relationship. After the intensely sexual beginning, intercourse gradually declines over the next 2 to 4 years, so that at age 25 or 30, the average couple, who have been married 5 years or so, make love maybe twice a week, at 40 it's about 1 1/2 times a week. In a recent survey, 45% of married couples said they had sex "a few times a month" and 35% said "2-3 times a week." Yet, the average frequency of 1 to 3 times per week (for 25 to 59-year-olds) hides big differences among us. For example, about 12% have sex only "a few times a year." Even some young couples have sex only once every 2 or 3 weeks. On the other hand, 7% have sex four or more times a week; rarely is it once or twice a day (Michael, Gagnon, Laumann & Kolata, 1994). Whatever pleases each couple is okay. Quality is what counts, not quantity. However, for a variety of reasons, men seem to want it more than women. About 55% of men think about sex every day, only 20% of women do.

Excluding the extremes, frequency of intercourse tends to roughly reflect how satisfied the partners are with their sex life (Blumstein & Schwartz, 1983). For example, 89% of couples having sex 3 or more times per week are satisfied with their sex life. Among couples who have sex 1 to 4 times a month, only about 53% are satisfied. Don't conclude, however, that the way to achieve a better sex life is to double or triple the frequency. It's more complicated than that. Overall, about 70% of married couples rate their sex life as being

okay (meaning almost 1/3rd are dissatisfied). If your sex life is very good, regardless of frequency, your marriage is more likely to be close. Both men and women occasionally have difficulty coming to a climax, only about 5% to 10% of men but 30% of married women only occasionally or never climax--another 30% of women consistently have orgasms (Michael, Gagnon, Laumann & Kolata, 1994). Women who are very happy with their marriages are much more likely to be orgasmic (but being non-orgasmic doesn't necessarily mean you have a serious, unconscious dissatisfaction with your relationship).

There are remarkable variations in researchers' estimates of how many husbands and wives are unfaithful, ranging from 20% to 70%. Knox (1984) suggested that 50% of men and 20-40% of women have had an affair at some time. A more scientific survey found that 75% of married men and 85% of married women had been faithful (Michael, Gagnon, Laumann & Kolata, 1994) but these surveys include the newly married. In recent years, extramarital sex reportedly occurs about as often among women as men. Working outside the home increases the chances of an affair for women (Levin, 1975), about 50% of these women supposedly have had extramarital sex. Men seek casual sex and have more outside partners; women seek emotional attachment and have fewer outside partners (Blumstein & Schwartz, 1983). Some research suggests, as you would expect, that a poor marriage or unsatisfactory sex is often associated with unfaithfulness (Thompson, 1983). According to Grosskopf (1983), from 50% to 70% of unfaithful women said they did it because they were emotionally and sexually dissatisfied with their husbands (35% had found out *he* had an affair). On the other hand, Blumstein and Schwartz say that many couples who have had an affair are just as happy with their marriages as faithful spouses. They also say having one affair doesn't necessarily lead to another and church goers are just as likely to be unfaithful as non-goers. Unfaithfulness has been discussed above.

Sexual intercourse: making love

Sex, if done well, generates positive feelings towards the partner, i.e. it "makes love." "Making love" is usually a natural, emotional experience, a part of a relationship, rarely just a physiologically pleasurable act. We are ordinarily very careful who we have sex with; it is a consciously planned and orchestrated act. Yet, interestingly enough, human sexual arousal is a primitive physiological response that can't be consciously willed, e.g. men can't just will an immediate erection, women can't will lubrication. One needs to generate sexy thoughts or physical stimulation; one needs to be relaxed and "in the mood," then penises harden and vaginas moisten automatically.

It is tempting to say that making love is just doing what comes naturally, but that isn't at all true either. There are many things about intercourse we don't know automatically. For instance, we don't naturally take lots of time but good sex can't be rushed. We don't know what feels good to our partner, he/she has to tell us. In the beginning of a relationship, the male doesn't know how to locate a particular woman's clitoris or how she likes it to be stimulated. Females often don't know how to hold and stroke a penis. Both sexes have to

learn by being shown or told. Every partner is different and even the same partner has different preferences from time to time, so communication is vital. And, open communication about our feelings and sexual needs is hampered by emotional hang-ups we have to learn to overcome.

There are also many other learned sexual inhibitions and negative emotions we need to unlearn, e.g. it may be uncomfortable at first but eventually 90% of married couples have oral-genital sex often or occasionally. We may be embarrassed about moving or thrusting and making noises (expressing our pleasure), but an active, "excited" partner is the sexiest experience we can possibly have. It may be very hard to openly communicate about our bodies and what makes us feel good, but we must if we are going to get maximum pleasure. Sometimes, it is easier and better to show (guide his/her hands) than to try to verbally tell him/her what feels good. Your partner can't read your mind, don't expect it. A section below deals with communication. We may be acutely aware of our ignorance about sex and it may be very difficult to say, "I'm ashamed to admit it but I don't know about", but it is important to be realistic and honest.

We must realize that both we and our partner bring a long sexual history into even our *first* sexual experience. Our histories differ greatly: one partner may have masturbated almost daily since 12 or 13 and had fantasies of having intercourse with thousands of different people; the other partner may have stroked him/herself only a few times ever and had no sexual fantasies. We have all been sexually aroused in our sleep 5 to 7 times every night since childhood; some have enjoyed it, others were mystified and disturbed by their sexual responses during sleep, some denied or tried to ignore it. Your partners' fantasies of foreplay, of the sex acts involved in intercourse, of what he/she might feel, and of what should be done after intercourse may be radically different from your expectations. Each of us has heard different things about sex from friends, movies, parents, teachers, books, and so on. Males and females may bring different instincts into the sexual act. It is important that every lover be aware of and tolerant of the unique differences his/her partner brings to this vital moment. However, that doesn't mean that sex can't be improved over time, providing you receive good instruction.

Most inexperienced males imagine that really good sex consists of getting the woman partly undressed and then shoving an enormous penis in and out of her vagina until they both explode simultaneously with a fantastic orgasm. For men, the fantasy ends there. What terribly misguided notions we have about good sex.

Few women have the same conception of good sex. Instead, she imagines going out to a romantic setting, having a wonderful time, holding hands, talking, laughing, dancing, etc. Later in her fantasy, a nice looking, smooth-talking, confident lover tells her about his feelings for her, their future, her attractiveness, his needs for love, etc. She imagines being held tightly and kissed over and over. Her fantasy may include his slowly and gently touching her breasts and later her sexual parts, eventually undressing her and having

intercourse, but this isn't the total focus of her fantasy. After "love making" she imagines being held, comforted, and told that sex has made the closeness and love between them much greater. She wants reassurance that she was an exciting sex partner and that the male wants to do many other things (nonsexual) with her soon.

Early in the love making process, the typical male is worried that he will do something wrong or that she will stop him. He is progressing as rapidly as he can towards intercourse so he won't lose his chance; meanwhile, she is hoping for romantic affection and tries to encourage this by slowing his progress. If she expects and wants to have intercourse, she may realize that time and stroking are needed to start her lubricating. He may have trouble finding her sensitive spot (clitoris) and she hesitates to show him (if she knows). She isn't very turned on by his penis; indeed, she may be scared of touching it or repulsed by it (he thinks it is the most wonderful thing in the world and wishes she would love it as he does). In the end, neither may experience much of what they wanted or imagined it would be like. If they are smart and lucky, both start to realize that this is a complex situation involving actions, emotions, expectations, communication, knowledge, and consideration of others, which will take a long time to truly master.

Good sex involves finding out what the partner wants to happen before, during, and after love making. Then each partner attempts to meet as many of the partner's desires as possible. Compromises will be needed.

There are hundreds of books, some 1000's of years old, about improving sex. I will cite several good ones below, but in my opinion the most important secrets are:

1. Love making should focus on loving each other by verbal expression and touching. Consider the orgasm as only the wonderful "climax" of a long love session (if you can afford the time). Certainly give up the foolish notion that both people must come to a climax at the same time (25% of men and 14% of women believe this). A book on sensual massage may give you ideas (Inkeles, 1992). Note: years later in a relationship, less attention may be given to the expressions of love because the goal of both partners may primarily be physical pleasure. Nothing wrong with that.
2. Remember the male usually appreciates attention to and stimulation of his penis. Do this often during love making and in other situations as well.
3. After lots of skin contact, most women need to have their clitoris stimulated in order to become aroused and lubricated, and to achieve an orgasm. This is why 20% of women prefer oral sex to produce an orgasm. The clitoris is located about an inch in front of the opening to the vagina. Talk to each other about what the clitoris needs to feel good. After some experience, a vibrator frequently provides the best stimulation to the clitoris.

4. Remember: love making is not a test or contest, not a time to measure or count any thing. It's a time for care-free play, a focus on love, and a time to have fun.

In long-term relationships, love, liking, and sex are closely tied together. Throbbing sexual arousal isn't likely to occur if the lovers have been bickering all day (although 25% to 35% of couples "make up" by making love). But good sex increases the love ("makes love") and reduces the tension (McCarthy, 1982). In general, couples who have an egalitarian relationship have the best sexual adjustment (Hatfield, et al, 1982). If sexual intercourse is done with tenderness and enthusiasm, if it occurs in a comfortable setting, if both parties are without guilt and concern about pregnancy, it can be one of life's greatest joys, a wondrous event, a cherished memory, a fantastic way to bond with another human being. While all this is true, there are some couples who love each other deeply and enjoy each other's companionship without having much interest in sex.

You mustn't force sex to do the work of love or love to do the work of sex.

-Mary McCarthy

Needless to say, if sex is done roughly and selfishly, if one person is deceived or hurt, if it results in an unwanted pregnancy, intercourse can be a horrible experience. Also, like all good experiences, sex can be diminished by expecting too much. Sex with the same person, in time, inevitably loses some of its wild excitement; this should be expected and accepted, not taken as a sign of a loss of love. Intense excitement is replaced by comfort and security. Also, if we get "performance anxiety" and push ourselves to achieve 2 or 3 climaxes or to reach simultaneous orgasms (see Knox, 1984, p. 302), we have to work too hard and set the stage for being disappointed. Once we become a full-time "spectator" observing, coaching, and criticizing our own sexual performance or our partner's, rather than flowing with the feelings, we are in trouble. Worry and anxiety are not a part of good sex.

Books for improving sex

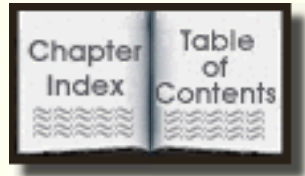
There are many good books for learning about sex. For an excellent, up-to-date, informative general text about sex and love, look up Masters, Johnson, and Kolodny (1994). Although somewhat dated, mental health professionals consider Barbach's (1975, 1980, 1982, 1992) books to be the best guides to female sexuality (Santrock, Minett & Campbell, 1994). The therapists also judged Zilbergeld's (1978, 1992) books to be the best guides to male sexuality, especially the more recent publication is solid, sensitive, comprehensive, and thoughtful. For an explicit "gourmet guide to lovemaking" it would be hard to beat Comfort's books (1972, 1983, 1991) but expect the pictures to be mildly pornographic.

Other books focus on improving sex. Among the best are Stoppard (1992); Belliveau and Richter (1970), Gray (1995), Heiman, LoPiccolo & LoPiccolo (1976, 1987), Kaplan (1975, 1979, 1987), Kelly (1979), Leiblum and Rosen (1989), McCarthy (1977), McCarthy & McCarthy (1993), Morgenstern (1982), Nowinski (1988), Pearsall (1987), Penney (1981), Pietropinto and Simenauer (1990). Dr. Ruth's books are not recommended by mental health professionals; they view her as unnecessarily provocative or earthy and rather superficial or disorganized.

Videotapes are being sold for improving your sex life (call 1-800-367-7765). See the next section for specific information about sexual problems, such as reduced sexual desires, impotence, lack of orgasm, etc.

[← Back a page](#)

[Forward a page →](#)



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DEALING WITH SPECIFIC SEXUAL PROBLEMS

There is a tendency to think "I'm the only one who has this sexual problem or thought." In a society where youth and beauty are worshiped, one may also think "young people are great in bed; old people have sexual problems (or no sex at all)." In reality, about 30% of all males and 40% of all females sometimes lack sexual desire, 37% of college students have trouble occasionally getting an erection or getting lubricated, 30% or more of sexually active college women don't orgasm regularly, 23% of college men ejaculate too soon, and 20% or more of both sexes have doubts about their sexual adequacy (Koch, 1982; Rubenstein, 1983). So our sexually liberated society hasn't freed us from sexual worries, it may multiply them. But, there's hope, 75% of the elderly, who are still sexually active, say lovemaking gets better with the years (Starr & Weiner, 1982).

It is no wonder we have sexual problems. Sexual activities by children and young people, even private masturbation, is described negatively and forbidden--even considered a serious sin. It is estimated that 11% of men and 23% of women are sexually molested as children. 22% of women have been forced by a lover to do some sexual act they didn't want to do. Sexual experimentation may give little pleasure and lots of distress, including rejection, guilt, and unwanted pregnancy. In short, our sex drives are a testimony to our physiology and raging hormones (and to the emphasis on sexual seduction in our entertainment), *not* to our wholesome child rearing, our enlightened sex education, or to our psychosexual history.

Of course, everyone has heard of the "mid-life crisis." Sometimes, about age 40, "sexual burnout" occurs. This is when sex with a long-term partner becomes boring, the relationship seems emotionally empty, and both may feel tired and sexually hopeless or inadequate. Barry McCarthy (1982), a psychotherapist, reports that many couples seeking counseling have devoted very little time to improving their sex life or their relationship. Yet, many seeking therapy (80%) have found the time to have affairs, hoping to spice up their sagging sex lives or to stimulate their flagging sexual energy. Also, keep in mind that when a sexually burned out couple gets a divorce, both will frequently go through a torrid love affair with a new lover (so it's psychological, not physical) and then find that the same sexual problems are gradually reappearing with the second partner (Kolodny, 1983). So, we aren't just animals operating on instincts either; "our mind is our biggest sex organ."

There are some excellent comprehensive self-help books which address a variety of sexual problems (Masters, Johnson & Kolodny, 1994; Kaplan, 1987; Yaffe & Fenwick, 1988). Margolies (1994) has written for the wives of men with sexual problems. Reinisch (1990), from the Kinsey Institute, tells us a variety of facts we need to know to be sexually informed. Weinrich (1987) sheds research light on several sexual puzzles, including homosexuality. We will briefly survey only the more common sexual problems and how to treat them.



We tolerate a popular culture drenched in eroticism and a scientific literature bereft of facts (the federal government has opposed several surveys of sexual behavior).

-Beryl Benderly



Lack of sexual interest

A few people experience very little sexual drive, even in new romantic relationships. But most of us are obsessed with sex in the early infatuation stages of a relationship. We eagerly spend hours every day touching, kissing, holding, fondling, and sexually arousing our new love. Yet, after a few years, the burning interest wanes. Sex becomes routine. Why? We don't understand it, but it happens to all of us to some extent, e.g. the frequency of intercourse declines from once a day (for a short while) to once a week years later. It is an expected transformation. The change is so gradual we hardly notice it. Suddenly we realize that the person who once drove us crazy can undress in front of us and we hardly notice. Some people go for weeks without wanting sex, some reject their partner's advances.

Part of the problem is that many of us think everyone else (except our parents and the other "old folks") is having hot sex every night, and probably "getting some" on the side as well. Thinking that way, we may feel we are not as sexual as others. However, a recent objective survey (Michael, Gagnon, Laumann & Kolata, 1994) found that less than 8% of us are having sex more than four times a week. Two thirds of us have sex "a few times" per month or less. The remaining 30% of us have sex only a few times a year or less. So, Americans aren't as sexually obsessed as we may think.

Inhibited sexual desire is *the most common* sexual problem, about 50% of all long-term relationships have a partner who lacks interest. In 15-20% of the cases of serious loss of interest there are physical causes, so check this out with a medical specialist. For instance, in menopausal women the lack of androgens causes a loss of sex drive so estrogen-androgen therapy is needed. Also, when men have trouble getting or keeping an erection, which could certainly cause a lack of interest, almost half the time there is a physical health factor or cause. If sex is not enjoyable because a climax can not be reached (see later discussion),

intercourse may be avoided. Much of the time, however, the simple lack of interest is caused by psychological factors: depression, feeling up tight, fear of pregnancy, stress at work, feeling unattractive, fear of intimacy, anger towards the partner, a power struggle with the partner, old beliefs about sex being dirty, traumatic experiences, guilt about extramarital interests, a fear of not being able to perform sexually or, most commonly, "feeling tired" (Knox, 1984; Masters, Johnson & Kolodny, 1985). Several sex therapists have described ways of solving the problem of low sex drive or "inhibited sexual desire" (Kaplan, 1995--rather clinical and treatment oriented; Covington, 1992; Knopf & Seiler, 1991; Williams, 1988). Here is a summary of the suggestions.

If sex has just become boring, spice it up and make a production out of it. Once a week go out to dinner, go dancing, go to a comedy club, with the clearly stated intention of being seductively romantic and then coming home with plenty of time to make love. At other times when you are just at home, get showered and dressed in sexy outfits before going to bed--and spend some time smooching before intercourse. Try having sex in different places or at different times, perhaps in the morning or right after exercising. Give each other a bath and/or full body massages. Read together a book about sexual techniques, then talk, as needed, about how your sexual enjoyment can be increased. Look at each other during sex play and tell your partner how wonderful it feels and looks as you are making love and climaxing. Talk, talk, talk, until someone says "let's not talk so much" and kisses you. Learn to enjoy this fantastic "gift" of life.

Obviously, some of the time, a personal-interpersonal problem will have to be solved before the sexual juices can flow naturally. If there is friction between two people, usually the sex drive immediately drops but it will automatically reappear as soon as the conflicts are resolved. Talk to each other about minor irritations as well as major problems. It has been shown that relationship therapy can improve a couple's sex life and sex therapy can improve their relationship. See the discussion above for improving the marriage.

When a couple are miffed at each other, males and females often have differing notions about how to get emotionally back together (Bergner & Bergner, 1990). 35% of males think making love is the best way to make up (65% of women strongly disagree). This disagreement reflects, in part, how the sexes view intercourse. Males see *sex as a way to establish a positive love relationship*, e.g. early in a courtship the male will say, "don't just tell me you love me, show me by having sex!" Sex proves to him that she likes him. A female knows sex doesn't prove he loves her, so she wants to be chosen, valued, wooed, and loved first, usually by talking, touching, and doing things together, before having sex which to her *only confirms an already established love*. Otherwise, she may feel sexually "used" ("he's only interested in sex"). So, after being miffed, the wife may reject her husband's sexual advances (his way of making up), resulting in his seeing her as asexual, cold, and sexually manipulative ("you have to be nice to me first"). They are at an impasse unless they see what is going on and both give in, namely, he should verbally and in non-sexual ways express his affection and willingness to "straighten things out." She should try to understand

and accept his interest in sex as a sign that he wants to re-establish a warm, loving relationship.

Hajcak and Garwood (1987) believe that sex is frequently undertaken (without conscious awareness) to satisfy some other need, such as loneliness ("no matter how many people I go to bed with, I still feel lonely"), affection, intimate sharing of feelings, reassurance of being loved, escape from sadness or boredom, and maybe even to express anger. If sex doesn't meet those other needs, then for such people, sex isn't achieving its purpose and they come to believe their sexual relations are poor. These authors try to help people meet the other needs in more appropriate ways--or at least get the other needs out of the bedroom. Good sex only meets our sexual needs, not curiosity or achievement needs and perhaps not even loneliness or intimacy needs. We have to discover and deal with the underlying extraneous needs we are trying to meet by having sex (see chapters 5, 6, 7, 8 & 9).

Other interpersonal reasons why sexual interest is low include this kind of thinking: "he/she has more (or fewer) sexual needs than I have, so I'll let him/her decide when we'll have sex," "he/she turned me down last time, I didn't like that, so I'll just wait," or "I'm tense and not very horny, I don't want to give him/her the impression I'm interested." When these kinds of inhibitions have been openly disclosed and discussed, the sexual drive--of moderate strength--will probably return.

Probably the most common device for increasing sexual zest is the VCR and adult films. This is apparently effective and enjoyable stimulation for many people. But some people prefer their partner become interested in and sexually excited by watching (and interacting with) them rather than someone else on tape. Moreover, if a person is already unhappy with his/her body or insecure about his/her love making, watching beautiful, well endowed people making (or faking) wildly passionate love, could increase his/her self-criticism and inhibition. Each person has to figure out what turns him/her on; then compromises have to be made with the partner.

Besides improving the relationship, having stimulating sexual thoughts, and reducing the negative emotions, the self-helper with a low sex drive should concentrate on re-learning how to enjoy sex, so he/she will have an increased interest in sex. Usually a method called "**sensate focus**" is used by sex therapists. This involves getting undressed with your partner, which can be sexy itself, but refraining from touching his/her genitals or breasts, thus, removing the pressure to perform sexually. While nude, each person lovingly touches and is touched, savoring the sensations (note: you aren't attempting to sexually arouse the partner). In fact, sex isn't permitted during the first few sessions of this exercise. In the next phase (a few hours or sessions later), the breasts and genitals are included and touched. Each partner must show the other what feels good by guiding their partner's hands. Intercourse is still prohibited. In the final stage, the massaging and fondling leads up to the woman getting on top and playing with the penis, guiding it to, around, and away from her clitoris and vagina.

The idea is to focus on and enjoy the sexual sensations but remain comfortable and without any pressure to perform. Eventually, intercourse occurs naturally.



The best aphrodisiac is know-how which results in an enthusiastic, horny partner.



Three other comments need to be made about this problem. First, some people misunderstand their own sexual feelings early in love making. If they do not get "turned on" right away, they conclude they aren't "in the mood." If foreplay were continued, however, they are likely to respond. Second, your sexual drive depends on how much you think about sex (in a positive way). If you are under pressure at work, your sexual urges will certainly be less than if you are telling dirty jokes with your co-workers or interacting with your attractive co-workers of the opposite sex all day. So, spend more time thinking and fantasizing about sex, see more sexy movies, read sexy books, exchange jokes, create provocative daydreams and so on. The mind is the best aphrodisiac. Third, sexual inhibitions or aversions, such as disliking masturbation or oral sex (actually preferred by 10% of men and almost 20% of women), can be overcome by desensitization and/or covert conditioning (see chapter 12). For example, repeatedly think about the aversive activity while relaxing or while enjoying some other sexual activity (Byrne, 1976). This is usually effective after several 15-minute fantasy sessions. If not, just agree to avoid the distasteful activity... or see a sex therapist.

Men's sexual problems

Men, in general, talk about their sexual conquests but not their sexual concerns. They tend to keep up the strong male image, including the impression that they are fantastic in bed and that they have no problems (except they "can't get enough"). Yet, males usually feel responsible for sex--for approaching the woman, arranging the place, skillfully handling the foreplay, and producing both orgasms. Moreover, too many macho males think sex is all that really matters in a relationship; sharing feelings and problems, being tender and caring, doing things together that she likes to do, getting to know each other deeply, etc. are seen too often as silly women's stuff. These men just don't get it: good loving is not in the penis, it is in the heart and the mind. If sex were just coming to a climax, then we'd just masturbate. Sex is a mental-interpersonal process, not just a brief physical act. With males having all these responsibilities, misconceptions, and sexist attitudes, the truth is men have a lot of sexual problems.

The males who have a hostile, chauvinistic attitude towards women are responsible for much of the rape, abuse, and harassment of children and adult women. About 2 million girls are sexually abused by a father, brother, or other relative every year, another 3 million by

rapists and child molesters. By 16, 20% of all girls have become victims of incest. In addition, about 25% of all college women become victims of rape or attempted rape, 60% of the time it was on a date. These statistics reflect very serious sexual-hostility problems in men. Sexual abuse is discussed in chapter 7 because it is selfish aggression, not love.

With more women insisting on equality and becoming more sexually active and sophisticated, men are becoming more interested in being well informed. They are realizing their differences with women. Several books about male sexual anatomy, sexual functions, sexual techniques, sexual communication, sexual diseases, sexual problems, etc. have become popular (Purvis, 1992; Doyle, 1989; and especially Zilbergeld, 1992).

On confidential questionnaires, half of all males say they are not happy with their sex life (many complain about their wives). Most do not seek professional help, but in the privacy of a therapist's office, the most common problems of males are "I can't get it up" and, essentially the opposite, "I come too quickly." Most males have had a few experiences with a weak or partial erection, especially when drinking, tired, rushed, lacking privacy, or with a new partner. Anxiety is a common factor here. When the male is unable to get an erection over 25% of the time, it is called "**impotency**." *Reportedly, most erection difficulties start with a physical problem*, such as diabetes, drug and alcohol use, and high-blood-pressure medication. At least, this was the accepted wisdom before the recent development of Viagra. So, it is a good idea to *see an urologist*. Most of the cases with erection problems can be helped by physical and psychological treatment combined.

Near the first of April, 1998, the United States Federal Food and Drug Administration approved Viagra as a treatment for impotence. It is reported that 30 million American men are sexually dysfunctional. The researchers report that the drug is quite effective, maybe 70%-80%, with physiologically caused impotence, apparently it is not clear yet how well it works with psychologically caused impotence. Thus, it is not surprising that there are lines at the drugstores for this expensive (\$10) pill. Considering the importance of "performing" sexually to many men (and to many women, if they haven't learned to have good sex without intercourse), the drug offers hope that one can feel more virile and have a better love life.


Viagra works by relaxing specific muscles in the penis. When these muscles are relaxed an erection is possible. The FDA approved drug is effective for only 5 or 6 hours; actually, nothing happens penis-wise if the man doesn't experience some sexually arousing situation or fantasy. That is, you don't get an erection just by taking the pill. The little relaxing muscle doesn't make you more horny or more potent, so don't think of Viagra as an aphrodisiac. There are some reported side effects: headaches, painful erections, upset stomach, and vision problems (difficulty distinguishing certain colors or just poor vision for several hours). And, of course, the long-term effects of frequent use, if any, are totally unknown.

Perhaps the most important thing to realize is that the Alternative Medicine snake oil


salesmen are out in full force attempting to make big bucks selling their potions to uninformed people who have heard about the real scientific breakthrough (Viagra). The cons waste no time... during the first month after the FDA announcement I received five or six medical-sounding ads for some miracle herbal cure for impotence. The best advice, at this time, is to get a prescription for Viagra from your doctor. Don't order something through the mail.

Health Insurance will, in some cases, pay for Viagra or, at least, for 5 or 6 per month. Other companies said they would pay for physiologically caused impotence but not psychologically caused problems, but this seems discriminatory and besides it is likely to be hard to tell the difference.

An average, normal male has several erections every night, even at age 65 the penis is erect an hour and a half every night! If erections do not occur after being checked and treated for physical problems and taking Viagra, then psychological treatment is needed. Most therapists treat an erection problem by (1) teaching the male to satisfy his partner without using his penis and (2) having the partner stimulate the penis repeatedly (without intercourse or ejaculation) until the male gains confidence it will work. Most importantly the relationship often needs to be worked on, especially resentment and feeling insecure. There is a self-help book for this problem (Williams, 1986). A variety of psychotherapies have been effective about 2/3rds of the time, reflecting the role of psychological and interpersonal factors. But don't overlook the physical causes and the new drug, Viagra; they are important first steps.



Anxiety is when for the first time you can't do it a second time; panic is when for the second time you can't do it once.



Ejaculating quickly and intensely could certainly be considered a sign of potency, rather than inadequacy. But if either partner wants the female to climax during intercourse with stimulation only being provided by the penis, then quick ejaculations are a problem, called "**premature ejaculation** ." Almost all males occasionally ejaculate sooner than they'd like. Perhaps 20% of males consistently have difficulty controlling their ejaculation, but only 20% or less of that group seek help with the problem. It can be changed.

Several things might be helpful with premature ejaculations: (1) use a condom to reduce the stimulation, (2) have one or two drinks before sex, (3) think about other things, (4) ejaculate twice (usually premature ejaculations are no problem the second time), (5) satisfy the partner in other ways and, then, both enjoy the male's quick, powerful climax, (6) avoid deep thrusting by letting the tip of the penis massage clitoris and play at the opening of the vagina or by leaving the penis fully inserted and concentrate on rubbing the pubic areas

together (whatever feels good to the female), (7) stop stimulating the penis before reaching "the point of no return" and relax a moment, and (8) use the squeeze technique. The latter method involves squeezing the penis (fingers on top and thumb on bottom) right behind the head or near the base. This is done just before reaching the "point of no return" (when ejaculation can't be avoided). A hard squeeze reduces the urge to ejaculate. In this way the female partner can teach the male to keep an erection. Masters and Johnson claim a 96% success rate. Kaplan's (1989) self-help book, *How To Overcome Premature Ejaculation*, is recommended.

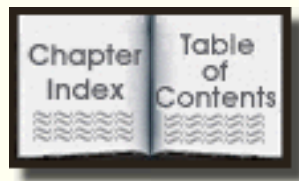
There are other male problems, such as *being unable to ejaculate in the vagina* or taking a long time to do so. These are rare but treatable, usually by a sex therapist. There may be relationship problems. But, a desensitizing process might be tried first involving these steps: (1) masturbating alone thinking of your partner for a week or so, (2) masturbating in front of partner during the next week, (3) being masturbated by partner for another week or so, and (4) being aroused by partner to near the point of ejaculation and then inserting the penis in the vagina. After successfully ejaculating inside the female in this manner several times, the fears usually disappear. This procedure is successful in about 75% of the cases (Masters, Johnson & Kolodny, 1985).

For more information about the treatment of premature ejaculations and impotence, call 312-725-7722. Another problem, sexual addiction, is more common among men than women (see Carnes, 1991), e.g. over 50% of men think about sex every day (or several times a day) but less than 20% of women do. General references are Pervis (1992) and Zilbergeld (1992).

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[← Back a page](#)

[Forward a page →](#)



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DEALING WITH SPECIFIC SEXUAL PROBLEMS

Women's sexual problems

By far the most common female concern is "I find it hard to have a climax." This may mean many different things: never having an orgasm in any way, never or seldom having a climax during intercourse but other ways work fine, being able to masturbate one's self but not able to climax when stimulated by a partner, being able to climax only after continuous extensive (45 minutes or more) stimulation or being unable to predict or understand one's orgasms, i.e. it is easy sometimes but elusive at other times. It is not known how many women have had some experiences like these--probably a high percentage--but it only becomes a "problem" if someone is dissatisfied. About 10% of sexually experienced women have never had an orgasm during intercourse, another 10% climax infrequently with intercourse, another 10% are inconsistent. Actually, only 30% or 40% of women orgasm through intercourse alone, which our puritanical culture would consider "normal." About half of all women have trouble having an orgasm. Almost 60% privately say they are dissatisfied with their husband's sexual performance. To what extent are males being held responsible for the female's sexual response?

Of course, it isn't necessary to climax during intercourse in order to be sexually satisfied. There are other ways to achieve an orgasm; in fact, many (33%) women prefer these "noncoital" orgasms (Hite, 1977). However, if one wants an orgasm during intercourse, most women need more stimulation than just intercourse, for instance extensive foreplay or stroking the clitoris during intercourse. There are two major points: (1) Women should not feel inadequate if they don't climax every time. For many women (70%), orgasms are not always necessary (Sarrel & Sarrel, 1980), sex is often satisfying and comforting if the woman is "aroused" and experiences the man climax inside of her (Collier, 1982). Yet, over 65% of women sometimes fake orgasms (Butler, 1976), presumably to make the male feel better. (2) Most women can, with practice, learn to have an orgasm either during or without intercourse. Becoming orgasmic may take a little time every day for several days and you may have to deal with some of your childhood inhibitions, but it can be done and it is worth it! Fortunately for women, climaxing improves with age. There is a lot of interest in female orgasms (Fisher, 1973; Meshorer &

Meshorer, 1986).

Several successful treatment programs have been developed for women who have difficulty climaxing (Fenwick & Yaffee, 1992; Barbach, 1975, 1980, 1982; Dodson, 1987; Masters, Johnson & Kolodny, 1985; Heiman, LoPiccolo & LoPiccolo, 1976, 1987). Barbach has written the most. Heiman and LoPiccolo have a good book and an instructional video (1-800-955-0888). All use similar methods. First, the pressure to perform is removed and attitudes about self-stimulation are explored. Certain facts are explained: 42% of women masturbated during the last year, that masturbation more frequently (95%) produces a climax than intercourse (60%), and that masturbation usually produces a *more* intense orgasm. Sexual taboos cause 40% of college-age women to avoid masturbation, so this is a scary concept for many women.

Secondly, the woman slowly becomes comfortable examining and touching herself, especially her genitals. Through something like sensate focusing (see above) by herself, she learns what feels the best and she overcomes any distaste with touching herself. After several hours (spread over 10-15 days) of this "pleasuring," including the use of a gentle vibrator, she should be able to overcome her inhibitions about touching herself and her fear of climaxing. (Don't use anything electrical near water.) When she feels safe and able to enjoy self-stimulation, if an orgasm has not already occurred, she is encouraged to masturbate until "something happens." This may take 30-45 minutes; if the orgasm takes a long time, she probably needs to use a vibrator and erotic fantasies. Vibrators are wonderful aids for most women.

Third, after she has learned to orgasm easily, the woman then shows her lover how she masturbates and teaches him in detail. Fourth, the male masturbates her in the same way until she can have orgasms regularly. Lastly, if she wants to orgasm during intercourse, they have to modify and integrate the masturbation techniques into intercourse. This four or five step process is reported by Masters and Johnson as being 70-80% successful. Note: two people should not try to have climaxes at the same time; I know that is some people's idea of how it should be, but for most couples it is much too hard to get the timing just right. Simultaneous orgasms are for compulsive, perfectionistic gourmets.

It may be necessary, in more difficult cases, to understand the causes underlying the inability to orgasm. For instance, if a woman had been consistently responding sexually and then stopped having orgasms, obviously she should explore what was going on at the time to cause the change. The specific causes will determine what kind of self-help or treatment is needed. Knox (1984) says these causes, beyond those mentioned above, underlie a lack of sexual satisfaction: focusing too much attention on pleasing the partner and not enough on her own feelings, negative feelings about the partner, not enough stimulation (if the clitoris is stimulated 20 minutes or more, 60% have a climax almost every time), fearing letting go (try desensitization), drinking too much, and just not knowing what kind of touching feels good. Albert Ellis (1974) says the pressure to perform

prevents orgasms. Lillian Rubin (1976) believes men are at fault because they make two impossibly conflicting demands--(a) be a responsive, orgasmic woman and (b) act like a naive, passive, innocent "good girl." As a result, according to her, women turn off to sex but yearn for more love. The love vs. sex conflict can also become a power struggle. These are the kinds of psychological problems that may need to be solved before a woman is free to climax.

Other female problems include painful intercourse, vaginismus (closing up of the vagina causing intercourse to be impossible or uncomfortable), and rapid orgasm (like premature ejaculation). Pain is usually due to a lack of lubrication or an infection. Vaginismus can usually be dealt with by gradually inserting one well lubricated finger and leaving it there while relaxing for a few minutes. Later, two fingers can be inserted, then let the partner insert one finger, then two, then his penis. This procedure may take a few minutes a day for 3 or 4 weeks. Stay relaxed (like in vivo desensitization) and use plenty of KY jelly. Rapid orgasm can just be enjoyed.

Data mentioned earlier in this chapter and in chapter 7 document that many women have been traumatized by many different kinds of sexual abuse and harassment. The mean, hostile, indifferent aspects of sexual abuse are covered in chapter 7. Books for overcoming the long-term emotional scars of incest and sexual abuse include Blume (1990), Jarvis-Kirkendall & Kirkendall (1989), and Poston & Lison (1990). In many cases, psychotherapy and group work will be necessary too.

Causes of sexual problems

Physical factors, like infections, may cause intercourse to be painful (both for men and women) and this condition may lead to a protective reaction in the woman of vaginismus and a lack of an erection in a man. In addition, hundreds of prescribed drugs, illegal drugs, alcohol, nicotine, and hormones affect our sexual reactions. Hormones may be especially important after menopause. Some physicians claim that 80% of sexual problems are physical in origin, but many psychologists believe psychological causes are just as common as physical causes (Masters, Johnson & Kolodny, 1985). Unfortunately, few therapists are experts at treating both the physical and the psychological factors. So, you may need to see two experts. There is a Male Sexual Dysfunction Hotline (1-312-725-7722).

Premature ejaculation and difficulty having an orgasm may be "natural" or caused by psychological or interpersonal-emotional factors. What are some of the psychological causes? There are many and every life is unique. As mentioned previously, the family of origin may have had a negative attitude towards sexual body parts or acts, e.g. "sex is crude--something women have to put up with" or "it's a sin to touch down there" or "we don't talk about these parts" (out of 1400 parents interviewed by Elizabeth Roberts *none*

had ever discussed the clitoris with a daughter). Unreasonable guilt and embarrassment may stay with us forever. Conflicts with a parent or parents getting a divorce may result in anger and distrust towards the opposite sex or in confusion about sexual identity. Early sexual experiences may have been traumatic--painful, forced, or guilt-producing (see abuse in chapters 7 and 9). Early experiences can also become an obsession, e.g. being attracted to a certain type of person or activity, such as being tickled or spanked. Many fears interfere with "letting go" and enjoying sex: fear of failing to perform, pregnancy, disease, being used, being swept away (Cassell, 1984), making noise, losing control, urinating, looking ugly or absurd, being caught, and so on. These fears have to be unlearned or reduced.

The quality of sex usually depends on how positive the two people feel about each other. You might say, "I can imagine having great sex with a total stranger." That's true. But it becomes much more complex when the relationship is intimate. Examples: If one is in love, able to talk freely, feels secure and trusting, enjoys the lover as a friend and a sex partner, then sex is greatly enriched. If we are angry, distrustful, having a disagreement, feeling critical of the partner's appearance, or losing interest in the partner, our involvement in sex is reduced, perhaps to zero. This is especially true if one partner becomes hypercritical of the other: "You are a lousy lover," "You're getting so fat it's disgusting," "You can't get into sex because you are emotionally hung up on your dad" or "You are so uninterested, I think you are gay." Obviously, sex in these cases probably won't improve until the relationship improves.

Talking about sex

Bach and Deutsch (1970) illustrate the deception that occurs early in a relationship, using "Will" and "Carol." These two people have had a couple of dates, like each other, and are trying hard to please and impress the other. After a fun day at the beach and a romantic dinner, Will asks Carol to stay over night at his place. She agrees. But after a long drive home, both are very tired, have sun burns, and need to go to work early in the morning. Actually, both would rather go home tonight and set aside a special night for making love the first time. However, they are pushed by their own needs to please, to impress, and to deceive the other. Each assumes (without asking) the other is horny. Each wants to give the impression that he/she is highly sexual too. The truth is that both are concerned about their sexual adequacy.

Since neither can say "let's wait," Will and Carol stay together and have intercourse. They utter the right words to each other: "I love you," "You are fantastic," "Yes, I came," "You are a real man," "You have a great body," and so on. But during sex they were thinking: "I'm too tired to come," "I feel miserable," "He will think I'm frigid," "I can't keep this up, I hope she comes soon," "My God, she wants more!" and so on. Will has a climax and Carol fakes one. After telling each other how wonderful it was (while hoping

the other is ready to sleep), they struggle to be affectionate and provide a little afterplay. This leads to more intercourse which neither wants and both fake a climax this time. They weren't honest. The experience was much less satisfying than it could have been. By pretending, they set a high sexual standard to live up to in the future, and they increased their own feelings of sexual inadequacy. If Will and Carol do not become secure enough to be frank with each other, they will become stressed and irritated. Their relationship may be headed for trouble.

Later in marriage a common complaint is "I ain't gettin' enough." But Masters, Johnson and Kolodny (1985) say frequency is almost never the issue. What is the problem then? The complainer may feel neglected or lonely or that something is wrong with the relationship. The partner being complained about may be anxious at work, upset about adding weight, disgusted with his/her lover, or depressed. The tasks of a couple who "ain't gettin' enough" are to recognize what the real underlying problems are, talk about solving those problems, and express loving concern for each other. The freer one can talk to his/her lover about sex *and* other concerns, the better the sex will be (Levin, 1975). Many books discuss intimacy and communication in marriage (Gottman, Notarius, Gonso, & Markman, 1976; Rubinstein & Shaver, 1982b; Rubin, 1983). Below are guidelines for communicating about sex:

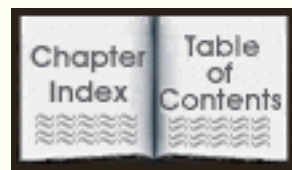
1. Be honest, open, and direct. Don't pretend, be genuine. If you don't know what your partner is thinking, wanting, or feeling (and you probably don't), please ask, don't assume. Don't be overly eager to impress, like Will and Carol.
2. Forget the nonsense that men know or are supposed to know all about making love. No man knows how a woman feels or what she needs to climax; each woman is different. Talk to each other, **DON'T AVOID DISCUSSING PROBLEMS**. Both the male and the female have to let the partner know what feels good and what doesn't, what acts are appealing and unappealing. If there is a problem, just say "I'd like to talk about our love-making," then find out when is the best time to talk, i.e. after making love, before, or at an entirely separate time.
3. Forget the notions that men should take the initiative, that the man is responsible for making sex good, and that the woman just lies there, letting the man do things to make her feel good. These are outdated Victorian ideas. So are ideas like: "a man never gets enough" or "most women want to be loved but aren't really interested in sex." The best sexual adjustment (80% satisfied) is achieved when each spouse takes the lead equally often. When the initiative is one-sided, only 66% are satisfied (Blumstein & Schwartz, 1983). A wonderful aphrodisiac is an excited, active partner.
4. Try your best to avoid thinking negatively about the partner, especially watch out

for blaming the other person for your problems. Examples: "I might have a climax if he were a better lover." "If he loved me, he'd take more time, whisper sweet nothings in my ear, and massage my back." "If she loved me and wasn't such a prude, she'd play with my penis a lot." "He/she never wants sex, he/she must have a problem (gay/lesbian, feels inadequate, ashamed of his/her body)." The stereotypes and negative thinking frequently hide our own feelings of inadequacy: "It's not my fault, he/she is the one to blame." You need to understand what is really going on.

5. Use "I" statements when expressing a concern (see chapter 13). This shows you accept responsibility for your own feelings. It shows that you are hoping to work cooperatively to solve the problems.
6. Use empathy responses when the partner talks about problems (see chapter 13). This helps get the true underlying problems out on the table. Remember nothing kills sexual urges as fast as resentment and depression.
7. Use books as a stimulus for discussing sex. They may help you see the problem from another angle, suggest factors you had not thought of, and offer you a variety of solutions to consider with your partner.
8. Often it is much more effective to show your partner how to do something, rather than trying to tell him/her. If the woman will guide the man's hand as he touches her clitoris, he will more quickly understand what she wants. Likewise, the man can show the woman how he masturbates and then guide her hands so she knows she is doing it just right.
9. Don't expect things to stay the same; how a couple makes love tends to change from time to time. Don't expect perfection--but you do have the right to a good sex life. Talk about trying new things. And don't forget to laugh too.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

HOMOSEXUALITY

Homosexuals are emotionally and/or physically attracted to persons of the same sex. It sounds like a simple, straight-forward definition, but what if you are strongly attracted to your own sex but don't act on it, does that make you a homosexual? What if you seek affection with one sex but physically desire sexual activity with the other? What if you are sexually attracted to both sexes? What if consciously you have only heterosexual thoughts and actions but unconsciously desire sex (or relationships) with the same sex? You can see that this labeling problem could become complicated.

How common is homosexuality? Strangely enough, we don't know! For years it was thought that about 10% of us--males and females--were drawn almost exclusively to our own sex, but recently some surveys have suggested that only 2% to 4% of Americans are homosexual. About 2% of us have had one gay or lesbian encounter within the last year (Michael, Gagnon, Laumann & Kolata, 1994). On the other hand, sometime during their lives, 7% of men and 4% of women have had sex with the same sex and between 4% and 6% of both genders admit being attracted to the same sex. So, according to this survey, somewhere between 2% and 10% of us will respond when asked in an interview that we have or have had some homosexual interests. We still have little idea what percentage of our population is bisexual *or* is attracted to the same sex for only lust (or love) *or* is only occasionally attracted, e.g. when drunk, to the same sex *or* has homosexual contacts and thoughts only during certain periods of life, e.g. when young, *or* is unconsciously attracted in some indirect ways, for instance loves telling dirty jokes to the same sex.

Several other sources have estimated that between 25% and 40% of all men and around 20% of all women have had sex to the point of orgasm with someone of the same sex. These figures may be inflated. It is also claimed, in addition, that between 10% and 15% of heterosexual teenagers and adults are aware of some temptations to explore having sex with someone of their own sex. Moreover, an unknown percentage of people are "turned on" by viewing films of attractive persons of their own gender nude and engaging in some sexual activity. Likewise, it isn't uncommon to be envious of and excited by well endowed persons of the same sex. Still others fantasize, dream, or read occasionally about homosexual activities with some pleasure. Kinsey believed that we all have a mixture of heterosexual and homosexual tendencies; thus, individuals can be placed along a gradient from almost entirely

heterosexual to almost totally homosexual, most of us being somewhere between the extremes. So, it isn't an either-or situation, all "man" or all "faggot," all "woman" or all "lesbian."

For many readers, the idea of being even a little gay/lesbian and attracted to our own sex will be very repulsive. For 2000 years, Jews and Christians have been explicitly taught that homosexuality is "an abomination," "a crime against nature," "a sin," etc. Anti-gay and lesbian attitudes are deeply instilled in our society. In 1990, *80% of Americans think homosexuality is wrong*. Moreover, 92% of homosexuals have been threatened or verbally abused; 24% have been physically attacked for being gay. For centuries, homosexuals have been persecuted, castrated, considered abnormal, given shock treatment, assaulted by "gay-bashers," and killed by the hundreds of thousands by Hitler along with Jews, Russians, and other "undesirables." Why such a violent reaction to people just loving or being attracted to each other and harming no one? We don't know for sure, but we know the anti-homosexual prejudice is culturally or psychologically engendered, not innate, because some cultures have approved of homosexuality. Psychoanalysis suggests homophobia arises because we fear or hate our own unconscious homosexual tendencies. Some sociologists say our culture teaches males to hate anything that is vaguely feminine, including feminine men. Religions and other anti-gay groups picture gays as wanton sinners lusting to seduce small boys. The truth is heterosexual males are, in general, far more abusive towards young victims than homosexual males are. To learn more about homophobia, read Blumenfeld (1992). About 2300 years ago, Plato wrote a defense of homosexuality, titled *Symposium*. On certain topics we are slow learners.

The real sins here are the vile, untrue accusations heaped on gays and lesbians, and the misery and restrictions created for homosexuals by our culture. Gays are openly insulted and demeaned as perverted, sick, immoral, and less than human. So, when a young person experiences some homosexual urge, it is hard to avoid self-hatred and guilt. A 1989 government report states that gay teens are two to six times more likely to attempt suicide than straights their age. Learning to hide and handle your strong homoerotic feelings is a very difficult, scary situation for a gay or lesbian teenager who may be bewildered by what is happening to him/her. Fortunately, there are **several good books for understanding homosexuality which also give advice to gays and lesbians and their parents**. Berzon (1988; 1992) and Heron (1983) discuss establishing homosexual relationships, both lesbian and gay. Clark (1987), Green (1987), Tessina (1989), and Doyle (1989) focus on gay relationships and problems. Clunis & Green (1988) deal with lesbian couples. "Coming out" to your family, to straight spouses, to your children, to friends, and at work is a special problem (Brans, 1987; Buxton, 1994; MacPike, 1993; Borhek, 1983; Griffin, Wirth & Wirth, 1986). Parents are sometimes shocked but can understand (Fairchild & Hayward, 1989).

A common misconception about male homosexuals is that they are all cruising for a quick, impersonal sexual experience. Not true, in fact 75% of lesbians and 50% of gays are currently involved in on-going, satisfying, committed love relationships--and others are

looking for meaningful love, just like straights. True, some homosexuals (mostly males) do seek one-night stands, but *so do heterosexuals*. Lesbians seem to develop an orientation towards females for love first, then sexual urges may follow. Gays seem to develop the sexual orientation first, then the love follows.

Homosexuals simply have the genes, hormones, and/or early childhood experiences that orient them towards their own sex for affection and/or sexual gratification. There are many theories about the causes of homosexuality. And, this needs to be understood better; knowledge would help us give up the notion that it is vile. See Money (1989) for a rather technical summary of the research about homosexuality and unusual sex needs, called paraphilias. I suspect our bodies are built to instinctively respond with interest to almost any kind of sexual activity. Powerful social training is probably necessary to teach us to avoid certain kinds of harmless sexual activity, such as masturbation, and to scorn other activities, such as sex play with our own sex. (Note: we seem to have little interest in theorizing about why *heterosexual* tendencies, such as breast or buttocks fetishes, occur; we are quite content with the shallow explanation that it is natural. But we seem to need a deeper and more pathological explanation of homosexual tendencies.)

Two interesting recent studies: one compared 27 children with lesbian mothers with a matched group with straight mothers. Will homosexual mothers produce homosexual children? No. Only 2 of 25 children from lesbian families were homosexual (Golombok & Tasker, 1996). The second study found that the more older brothers a man has, the more likely he is to be gay (Blanchard & Bogaert, 1996). Among men with four or more brothers, 70% were reportedly homosexual. Interesting, but that percentage seems too high. Also, just having older brothers doesn't tell us much about the specific causes of homosexuality yet... it is a clue that shouldn't be neglected, however.

Male homosexuals have been degraded in many ways, such as called degenerate and "sick," considered insecure with women, called a sissy and a "Mommy's boy," etc. Research has shown that homosexuals do not have more identity or psychological problems than the rest of us (except for the shame instilled by an intolerant culture). They do not hate or fear women; they haven't had a bad experience with the opposite sex; they were not seduced into homosexuality; they were not the result of bad or neurotic parenting. They should not feel guilty about who they love and find attractive, any more than a straight does. None of us heterosexuals consciously decided which sex we would fall in love with or what body parts would sexually turn us on. It just happened. Why should sexual orientation be considered an immoral conscious choice only for homosexuals?

There is some research that suggests homosexuals are born with a slightly different brain. The significance of this is not known yet. It is known that many gays and lesbians believe they were born that way. Many realize they are "different" by the time they are 6 or 8, others when they are teenagers. Some people convert to homosexuality as adults, sometimes after having children. In spite of these conversions, therapists believe that sexual

orientation is hard to change, especially in males. Yet, there are cultures that expect and encourage young males to engage in homosexual activities, including swallowing semen to become a "man," but they easily become heterosexual when the time comes for them to find a partner and father a family.

Females seem more likely than men to change to homosexuality later, even in their thirties or forties. It isn't known how people go from being primarily gay to primarily straight (or the reverse) but a few have been known to change through a religious conversion. Psychotherapy, however, has had very little success in helping unhappy gays become heterosexual (Nicolosi, 1994, reports 8 cases of conversion). Therapists usually believe it is more realistic to help someone adjust to the serious social difficulties of being homosexual than to help the patient actually become heterosexual.

People, especially adults, loving each other and harmlessly having consensual sex are hardly major worries compared to people hating and being mean to each other, such as being prejudice or going to war. Homosexuals who want to love and raise a child are to be supported and praised; children raised by lesbian mothers are just as heterosexual and just as well adjusted as their peers (Tasker, 1995). Likewise, 91% of the sons of gay men (who had been married) lead a heterosexual life style. Gay parents seem to produce straight children.

For additional help with homosexual concerns, beyond the books cited above, check to see if there is a local hotline under "Homosexuality" in your phone book or write Parents FLAG, P. O. Box 24565, Los Angeles, CA 90024. There is a general guidebook for homosexuals (Silverstein & Picano, 1993). Bisexuals might be interested in Hutchins & Kaahumanu (1991) or Weinberg, Williams & Pryor (1994).

Where do teenagers get their sex information and misinformation? From peers 37% of the time!
Then from literature and the media 22% of the time, mothers 17%, and schools 15%.

Sources of help with special sexual problems

A variety of books offer extensive, practical, and valuable knowledge about sex (SIECUS, 80 Fifth Avenue, New York, NY 10011 provides a helpful book list). The Better Sex Video Series, including "Becoming Orgasmic," is available from Sinclair Institute, Box 8855, Chapel Hill, NC (1-800-955-0888). Masters and Johnson Institute have set up a sex information hotline at 1-900-933-6868 (\$3.99 per minute). For a self-assessment of your sexuality see Valois & Kannermann (1992). For more information about the kind of sexual problems dealt with briefly above, look up the references given above or *read Helen Kaplan's (1975; 1979; 1987), Yaffe & Fenwick's (1988), Domeena Renshaw's (1995) or*

Gary Kelly's (1979) book. They are excellent.

I have tried to cite the best general literature about sex but there are certain specific topics and references I haven't covered.

For information about *sexually transmitted diseases*, call the National STD Hotline (1-800-227-8922) and look in the phone book under "VD." By the way, while over a million Americans are HIV positive or have AIDS, 12 million more get other sexual diseases *every year*, including herpes, genital warts, chlamydia, gonorrhea, syphilis, and others. Write American Social Health Association, P. O. Box 13827, Research Triangle Park, NC 27709 for free information. Read Barlow (1979) or Langston (1983).

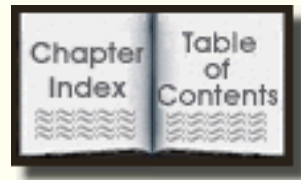
For information about *birth control and pregnancy*, look under Family Planning in the Yellow Pages and see the references in the section above about avoiding pregnancy.

For *sexual assault* by a stranger, an acquaintance, a relative, or a spouse, call the police or a local Rape or Crisis Line (or the national center at 301-443-1910) and read Brownmiller (1975), Grossman and Sutherland (1982/83).

For a concern about *incest*, call the local Family and Children's Service agency and see Renshaw's (1983), Bass & Davis (1994), or Russell (1982) or other references mentioned above and in chapters 7 and 9.

For *sexual harassment* at work (40 to 80% of women) or at school (25% of coeds), contact your local Affirmative Action office and read MacKinnon (1979) or Colatosti and Karg (1992).

If you feel you *need a sex therapist*, don't just pick one out of the Yellow Pages. There is *no* regulation of this specialty. Many competent psychotherapists are not well qualified in this area. So what do you do? For help finding a sex therapist or group, contact the American Association of Sex Educators, Counselors and Therapists, 11 Dupont Circle, NW, Suite 220, Washington, DC 20036-1207. Or, call 212-920-4576 for referral to a sex therapist. Consider using the Masters & Johnson Institute in St. Louis but it involves daily sessions for two weeks. Their therapy focuses on the relationship--anger, self-esteem, power struggles. It is quite expensive (\$5,000+). If you can not afford this, consider other specialized "sex therapy centers" associated with medical centers, universities, or hospitals (many charge according to the ability to pay). Your local Mental Health Center can also refer you to a professional clinic or to an experienced sex therapist. Avoid anyone who does not have a doctoral degree and extensive professional experience with sexual problems. Also avoid any therapist who makes unrealistic promises or takes an unprofessional-unethical approach to your problem.



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METHODS FOR CHANGING BEHAVIOR

Consider a few of these methods for your self-improvement project--the first section of each method will give you a simple introduction to the procedure. You only need one or two methods to start with.



Introduction



Antecedent Methods--used prior to the "target" behavior:

1. Change the environment to change your behavior
2. Learn new behavior (using models, self-instructions)
3. Controlling/Conditioned response
4. Relapse prevention
5. Motivation training--increasing our drive level
6. Meet basic needs (so they won't get in the way)
7. Avoid self-deception--recognize your motives and defenses



During-the-Behavior Methods:

8. Record behavior--self-monitor and check your progress
9. Record antecedents & consequences; behavioral analysis
10. Disrupt the unwanted habit; thought stopping
11. Substitute new behavior to break a bad habit
12. Satiate behavior or flooding; paradoxical intention
13. Change defeatist attitude; quieting the internal critic; flow
14. Develop positive expectations; building self-efficacy
15. Increase intrinsic satisfactions



Consequence Methods--applied after the "target" behavior has occurred:

16. Reward the desired behavior--a powerful method
 - Continue this method
17. Negative reinforcement--an important concept for insight
18. Self-punishment
19. Covert conditioning, punishment, and rewards
20. Extinction (no reinforcement)

If you don't know which methods to start with, try methods #1, #2, and #16 first. They are useful in almost any situation.



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INTRODUCTION

For basic information about changing your behavior, it is best to start with chapters 2 and 4. Chapter 2 outlines the steps in any self-help project. Chapter 4 helps us understand our behavior and thoughts. It introduces the basic learning and motivational concepts, upon which the methods described here are based. This chapter provides straight-forward, detailed instructions for 20 behavior-changing methods. More complex treatment plans for problems are given in chapters 3 to 10; this chapter only deals with level I of the problem, the overt behavior and simple thoughts.

As discussed in chapter 2, much has to be done before you are ready to work on developing a self-help plan. For example, you must accept and become aware--highly conscious--of your problem. You must definitely decide to change and get motivated to do the work involved in changing. As Prochaska, Norcross, and DiClemente (1994) have shown, if you aren't ready to launch into a self-change project, you must start in the stage you are at (e.g. facing the problem and/or learning enough about it and its consequences that you are determined to change). When you are exploring specific ways to make the changes in your life you want to make, it is time to skim these methods. If three or four seem of possible interest, read them in more detail and select one or two for your plan. Don't forget the other four parts of your problem (see chapter 2).

If you don't know which methods to start with, try methods #1, #2, and #16 first. They are useful in almost any situation. A combination of self-help behavioral methods is often the most effective approach you can take. For instance, a popular writer, Anthony Robbins (1991), suggests first getting motivated to change by associating as much pain as possible with the unwanted behavior or with not changing. At the same time, associate as much pleasure or rewards as possible with changing, i.e. with the new desired behavior or lifestyle (methods #5, #13, #14, #16 & #18 and see chapter 14). This emphasizes that when you need to stop or disrupt the old unwanted pattern of behavior (methods #10, #11 & #12), you must be sure to develop new desirable ways of getting the same pay offs as were provided by the old unwanted behaviors (method #2). The new behavior must be practiced and reinforced strongly (method #16 again) until it is well entrenched as a habit. This motivate-and-reinforce-a-new-behavior plan usually works, but if it doesn't, you need an individualized plan. Just as important as the scientific basis of your self-change plan is the do-ability of

your plan; an intellectually impressive treatment plan is worthless if it isn't used. The to-be-learned behavior needs to fit in with the rest of your life; it needs to be simple enough to do routinely; it needs to be something you can learn to enjoy.

Within each of the following descriptions of behavior-change methods, the basic idea is first described, then possible uses are listed, but the "meat" of this chapter is in the detailed, explicit steps for applying the method in your life. There are also brief discussions of the time and common problems involved in using the method, as well as a cursory assessment of the effectiveness of the method and the risks involved. Each method is outlined in the same way. Useful references are cited at the end of most methods. Much of the practical information about using each method comes from the experiences of my 3,000 students who attempted to make some important change in their life.

ANTECEDENTS: SELF-HELP METHODS USED PRIOR TO THE "TARGET"

BEHAVIOR

Changing the environment

The environment has a powerful influence on subsequent behavior. Many of our responses are automatic: we drive with effortless attention to the road and lights, we take notes in class without thinking about how to write (or **what** was said, sometimes). In the long run the frequency of these behaviors may depend on the consequences (the payoffs for driving or writing), but at any one moment it is primarily the stimuli in the environment that control our behavior.

Some stimuli are compelling: a ringing telephone! Can you let it ring? Other such stimuli are an attractive person going by, someone talking about us, messages or sounds of alarm, and so on. All of us have habits that occur at certain times and places--we brush our teeth every morning before showering, watch the evening news during supper, etc., etc. Environmental and internal stimuli set off these habitual responses.

In classical conditioning, stimuli produce an immediate response. For example, Schachter (1971) demonstrated that obese people respond to external cues, such as the sight or smell of food or any reminder that "it's lunch time," rather than to internal messages from an empty stomach. The best way to avoid overeating is to avoid food or any reminder of food. Likewise, for any other temptation! "Out of sight, out of mind."

In operant conditioning, the environment guides our behavior by providing cues about the probable payoffs. For example, when initially interacting with an attractive person of the opposite sex, most of us are keenly aware of how they are responding to us; we look for

signs that they are interested in, amused by, or attracted to us. We adjust our behavior, becoming more "friendly" or pulling away, according to how we read their signals. Likewise, we are using antecedent cues any time we are observing the situation and trying to figure out "what to do" (which means trying to predict what the consequences will be). As self-helpers we are able to alter the consequences somewhat by providing special rewards and punishment--and we can alter our view of the consequences, emphasizing important values and long-range goals which might otherwise be overlooked.

In modeling, we learn specific ways of behaving in certain situations or what the consequences are likely to be if we act a certain way in a situation. Again, the environment is influencing our actions.

Thus, within the change-the-environment method there are two basic techniques for self-control: (1) avoiding situations that lead to unwanted behavior and (2) providing stimuli that prompt desired behavior.

Purposes

- To decrease the frequency of undesirable responses. Examples: over-eating, procrastinating, "bad" habits, irritability, self-criticism, etc.
- To increase the frequency of desired responses. Examples: doing chores, studying, being understanding, being assertive, etc.
- Incidentally, the environment has the same kind of effect on emotions as on behavior (see chapter 12).

Steps

STEP ONE: Recognize the "bad" environment.

This may be easy--rich, delicious food surrounding the dieter, friends urging the budding alcoholic to get drunk or the budding scholar to "have some fun," or the discussion of certain topics that lead to arguments, and so on.

It may not be so easy--habits like smoking or nail biting tend to occur without your awareness, but certain conditions encourage these habits. The stimulus for avoidance responses, such as shyness, may not be obvious; indeed, there may not be any external event, only a fleeting thought that you will have to carry on a conversation if you go to lunch with co-workers. Your avoidance (because it reduces stress) may occur almost unconsciously, yet the environment provides cues for you to withdraw. Method #9 will help you discover the stimuli controlling your behavior.

STEP TWO: Avoid situations that lead to unwanted actions. Provide warning signs. Break the chain early.

We can either avoid an environment entirely or change parts of it so that it is less likely to produce the unwanted behavior. Examples: if a group of friends push you to do things you'd rather not do, avoid them. If you and your parents frequently argue about a certain topic, steer the conversation away from that topic.

Thoughts and fantasies are frequently triggers for our actions. Thus, dwelling on temptations, as we found out in chapter 4, makes it harder to resist. Depressive or angry thoughts may give rise to unwanted actions. Thoughts can be stopped or changed to be more constructive.

Providing warning signs certainly changes the environment. Examples: a timer set to ring after one hour of TV viewing, a medical picture of cirrhosis of the liver placed on the refrigerator door as one gets out his/her second beer, a picture of a gruesome accident stuck on the steering wheel until the seat belt is fastened.

It is also helpful to recognize that many unwanted behaviors are the outcome of an easily recognized series or "chain" of behaviors. Each step along the chain of events serves as the stimulus for the next step. Examples: Over eating, getting drunk, getting in an argument, having an affair, etc. For instance, to gorge on cake and ice cream at home, one has to go to the store, pick up the fattening food, pay for it, store it at home, prepare it, and eat much more than needed. To have an affair, there is usually a series of events: one would approach an attractive person, make an effort to impress him/her, suggest lunch or a drink, talk about personal matters, do enjoyable things together, indicate an attraction to the other person, touch each other, go where you can be alone, be affectionate, get undressed, and "make love." Obviously, if one wants to avoid an affair, a person had better avoid the first few steps because it gets harder to stop the further along the chain one goes. That is, "break the chain early!" Otherwise, one is beyond self-help! The early steps become the warning signs to stop. Method #4, relapse prevention, gives the details for coping with temptations and compulsions.

STEP THREE: Provide cues or environments that prompt desired behavior.

The simplest rule is to "put yourself in the right place at the right time." The procrastinating student has a much greater chance of doing his/her homework if he/she is in a library rather than in front of the TV. The flabby, winded couch potato is more likely to work out if he/she is in a gym rather than about to fall asleep in an overstuffed chair at home. The lonely teenager is more likely to make friends playing sports or joining a club than playing with his/her video games at home.

Hodgson and Miller (1982) describe a 42-year-old businessman with a drinking

problem, mainly, before supper and near bedtime. So, they rearranged his schedule. He either ate immediately upon arrival home or did something else that avoided drinking before supper (going shopping, visiting, playing with children). He ordinarily didn't drink after supper until 9:00 P.M. or so. So, every night at 9:00 instead of drinking, he was scheduled to exercise, meditate, or have an intimate conversation with his wife (without alcohol). After about a month, with help from his wife, this rigid schedule became an enjoyable, healthy, easy routine.

As illustrated in this case, one of the more obvious means of structuring your environment is by using a schedule, a to-be-done-list, or a contract (see method #16). Making up a realistic daily schedule is, first of all, an opportunity to carefully consider what is the best use of our time in light of our values and long-range goals. Secondly, a carefully prepared schedule is a good memory aid and can guide much of our actions (see chapter 13).

Reminders can initiate desired behavior. Examples: Signs can remind us to exercise or give a compliment or express our affection for a loved one. Put the signs where you won't overlook them--on your lunch bag, on your coffee cup, on your mirror, etc. Timers or alarms or dependable behaviors can be used as signals, e.g. set an alarm as a reminder to clean up or do the dishes, use coffee drinking or going to the water fountain as a reminder to take 15 minutes for relaxation, use smoking or looking at your watch as a cue to say something positive about yourself to increase self-esteem (write "I'm OK" on the watch crystal).



Making a public commitment, e.g. to lose weight, to contribute more to meetings, or to start telling more jokes, provides considerable motivation.



It is crucial that we remember that other people make up a vital part of our "environment." So, don't just think of the physical setting, think of changing other people's responses which will, in turn, encourage desired responses in us. Example: it is easy to tell the student to go to the library; getting there is the problem. The detailed steps involved in getting to the library may include (1) finding a friend who does or will go to the library regularly, (2) asking to study with this friend, and (3) reinforcing the friend for being a good study partner who reinforces you (Brigham, 1982). Throughout this book we find that our behavior is a result of "the company we keep." We can change our friends and/or find different friends.

STEP FOUR: Practice responding faithfully to the stimuli placed in the environment.

It is important, of course, that we heed our own plans, warning signs, prompting cues or schedule. And, that we avoid the situations that lead to unwanted outcomes. It will help to

record and reward our progress. If you find yourself disregarding the signs, cues and schedules, either reduce your expectations or increase your motivation.

Time involved

Only a few minutes will probably be necessary to make up a sign or a schedule for the day. It takes awareness and good intentions to avoid certain situations but ordinarily not much time.

Common problems with the method

Most unwanted behavior occurs because we, in part, want it to occur and put ourselves in situations where it is hard to avoid. The would-be dieter has more than 1200 calories of food on hand; the smoker has a whole pack on him/her instead of just 5 cigarettes. Likewise, desired behavior occurs when we are in the right place. Recognizing the power of the environment to control our behavior and providing a variety of reminders **can** help, but we may frequently ignore the warning signs or prompting cues. If so, soon we won't even bother to put the signs up or we won't bother to go to the "right" place.

Effectiveness

Changing the environment is one of the best method of self-control you have; it is simple, safe, effective, and quick. The disadvantage is that we are frequently unable to impose the method on ourselves--we "forget," cheat, give up, "change our minds," or decide to start changing tomorrow. In that case, perhaps more reminders and rewards for doing the desired behavior are needed and/or more punishment for neglecting the signs. Nevertheless, it is one of the best self-help methods.

Additional readings

Watson and Tharp (1972) are good; see their chapter 9. The more radical behaviorist, contrary to what one might expect, places more emphasis on changing the environment than on self-reinforcement (Brigham, 1982). Birkedahl (1990) is a cognitive-behaviorist.

Case illustration

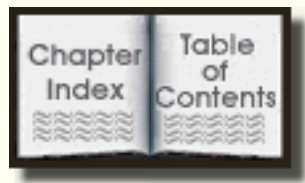
Several years ago a junior in my class wanted to make three self-improvements: study more, spend less time in "bull sessions," and use fewer drugs. He proposed changing his environment to solve all three. I thought that was too simple; that he should reward the desired behavior, learn better study skills, make out a schedule, use punishment or covert sensitization, etc. He decided to do it his way.

He lived in a fraternity house, where it was difficult to study. So, he planned to go to the library after supper until 10:00 P.M. Sunday through Thursday. He still had time after 10:00 for bull sessions with his brothers. On Friday or Saturday night he had a date; on the other night he partied with his drug-using friends.

Most of his friends accepted these changes (the heavy drug users "became less friendly"), after he explained. He found it satisfying to study, indeed, he met a girl there who also enjoyed studying. His grades went from C's to A- that semester. He spent about \$12.00 less per week on drugs and alcohol. Last I heard, he had just started practicing law in his home town.

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ANTECEDENTS: SELF-HELP METHODS USED PRIOR TO THE "TARGET" BEHAVIOR

Learn new behavior; follow a model; use self-instructions; try the "as if" method.

Self-observation and self-evaluation (methods #8 & #9) may result in our feeling a need to change. One way to change our behavior is to change the environment, as we have just discussed. Another way is to learn some new and better way to respond in the old situation. That's obvious! What's not obvious--indeed, it's confusing--is all the different ways of learning new behavior. Consider this:

A number of self-change methods were described in chapter 4, including operant, classical, and observational learning methods. There was also discussions of how to increase motivation and reduce procrastination, how to stop bad habits, how to prevent relapse, and how to develop a comprehensive behavior modification plan. Moreover, this entire book deals with changing some form of behavior--changing values in chapter 3, changing emotions in chapters 5 to 8 and 12, changing skills in chapter 13, changing your mind in chapter 14, and so on. These behaviors are dealt with separately simply because it won't all fit in one chapter. However, even when we limit ourselves to simple, unemotional, conscious behaviors, there are lots of tricks and gimmicks and techniques for "changing behavior" or preparing to do so (including all 20 methods in this chapter).

This section really focuses on three major learning techniques: learning from observing others, the use of self-instructions, and practicing new behaviors. These approaches to learning new behavior are generally useful in many situations to replace many different kinds of unwanted behaviors. All three are among the most commonly used approaches to changing. Each will be briefly described.

Purposes

- To consider periodically one's options in a given situation to determine what are the

better alternatives in the long run (so you keep changing as circumstances change). In some situations we are meeting our needs in ways that could be better met by some other behavior, e.g. a specific plan will solve a problem better than endless worry, a commitment to helping others reduces feelings of uselessness better than endless depression, becoming an alcoholism counselor meets many of the same needs as the drinking met, going back to school may offer better ways to make a living than continuing in the same old minimum wage job, etc. In short, you may need new behaviors.

- To develop new and better ways of responding to a situation by observing models or reading and discussing it with others.
- To learn how to utilize self-instructions to modify behavior and increase self-control.
- To understand the need for repeated practice of a new response before we become accustomed to using it and it eventually becomes an established habit.

This might involve changing your response from being late to being punctual, from being impulsive to being careful, from criticizing to giving compliments, from being alone to socializing, from being a late sleeper to being a 6:00 AM jogger, etc.

Steps

STEP ONE: Consider alternative ways of responding; select a part of your life that needs to improve.

In some cases, it is painfully clear to us that we are failing, goofing off or hurting, and need to change. In other cases, we may simply see, hear or read of someone handling a situation well and want to try doing something better than we have been. On still other occasions, we may have given no thought to handling a situation differently...but perhaps we should. Wise observers realize most of us frequently respond out of "habit" rather than because we have consciously decided that this is the best way to handle the situation. We are "flying on automatic" or "set in our ways," even if we are young. Of course, you can't question every little thing you do. However, it pays to be open-minded about the possibility of improving.

A few examples might help: suppose you are always agreeable and compliant and willing to "give in," perhaps you should learn to be more self-directed and assertive (chapter 13). Suppose a person is very close to a group of old friends; he/she is very comfortable with these friends; yet, that person might grow more, experience more, and become better adjusted and more successful if he/she had other friends in addition to these. We can become our own worst restricter, our own inhibitor, our own blinder. So, try new responses and new environments!

There is no way to know what is the best way of responding in a given situation, except by trying out new behaviors and seeing what happens. So, begin by considering a wide variety of alternative responses--even some radical ideas. Read about the problem and solutions. Make a list of coping responses. Ask friends, teachers, parents or counselors for ideas. Maybe brainstorm with a group. See decision-making in chapter 13. Decide on a general approach to acquire these new and better behaviors.

STEP TWO: Learn the details of a new experimental response by observing a model.

Before practicing and polishing, we need to know exactly what to do, precisely how to behave. Where does this information come from? It often comes from observing others, preferably good models and people you respect. Sometimes good ideas come from books that give detailed descriptions of how capable people behave, including self-help books. You could ask someone to carefully instruct and demonstrate a new approach to you (see role-playing in chapter 13).

You will need different kinds of models in different situations. For example, if you wanted to learn how to dance, sell air conditioners, or ask someone for a date, you would want your instructor to be an experienced expert. In these cases you need knowledge. On the other hand, if you are 16-years-old and want to get better at public speaking, driving a car, or handling a snake, the best instructor or model is probably not a great speaker, a championship race driver, or a professional snake handler. You need a competent model but someone you can identify with, someone who isn't too different from you who will guide you through your next few steps. In fact, watching a model who has some fears of snakes overcome his/her fears is a much better experience for a snake phobic than watching a totally relaxed handler. The spectacular expert may only intimidate you more.

Have the model demonstrate and explain whatever you want to learn. It will also be helpful if the instructor (model) also acts out and describes the common mistakes you will need to avoid. Then the model should show you the best way to do it again, perhaps several times, until you are ready to go through the process slowly yourself, step by step, with his/her guidance. The instructor gives you constant feedback, suggestions (modeling again), and encouragement. When you are sure you have the idea, you may want to practice alone for a while. Later, you can again demonstrate your new skill to the instructor and get feedback. Eventually, self-observation, self-correction, and self-reinforcement as you practice this task will be your job.

You may be surprised how often you already know how to behave, you just need practice using your readily available skills in new situations. Examples: the same social interaction skills are used with new friends as with old ones, even though the new friends are much more into athletics (or community service) than the old friends. Your ordinary social skills are all you need to become a Candy Stripper at a hospital or a volunteer at a local

nursing home; yet, your life might change. The task is to put those old skills to new uses.

STEP THREE: Develop self-instructions that guide the initiation and carrying out of the desired behavior.

If you think about it, a new behavior (one that isn't habitual) is ordinarily linked with thoughts that tell the behavior when to start, how to proceed, when and how to stop, and so on. We have a "coach" inside our head. Thus, changing behavior might more accurately be described as self-instruction modification. There is a therapy approach called Cognitive Behavior Modification. Donald Meichenbaum (1977) has developed and summarized many of the techniques using self-talk. Our self-talk both guides our behavior and explains and evaluates the outcome (see Attribution theory in chapter 4). It is our awareness and our thoughts. Consider this example of uninsightful thinking and much more aware and self-guiding thinking by an overeater:

Uninsightful thinking

I don't have the will power to cut down on my eating.

My life is so dull. I deserve a good meal in the evening.

A small steak and a bowl of ice cream later won't matter.

No one is ever going to be interested in me, any how.

Insightful thinking

Stop giving yourself excuses. Will power has nothing to do with it; you just don't plan what you will eat and you haven't yet controlled your environment. Let's get healthy!

Another self-con! Come on, all this weight is no fun. I don't look good; I have high blood pressure; I'm lonely. I deserve the more fun and health I'd have if I lost weight.

You are kidding yourself again. That is what you said last night. It does matter; this eating has to stop. Why not now?

What a pessimist! That kind of thinking is ruining our life. Come on, let's go to aerobics and have a cup of yogurt afterwards.

This is how we control ourselves much of the time--we talk to ourselves. We know when our thinking is leading down the wrong path. We can recognize excuses, rationalizations, depressive, and self-defeating thinking, and then we can correct those thoughts. As a result, our behavior is much more reasonable and results in our reaching more of our highly valued long-range goals in life. Become mindful of your mind.

How else can we use self-talk? Let's suppose we wanted to become less shy and there was a particular person we would like to get to know better. This is the kind of self-talk that might occur before we approach this beautiful hunk of man or woman: "When can I talk to him/her? Let's try to catch him/her between English and Math. What can I say? What about, 'Hi! How is the ___ team coming along?' Sounds pretty good but I am afraid he/she just won't want to talk to me. Hey, get off that self-putdown stuff, it's a compliment to be approached. I really care about him/her." Later, between classes, we do see him/her and our internal coach says: "OK, go up to him/her and smile and say, 'Hi! How is...'. You can do it. Don't make such a big deal out of just speaking. Hey, I know it's scary but go ahead! It doesn't matter that a friend is with him/her. Do it NOW." The self-talk keeps us on track, checks out our feelings, calms us down, and keeps us from taking the easy way out. Finally, after talking for a few minutes, the self-talk might go like this: "Wow, I did it! It went well. And he/she was friendly! By gosh, I'm going to call him/her tonight. I feel great!"

As your own therapist, you become your own directing, comforting, inspiring, rewarding coach. A sample of "guiding" self-talk is "OK, what do I need to do now?" or "Make a plan" or "What can I say if he/she seems real friendly?" etc. A sample of "calming" self-talk is "Don't get uptight, it doesn't help" or "Take a deep breath...relax" or "I can handle this," etc. A sample of "rational" self-talk is "It isn't the end of the world if ___ doesn't think I'm fantastic." or "Oh, God, I don't know anything about that. He/she will think I'm dumb. I'll pretend I know. No, I don't need to do that. I'll ask questions...I **am** interested and he/she can explain it to me," etc. (See Challenging Your Irrational Ideas in chapter 14.) A sample of "rewarding" self-talk is "I did it!" or "I'm getting better" or "I'm tough enough to stick it out; it will work out; I have a good plan," etc.

The self-instructions need to be as well thought out and as practiced as the behavior. Self-statements should be in your own words, tailored to your specific situation, and designed to lead to more reasonable judgment and desired feelings and behaviors (Meichenbaum, 1977). See chapter 12 for a more detailed description of self-talk as a method of self-control with emotions.

STEP FOUR: Practice the self-talk and the desired behavior.

One might start by rehearsing mentally, imagining giving self-instructions, and carrying out the desired behavior. Then talk out loud and act it out. Then one might role-play with a friend (see chapter 13). Practice as long as you need to, don't procrastinate, and then DO

SOMETHING.

STEP FIVE: Try out the new self-talk and behavior; see how it works.

In 1893, William James, speaking about breaking bad habits, gave this advice: Learn a new habit to replace the old one. To do this, he said (1) launch yourself with as much initiative as possible (change your schedule; make a public pledge and so on), (2) permit no exceptions until the new habit is established, and (3) seize the first opportunity **to act** on every resolution you make ("the road to hell is paved with good intentions" that never get acted on). Well, some things haven't changed in 100 years.

William James also gave another bit of advice, a self-help method called the "as if" technique. He said, "If you want a quality, act as if you already had it."

It may be wise to start with an easier situation or behavior and work up to more challenging circumstances. Get at it. You are building a **stimulus cue** (external or internal, i.e. self-talk)--**new behavior--reward** sequence. Record and reward your progress.



Try a thing you haven't done three times. Once, to get over the fear of doing it. Twice, to learn how to do it. And a third time to figure out whether you like it or not.

-Virgil Thomson



Time involved

Developing a new dependable response is seldom easy. It may take an hour or two to consider new options, especially if you do some reading or talk to a friend. It may take another hour or so to devise new self-talk and behavior. It will take more time to practice and try out the newly learned behavior. Total=2 to 4 hours. Keep in mind that many, many new responses might be involved in changing from a shy, scared, quiet, poorly informed person into the opposite. So, the impossible takes a little longer.

Common problems with the method

Not sticking with it; pessimistic attitudes; giving up after the first defeat; deciding you want to do something else when the going gets tough. And, backsliding when you move on to work on some other self-improvement.

Effectiveness, advantages, and dangers

People do change, presumably through some process like this (see chapter 4). Research has shown repeatedly that people learn new behaviors from models. An advantage is that this method focuses on mental and behavioral processes that are related to almost any self-improvement.

How effective is self-instruction training? Meichenbaum (1977 and 1985) says it is promising but not yet conclusively proven. It has been used with many kinds of people with many different problems with some success. Dush, Hirt, & Schroeder (1989) found that self-instruction modification, as done by therapists, was quite effective in some studies but of marginal value in several others. It seems to work better with adolescents than with younger children--but in either case the improvements don't seem to last. Self-statement modification done by yourself has not been evaluated yet. Perhaps other self-help methods need to be used along with self-instruction training.

However, since we are all watching successful models and talking to ourselves anyhow, the methods pose no new risks, except that occasionally we may try a new behavior that produces unexpected unwanted consequences. That's an unavoidable aspect of growth.

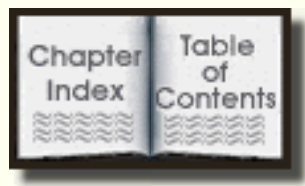
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[← Back a page](#)

[Forward a page →](#)



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ANTECEDENTS: SELF-HELP METHODS USED PRIOR TO THE "TARGET" BEHAVIOR

Using controlling or conditioned responses to change behavior

Some of our actions are easy to control and, indeed, some desired responses are conditioned to occur automatically. For instance, if we brush our teeth after every meal or buckle our seat belts every time we get in a car, it becomes automatic. Actually, more than that, we become uncomfortable if we don't carry out these habits.

It is reasonable to use easy-to-control behaviors to control harder-to-control behaviors. "Controlling behavior" is Skinner's term (1953) and is really another form of method #1, changing the environment. In other situations, if an activity can be gotten under stimulus control (via conditioning), and the stimulus can be maintained, then self-control is easy. This is called a "conditioned response."

Purposes

- To use an easily controlled response for "controlling" another response. Examples: buy only healthy foods (easy) to control eating junk and sweets (hard). Invite someone to go jogging or to diet with you (easy) to increase the chances you will exercise or diet (hard).
- To increase a desired behavior, make it "conditioned" to a certain situation and place yourself in that situation. Example: Study only in one place and only study there; go there often.
- To decrease a behavior, get it under stimulus control and then gradually avoid the stimulus. Example: Condition worry to one chair, then sit there less and less.

Steps

STEP ONE: Identify the "controlling" response or the controlling "conditioned" stimulus preceding the behavior to be changed.

What response does or could facilitate or interfere with the "target" behavior? Suppose you want to discuss current events more with friends...or tell more funny stories or jokes. Obviously, "controlling" responses might be to do some reading (newspaper, joke book, etc.) and rehearsing what you could say and then saying, "Hey, I've got a joke for you."

What very specific situations could be associated with the wanted or unwanted "target" behavior? What easily produced stimuli could be paired with desired "target" behaviors? Examples: suppose you worry a lot, you could limit your obsessing to a particular place and time (say a certain chair). Suppose you are frequently critical and suspicious and distrusting of others, either openly or secretly. To counteract this distorted and inhibiting view of others, you could condition yourself to think something positive whenever you are in a certain situation, e. g. taking a drink of any liquid. Think positive with every sip and your view of others will be conditioned to be more positive.

STEP TWO: Pair repeatedly the controllable stimulus with the "target" behavior.

Here are some examples: Start limiting your worrying or feeling depressed to your "worry chair." Don't restrict the total time spent worrying (yet) but do restrict the worrying to that chair, as much as possible. This is conditioning the worry with the chair.

Start pairing a positive, complimentary, trusting thought about others with some stimulus, e. g. taking a drink or seeing or thinking of a close friend. Eventually, it will become automatic but at first you will simply have to keep reminding yourself over and over...or practice by taking a sip or thinking of the friend and immediately having a positive thought. Prepare in advance a list of accurate, reassuring, caring, trusting statements to say to yourself.

Start smoking a cigarette when a timer's bell sounds, rather than when you have the urge or see another person light up, see an ash tray, have a beer, etc. Smoke as much as usual, but get it conditioned to the bell.

STEP THREE: Start using the "controlling" response; start changing the frequency of the controlling conditioned stimulus.

Certain controlling *responses* can be used immediately, such as buying only nutritional foods or learning new jokes. A particular *stimulus* only becomes controlling with time; it may take several days or a few weeks to condition effective study to the study chair or worry to the worry chair. In the case of studying, remember, no TV, only soft music, no talking, no daydreaming, no writing love letters, no reading Playgirl or Playboy, just concentrating on your work in the "study" chair. The same is true in the case of worry, only worry in the

designated chair, later you can start decreasing the time in the chair (or move it to the basement) but only after the specific worry is conditioned to and limited to a specific chair. Otherwise, you would worry just as much, but somewhere else.

Likewise, the timer, once it has become the conditioned stimulus for smoking, can be set for longer and longer intervals between cigarettes. In a similar way, the timer could become the stimulus for a procrastinator to begin working for a fixed period of time, say 30 minutes, without interruptions. At the end of each work period, decide to stop or to complete another 30 minute block. Use thought stopping (see method #10) to keep distractions away.

In the example of learning to be more optimistic and trusting of others (or more self-confident or self-accepting or whatever), one may need to repeat the positive statements several times a day for several weeks (with every sip of everything you drink). Say the positive statements "with feeling" and with an earnest intention to change your own feelings. Soon you will be feeling better about people (see chapter 14).



Record and reward progress.



Time involved

Making sure you only study or work or worry or cry in one place may not take much time; it might save time. However, establishing a conditioned stimulus-response relationship so strong that one can reduce an unwanted reaction by controlling the stimulus will take frequent attention to details over several days or, more likely, weeks. Also, remembering to pair desired thoughts or attitudes with frequently occurring stimuli, takes constant attention to the details of what is going on in your mind. Total=2 or 3 hours spread over several weeks. Yet, considering the enormous time wasted by some of the unwanted behaviors, the methods are a bargain.

Common problems with the method

Even if it is done gradually, it isn't easy to learn to eat, smoke, worry, etc. in one place. There are so many old stimuli that are conditioned to produce the unwanted response; they are hard to break. On the other hand, pairing a desired response (study, positive beliefs) with a new stimulus or environment is not hard, but it is tedious to remember to do.

Effectiveness, advantages, and dangers

Intuitively, the efficacy seems to depend on the problem and the method. It is effective

to study or work in one place--after about a month or so of daily experience. Yet, it would take more than controlling responses in the grocery store to restrict the diet of most hungry midnight raiders (who can down a quart of low fat yogurt), but controlling responses can help. However, my experience with classes suggests that only a few people use conditioning procedures to change habits or attitudes.

Relapse prevention; temptation resistance training; cue exposure

One of the hardest parts of self-control is stopping some unwanted, but compelling behavior. Once stopped, then there is the problem of staying in control. For this reason a section of chapter 4 was devoted to the crucial step of preventing relapses. Read that section, it is important. Coverage here will, therefore, be brief.

The basic approach is to avoid the stimuli that produce the unwanted response (method #1) or, the opposite, to confront the tempting situation repeatedly without responding in the undesired way (methods #2 & #11); thus, reducing the habit's control over you.

The drop out rate from treatment and exercise programs is high, often 50% or 60% in the first three months. The relapse from weight loss and alcohol or drug treatment programs is notorious, maybe 90% or more. Maintaining our gains in self-control is a serious problem. But we are learning much more about relapse prevention and research shows that adding these techniques to other methods, such as treatment for obsessions or compulsions, significantly improves the outcome.

Purposes

- To break the grip that certain urges have over our behavior. Examples: the urge to drink, to smoke, to gamble, to masturbate, to be excessively concerned with or to avoid work or responsibilities, to over-eat, to be compulsively clean and organized, to shop, etc. (Compulsions and obsessions are dealt with in chapters 5 & 12 because they are primarily ways of handling anxiety, not just simple behaviors.)
- To avoid relapses after stopping the unwanted behavior.
- To avoid losing the gains we have made in self-improvement.

Steps

STEP ONE: Identify the high-risk conditions for you, including the external circumstances and your internal moods and thoughts. Analyze your needs and motives.

See method #9 and relapse prevention in chapter 4. Not only do you need to know the

conditions that give rise to the objectionable behavior, but you need to understand the learning principles at work and the needs being met.

A relapse isn't an unpredictable "accident," it is somewhat predictable. High-risk as well as moderate and low-risk situations can and should be identified, so you can prepare for them or avoid them. There is evidence that many former addicts inadvertently make decisions that put them back into risky situations. Recognizing these "foolish moves" can serve as early-warning signals alerting us to denial and self-cons.

STEP TWO: Avoid the high-risk situations if you can; otherwise, learn to cope with them; meet needs; avoid self-deception.

Methods #1,#2,#7 & #11 are relevant. Especially important here is learning to meet one's needs in an acceptable way. Find another way, instead of the compelling habit, to deal with loneliness, guilt, inferiority, stress, boredom, etc. (See chapters 5 to 9)

You will need to carefully plan ways of avoiding high-risks. You will also need to learn skills for coping with unavoidable low and moderate-risk situations. This may involve learning from a model, self-instructions, rehearsal in fantasy, stress management skills, building your self-esteem and self-efficacy, recognizing the long-term consequences of your habit, avoiding the obsession with the "it-will-fix-everything-if-I-relapse" thinking, and the advanced preparation for a possible relapse discussed in chapter 4. Constant vigilance is needed. Addiction experts speak of developing a new "life style," i.e. finding new sources of fun, new values, and life goals.

It is also important to realize that a person with one addiction (food, alcohol, work, sex, drugs, shopping, socializing, etc.) often has others or is prone to adopt another if deprived of his/her favorite. For example, almost every drug user is a smoker or former smoker. Quitting smoking may lead to eating more. So you not only need to guard against relapse but also the development of a new addiction.

STEP THREE: Temptation resistance training; Extinguish old response.

When we have an overpowering bad habit that runs amuck and out of control, surely it's wise to weaken if not destroy it. But, how? One way is to simply expose oneself to the situations that give rise to the urge and resist the temptation to give in. This is also called "cue exposure" (Hodgson and Miller, 1982) or going "cold turkey" or "total abstinence." For instance, a compulsive hand washer might deliberately touch a door knob, their own underclothes, someone else's underclothes, a dirty dust cloth, etc. without washing his/her hands afterwards. This is a process of extinction which eliminates the irrational reduction of distress or disgust (negative reinforcement) after touching something by washing. It also forces us to do some reality testing to find out that nothing awful happens when one doesn't wash.

A craving or compulsion or addiction or habit often helps us immediately avoid some disagreeable feeling or situation. Negative reinforcement (reducing some unpleasant feeling) strengthens the unwanted habit. Examples: Food helps some of us forget loneliness, alcohol helps us avoid fears and feel powerful, working enables the workaholic to reduce anxiety, repetitive checking of locks reduces fear, compulsive masturbation may help us forget our troubles and self-doubts even though it adds guilt, street drugs alleviate depression or stress or boredom, cigarettes relax us, etc. None of these purposes is bad, but the long-range consequences of these stopgap "solutions" are likely to be catastrophic.

St Augustine, an early religious leader, was, as a young man, a compulsive masturbator. He wrote that an unchecked desire produces a habit, and an unbridled habit leads to a compulsive urge. True, modern learning theory says a satisfied desire reinforces the preceding behavior. So, why aren't we all masturbating and eating compulsively? Is it because some of us try harder to restrict the behavior? Is it because more needs are met in some people than in others? We don't know. Also, unfortunately, we do not know all the feelings that were relieved by St Augustine's masturbation, perhaps he didn't either.

Hodgson and Miller tell of a married man who masturbated once or twice a day. He was concerned about the compulsive aspects (he couldn't stop it), the religious aspect (he often thought of the crucifixion while masturbating) and the unfaithful aspects (he also looked at pornography or at prostitutes on the streets). The therapists recommended that he expose himself to the situations that often preceded masturbating: being criticized at work, feeling depressed, being home alone, watching a sexy neighbor, and the situations mentioned above that concerned him. But he was instructed not to masturbate. At first he did this in front of the therapist, which presumably helped inhibit masturbating. Later, he did these things alone. After a year he was masturbating only once a week.

Take the risky situations identified in step one (see Marlatt & Parks, 1982, in chapter 4) and arrange them from low-risk to high-risk. Prepare some self-instructions and behaviors for avoiding the compulsion in each situation, e.g. ask a friend to bring his/her own beer while you have only coke to drink. Expose yourself gradually from easiest to hardest to control situations. Don't give in! Take pride in your growing self-control and changing attitude. Remember the example of temptation control given in chapter 4, the beautiful hot fudge sundae that melts and gets yucky. Besides behavioral control, one learns to believe "I am strong! I can resist these silly urges!" rather than thinking, "I am helpless and weak." (See chapter 14)

STEP FOUR: Be forever on guard against the old urge.

The life experiences of many people suggest that an old habit remains lurking in the background for a long time--maybe forever--waiting for another chance to act. People who have avoided a cigarette or alcohol for months will have an occasional urge and remember

"how good it tastes." Once they give in to the old urge, it takes very little time for the habit to be re-established at full strength again. Thus, prepare in advance to curtail any relapse as soon as possible (see chapter 4).

Time involved


Probably several hours per week over a period of months is required if it is a well ingrained compulsive habit that requires learning new behavior and extinguishing old habits via exposure to old temptations.

Common problems with the method


In some cases, such as alcoholism and drug abuse, it would certainly be foolish to suddenly re-expose your self to your favorite bar and drinking or drug-using buddies. Without special preparation, few people could resist. The idea is to build the skills necessary to avoid relapse. Many experts believe it is dangerous to re-expose oneself even to situations involving mild risks. Exposures, such as a former alcoholic going into a bar, are certainly not necessary; yet, other tempting situations, such as a neighbor offering you a beer on a hot summer day, are not entirely avoidable. Besides, the needs that were met by drinking, such as social needs, feeling more powerful, and having fewer worries, must now be met in different ways. With many compulsions, there are many tempting situations that can't be avoided, e.g. those prompting eating or smoking or socializing or watching TV. If you ever gain some additional self-control, preventing a loss of that control is absolutely essential for growth.

Effectiveness, advantages, and dangers

Rachman, Hodgson, and Marks (1973) reported 75% success rate with compulsive rituals using the cue exposure method for just three weeks.



Relapse is an ever present danger. But if successful, victory is sweet.



Additional reading

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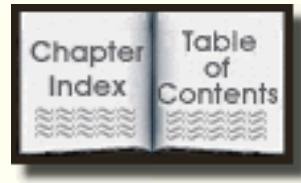
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[← Back a page](#)

[Forward a page →](#)



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ANTECEDENTS: SELF-HELP METHODS USED PRIOR TO THE "TARGET" BEHAVIOR

Motivation training

As discussed in chapters 4 and 14, our motivation, self-concept, attributions, and other cognitions (thoughts) have an enormous influence on our behavior...and on our emotions, perceptions, bodies, etc. Frankly, I believe motivation is our psychological "black hole"--an important, powerful force which we scientifically know very little about thus far. We don't know what makes one person become highly motivated, driven to become an Olympic athlete or an outstanding scholar, while another similar person in their mid-twenties has no goals, wants only to be supported by his/her parents and avoid work.

Chapter 4 has a large section about achievement motivation, attributions associated with achievement, the need to under-achieve, and attitudes or personality factors that enhance academic success. Chapter 14 provides many suggestions for building the self-concept, expectations, and inspiration that lead to heightened motivations. The ideas in chapters 4 and 14 will not be repeated here.

Purpose

- To increase your drive and determination to achieve your important goals.

Steps

STEP ONE: Read about motivation in chapters 4 and 14, looking for methods that might help you achieve your goals.

This reading will underscore that increasing motivation may involve a wide variety of self-help methods: decisions about values, goal-setting, scheduling, self-confidence, assertiveness, rewards, intrinsic satisfaction, fantasies, "games and life scripts," thinking about "ultimate consequences", etc. See chapters 3, 4, 8, 9, 13 and 14 for more.

In addition to the many suggestions already given, three more methods for increasing motivation will be briefly described here: (1) making a list of reasons for changing, (2) thinking of the ultimate consequences, and (3) effort training.

STEP TWO: Be very clear in your mind why you are eager to accomplish your major goals and keep the desired final outcome firmly in mind.

Lloyd Homme (1965) believed thoughts triggered habits or actions. He also thought thoughts could be modified just like behavior is modified. So he devised ways to change our thinking (our motivation?). We all know reasons why we shouldn't overeat, for example. The problem may be that we don't think of those reasons very often or at the right times, e.g. when taking a second serving or snacking late at night.

Horan (1971) studied the effects of Homme's motivational approaches on losing weight, using four groups: (1) no treatment, (2) given a 1000 calorie diet and asked to count calories, (3) asked to make lists of positive consequences (look better) for losing weight and of negative consequences for staying heavy (shorter life); asked to repeat 1 positive and 1 negative reason seven times a day, and (4) asked to make the same lists; asked to pair thinking of 1 positive and 1 negative consequence with a frequently occurring behavior (drinking something) at least seven times a day. The percent of each group who lost 1 pound per week or more was: (1) 5%, (2) 20%, (3) 21%, and (4) 52%. The dieters who thought the most about the consequences, lost the most weight. Vivid emotional fantasies of the consequences might also help. The point is: unless your needs compel you to think about your major serious goals many times a day, you need some method (like that in group 4) of keeping your "good intentions" in the forefront of your awareness.

STEP THREE: Learn to be hard working.

There is a law of least effort in psychology; it says we try to get the rewards we want with the least possible effort. That makes sense. But in real life, greater effort usually leads to a bigger pay off. If that were always the case, we would all have become hard workers (because hard work would have been well rewarded and, thus, would have become rewarding itself). Unfortunately, perhaps, sometimes life is easy and the law of least effort is operating. When people have been able to get what they want without much effort, they haven't learned to work hard, i.e. be motivated, nor have they learned to tolerate tedium or the "stench and grime" of hard conditions. As an old farmer might say, "They haven't forked manure or dug post holes in hard ground, yet."

Learned helplessness is the hopeless attitude of the pessimist or the depressed person. Such a person is unmotivated (see chapter 6). "*Learned industriousness*" is the opposite notion, namely, that hard work that has paid off results in higher motivation and less aversion to unpleasant but unavoidable work situations (Eisenberger, 1992). How do you

learn to be industrious?

You need some confidence in your ability to do the job (see self-efficacy in chapter 14) but this doesn't explain *great perseverance* on simple, tedious, and boring tasks. Clearly, you also need to be able to handle--to tolerate--the aversiveness of hard work and bad conditions when they are part of getting to your goals. The reinforcement of high effort (worthwhile extrinsic and intrinsic pay offs) on a variety of tasks seems to accomplish both, i.e. strengthens our general tendency to try hard and to "stick it out" though rough times. The childhood histories of motivated workers bears this out; they were highly rewarded for trying hard. That's how the "work ethic" is created. If you were left out of that process, you can still teach yourself the merits of intense effort. "Effort training" consists of reinforcing hard, serious trying on many tasks over a long period of time. There is evidence that such training even increases our motivation on enjoyable tasks (perhaps because all tasks and subjects have their dull and difficult parts).

You will have to select your own tasks to try hard on and to reward well (see methods #15 & #16). While research has shown that industriousness generalizes well from one task to another, it is not known how far it generalizes. Thus, if I wanted to be more motivated to study hard, I wouldn't just do my "effort training" in an exercise program or in a sport, although that might be helpful. I'd write a hell of a English theme paper, trying to enjoy it as well as giving myself rewards (plus a good grade). Then I'd take on Calculus or Geography intending to do outstanding work (again with satisfaction and rewards). Followed by, a proud, concerted effort to make the next Dean's list, etc.



Opportunity is missed by most people because it is dressed in overalls and looks like work.

-Thomas Edison



STEP FOUR: Measure the results of your efforts.

Frequently review your reasons for your goals, the results of your effort training, and other techniques for increasing your motivation. Take pride in your successful self-help efforts.

Time involved

The time commitment varies greatly depending on the methods used. The listing and remembering of your reasons for changing or achieving something would take less an hour initially and only a few minutes each day. The "effort training" approach involves almost no extra time, just the arranging of effective rewards for special efforts.

Common problems with the method

The obvious difficulty is that the unmotivated person has been rewarded for not utilizing all their potential and for not putting out maximum effort. It is unlikely that their environment (or their values) will change radically and quickly from accepting minimal efforts to demanding hard, unpleasant work. If a dramatic personal revolution is not possible, perhaps gradual changes would be possible.

Effectiveness, advantages, and dangers

As with the methods for increasing self-efficacy, there is very little research demonstrating effective procedures for increasing one's motivation. It is obvious that motivation is vitally important; we are just beginning to investigate practical methods for increasing industriousness. It is hard to see how this could be dangerous, unless there are health risks associated with high drive levels.

This method is included here primarily to remind you that motivation may be the most important and least understood aspect of self-help, even when changing simple behaviors.

Additional readings

Eisenberger, R. (1989). *Blue Monday: The loss of the work ethic in America*. New York: Paragon House.

Recognizing and meeting basic needs

A major contribution of Humanistic Psychology is the idea that basic needs must be satisfied before we can proceed on to other more advanced tasks (see chapter 4). Otherwise, unsatisfied needs will demand our attention and energy. This is a possible explanation for many of our failures in self-improvement. And the implications of these failures are: (1) find out what unmet need is interfering with your progress, (2) satisfy that need, and (3) go back and try again to achieve the original self-improvement.

Purposes

- To identify and effectively cope with our basic physical, safety, belonging and love, and self-esteem needs, which, as long as those needs are unsatisfied, will undermine our efforts at mature love and self-actualization. Examples:

Lower Needs

Procrastinate by playing or socializing

Higher Needs Interfered With

Responsible achievement

Sexual conquests to build ego	Seeking love
Staying dependent on parents	Becoming independent
Excessively seeking attention	Self-esteem and mutual love
Seeking a mate	Fulfilling your potential

STEP ONE: Discover the need(s) that is interfering with progress.

The place to start, rather obviously, is by observing what needs (activities) are interfering with our achieving some goal. Read about Humanistic theories in the motivation section of chapter 4. Look especially for the needs to belong (have friends) and to be loved (be part of a family) as well as for self-esteem needs (feel competent, successful, worthwhile). These are the needs that most often interfere with being your real self, loving unselfishly, and living up to your potential. Using method #9 may be very helpful in finding your more basic needs.

In addition, any of the methods at level V in chapter 15 could help identify your hidden basic needs. Notice that method #5, reframing, in chapter 15 is designed for exactly this purpose, and, furthermore, that method asks unconscious parts of us to devise acceptable ways for meeting these needs. Here we are supposedly just dealing with the conscious mind, although we are not aware of the ways or the extent that lower needs are messing up our lives.

STEP TWO: Plan ways to satisfy your unsatisfied basic needs.

These unsatisfied "interfering needs" tend to be enormous holes or voids in our development. So, don't expect a quick, easy solution. We can't eliminate our feelings of inadequacy and basic shame or our doubts about our lovability with a stroke of magic. However, correct diagnosis of the problem is important. For example, suppose a student feels an uncontrollable urge to go out with the opposite sex. If the basic unmet need is love (and lower needs have been met), the socializing, if done effectively, is probably the right course of action, even though dating will certainly interfere for a while with studying. On the other hand, if the basic unmet need is feeling competent and having self-esteem, then seeking a mate may be very premature and a denial of the basic flaws inside, not a solution. For this person, instead of dating the opposite sex at this time, perhaps he/she should concentrate on developing meaningful friendships, being very responsible at work, improving family relationships, and becoming a good student as a means of feeling successful and adequate. Later, when this person likes him/herself and feels competent, he/she will be better prepared for a love relationship.

As illustrated by the above example, finding the solution to the unmet basic need(s) may take us out of level I. Search chapters 3, 6, 8, 9 and 14 for ways to deal with shame and

increase self-esteem. Chapters 9, 10, & 13 are most likely to help with finding love. These are major self-help projects and important ones but so is becoming a good student. Consider developing a "positive addiction," described in chapter 4, as another way of removing barriers to your progress. Lastly, since anxiety is commonly a barrier to achievement, consider some kind of relaxation (see chapter 12).

STEP THREE: Satisfy the basic needs in an acceptable way.

Make and carry out plans for correcting the major hurts. Revise as necessary.

STEP FOUR: Go back and try the self-improvement project again.

If Maslow's theory is correct and if you have correctly diagnosed the basic needs and solutions, the self-help efforts should go more smoothly this time. If not? I'd suggest getting professional advice, you've made a good effort.

Time involved

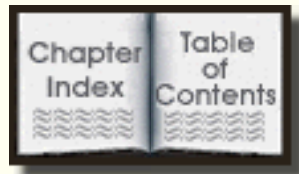
The time involved varies. But considering the scope of the developmental deficiencies in Maslow's first four levels (feeling unloved, feeling dependent or inadequate, feeling insecure), it may take considerable time each day for months to have significant impact. On the contrary, one might get a friend, develop a meaningful relationship, and feel much more lovable within a couple of months.

Common problems

It is not easy to guess the unmet need. Since the need may never have been adequately satisfied, relieving a long-standing deficiency will probably be difficult.

Effectiveness, advantages, and dangers

Refer to the specific methods used. An advantage of this general theory and "method" is that the self-helper may be guided to find the "real" problem. Herein lies the danger as well, namely, one may falsely assume that a basic need is unmet, label oneself as deficient, and embark on an unnecessary self-improvement project.



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ANTECEDENTS: SELF-HELP METHODS USED PRIOR TO THE "TARGET" BEHAVIOR

Recognize unconscious motives and defense mechanisms.

There is no doubt that sometimes we are not realistic. Not all of our actions are rational and intentional. Sometimes we avoid reality, we deny the truth, we fool ourselves. We may see the world the way we want to, not the way it is (example: a person falling in love or going through divorce). We may use excuses or rationalizations for avoiding an unpleasant but important task (example: procrastination instead of studying or self-indulgence instead of thinking of others). We may seek hidden payoffs through some action (example: fat helps us avoid sex or putdown games build our ego). The purpose of these distortions and self-cons is to make us feel better about our behavior, to defend ourselves against anxiety, and/or to conceal an unworthy purpose.

The self-evident solution to this self-deception is to be honest and realistic with ourselves. But how do we do this? There are powerful reasons for our distortion of reality; how can they be overridden? How can we deal with our own unconscious?

This is much too large a topic to be covered in one method. Chapters 14 and 15 help us understand unconscious factors. If we understand our unconscious motives and distortions, we can intervene and counteract these forces. The intention here is merely to draw your attention to a complex array of ideas and self-help methods that may need to be considered if you have an unwanted behavior that persists:

1. Irrational ideas may exaggerate our problems, arouse very disturbing emotions, and/or provide excuses for unreasonable behavior--see chapter 14 for important explanations and solutions. Almost everyone has some irrational ideas. Changing your behavior probably won't change your troublesome ideas.
2. Attributions, assumptions, and conclusions are constantly being made by everyone.

They aren't all logical and accurate. We are unaware that our thinking is not straight in many situations (see method # 8 in chapter 14). There are methods for double-checking these assumptions, e.g. "I'm dumb" is testable and "She is this way because that is her personality" can be checked by asking (see method #7 in chapter 13 and Laing, 1965).

3. Defense mechanisms reduce our anxiety but also distort reality, e.g. one "projects" his/her bad traits to others or a worker rationalizes why he/she got a bad evaluation (often involving "sour grapes" and "sweet lemons"). See chapters 5 and 15. There is a test to determine how much you use specific defense mechanisms. Would a person ever change if he/she saw all his/her negative evaluations as being biased or meaningless ("Oh, they just don't like my kind of person!")?
4. Interpersonal "games" are played for sickish purposes--to putdown others, to putdown ourselves, to build our fragile egos. Such games yield unconscious pay offs. If you are a game player, adding a few rewards for some desired behavior is not going to wipe out the urges underlying your games. See chapters 9 and 15.
5. Old leftover emotions unconsciously influence our current behavior, e.g. old failures produce today's reluctance to try again or a fight with a person with certain physical characteristics 10 years ago leads to unreasonable suspicions of a similar looking person today. See chapters 9 and 15.
6. Unconscious motives and hidden pay offs undermine many of our self-control efforts. Not all of our motives are sensible and noble, and when they aren't, we'd prefer not to know about them. Many people do things and make decisions that are self-defeating, e.g. people do poorly at work to avoid getting more responsibility or to become the office clown or gossip. People push others away because they are afraid of getting hurt or they assume others will not really like them.

If you do not understand your behavior or if some behavior is remarkably resistive to change, investigate the role of unconscious factors (see chapter 15).

SELF-CHANGE METHODS APPLIED SIMULTANEOUSLY WITH THE TARGET

BEHAVIOR

Self-observation and self-evaluation: Observe and record "target" behavior; set intermediate and final goals.

There is no doubt that being "mindful" has practical benefits (Langer, 1989). We need to attend to what we are doing, to how others are responding, to alternative ways of doing things, to the steps necessary to get to our final goal, etc. Some of us by nature are much more watchful than others, but all of us can become more aware and more accurately aware if we objectively record significant events about us.

The importance of making accurate observations was underscored in a recent study of people who had failed to lose weight on 20 or more diets and weight loss programs. They all claimed "I eat like a bird but I don't lose weight," "it's in my genes," "it's my metabolism," and "I eat less than 1200 calories a day!" When researchers carefully recorded these people's activities 24 hours a day, it was found that they ate **twice** as much as they said they ate. They were unmindful.

Careful recording of specific behaviors, reflecting your adjustment in a problem area, is important for several reasons: it helps assess the seriousness of your problem, it helps you identify the most important behaviors to change, it contributes to setting concrete goals and time-tables, it measures your progress in changing, it is rewarding, and about 15% of the time self-observation is all you need. Setting goals also increases progress.

Self-observation, recording the "target" behaviors, and goal setting are so important that they are part of the steps in any self-help project. The comments here supplement chapter 2, steps 2, 4, and 7. You may not count or rate target behaviors in every project, but there should be at least vague awareness of (1) the more significant behaviors to change, (2) daily observation of those behaviors, (3) where you want to go (goals), and (4) some assessment of how the behavior is changing over time.

Purpose

- Any of the possible purposes mentioned above.

Steps

STEP ONE: **Select clearly countable or ratable behaviors or feelings to record.**

Chapter 2, step 2, gives directions and examples for doing this. Be sure you are clear about the behavior to be recorded, otherwise many of the above purposes will not be accomplished.

It may be helpful to specify the conditions as well as the desired behavior, i.e. record the behavior-in-a-situation, especially when the environment enhances the behavior (Methods 1 and 3). For example, a student might record the minutes per day studying efficiently in his/her "study" chair (and, therefore, not including the time spent mostly

watching TV but occasionally glancing at a book).

Your self-help plan may involve developing a new and improved behavior. Therefore, the desired response will not be available for counting and recording until well into the project. A new index of progress can be added just as soon as the new target behavior has been developed.

In contrast to behaviors, feelings are seldom in discrete, countable episodes, so you will need rating scales. Examples:

Depression

Scale	Behavior
1	very happy, one of the best days of my life
2	happy, generally a good day
3	sort of happy, more + than -
4	mixed, both + and -
5	sort of unhappy, more - than +
6	bad day, quite unhappy
7	a terrible day, one of the most unhappy of my life

Anger

Scale	Behavior
1	no anger, well controlled, able to avoid or forgive.
2	a little irritation but quickly controlled or handled assertively
3	some irritation, others noticed, I was a little sharp or sulky
4	irritated most of the day
5	one or two angry outbursts which I didn't handle well
6	a bad day, big angry episodes kept me upset most of the day
7	a terrible day, I lost control of my anger and was hurtful and/or destructive.

These are just examples; devise your own scales tailored to your problem, your situation, your response style, and your eventual goal. One can rate anything: tension, energy, aches and pains, goodness (as you define it behaviorally), self-esteem, self-acceptance, tolerance of others, assertiveness, belief in self-help, sexual adjustment, etc., etc.

STEP TWO: Keep a daily count or make a daily rating (see chapter 2, step 2).

See chapter 2, step 2.

STEP THREE: Make a chart of your progress.

The daily counts or ratings can be plotted on a weekly or monthly chart, as illustrated in chapter 2. Both counting and charting are easy to forget; try doing them at scheduled times or pair them with some dependable event. Examples: count calories **before** each meal; plot daily total calories before doing exercises every evening; rate "target" emotion before having your evening drink; plot hours spent studying effectively every night before going to bed.

STEP FOUR: Use progress chart as a motivator; set reasonable immediate, intermediate and final goals.

"Taking one small step at a time" or "one day at a time" is good advice. Long-range goals may seem overwhelming, but a reasonable goal set for the next 15 minutes, the next hour, this afternoon, or today may seem quite manageable. For dieters, for example, focusing on self-control during the next few hours is more effective than setting weekly or monthly goals. Indeed, setting your own immediate goals which will enable you to reach your long-range goals, in terms of the "target" behavior, may be one of the better techniques for facilitating change (Chapman & Jeffrey, 1978). Completing the desired behavior is even more likely if you are frequently recording your progress; you need to be striving for some immediate goal as well as improvement each day or each week. The records will tell you if you made your goals. See chapter 2, step 4.

Post the progress chart in a conspicuous place, over your "study" chair or "depression" chair, on the refrigerator door, near where you exercise, some place where others can see your progress too.

STEP FIVE: Frequently evaluate your progress by comparing achievements with baseline data and with sub-goals.

See step 7 in chapter 2. The concept of baseline data is explained there. The self-rewards and praise (or punishment and self-criticism) we give ourselves have a powerful effect upon our behavior.

STEP SIX: Note special events on the progress chart.

Of particular interest to record will be (1) possible causal factors and (2) major

outcomes. First, any event that might help explain a change in your target behavior should be recorded: got a new job, started dating steadily, had argument with my boss, doing poorly in math, and so on. Second, as chapter 2 recommends, one would ordinarily record each day the most immediate and direct indicators of progress, e.g. calories consumed, hours studying each day, minutes involved in meaningful conversation with spouse, a rating of daily tension, etc. However, it is the big, long-range achievements that are really important to us. So, the progress chart should also reflect major outcomes, like: lost 10 pounds this month, got a new dress! Got 3.6 GPA last semester! GI series indicates ulcer healing! (Record disappointments too.)

With a little creativity the progress chart can come alive and be more than sterile numbers. It can picture, even illuminate your life. Use symbols (or a secret code) for certain events. Add "before" and "after" pictures or descriptions. Perhaps the progress chart could become part of a diary or journal of your life (see chapter 15).

Devising the counting or rating procedures and progress chart will take only an hour or two. Less than 10 minutes per day are needed for counting and recording. Very little time is needed to set daily or weekly sub-goals and assess progress. The time will be well spent.

Within many of us lurks a rebellious critter who frequently shows him/herself when some routine task, like record keeping, needs to be done. Anything mechanical or clerical will be resisted by about 1/3 of us in my observation. Another related problem is just forgetting, after several days, to do the recording and eventually dropping the recording. Try to keep doing the project even if your record keeping gets sloppy.

It has definitely been shown that self-monitoring aids changing. And setting short-range goals helps. There are several other advantages from being more objective and accurate in observing and in self-evaluation. There are no dangers.

Additional readings

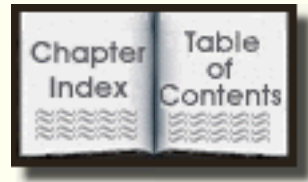
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DURING-THE-BEHAVIOR METHODS

Behavioral analysis: observe and record antecedents and consequences to understand behavior.

If we can understand what causes a particular behavior, we are more likely to be able to change that behavior. One way to better understand some specific behavior is to carefully observe its antecedents and consequences, i.e. what occurs just before and right after the behavior. By using a knowledge of learning (see chapter 4) we should be able to analyze the situation and explain the behavior.

Purposes

- To understand what in the environment is causing a behavior or emotion or interpersonal interaction. (If nothing external, look inside for thoughts, memories, feelings or physiological factors.)
- To use this knowledge to figure out how to change the behavior or to determine why a self-help effort isn't working.

Steps

STEP ONE: Remember the circumstances preceding the behavior or emotion or interaction.

Think back and remember as much as possible about what happens right before the "target" behavior:

- time and physical setting, any environmental cues that set you off--
- your actions, thoughts (self-talk), and feelings--
- any defeatist ideas, e.g. "I'll never get better," "I can't change," "I'm just that way"--
- others' behavior and feelings (including believing they think you are stupid, etc.)--

- nature of interaction with others--
- are there any signs of possible consequences (+ or -) that influence your behavior?
- your physical condition (tired, hyper, drunk, etc.)--
- your use of or lack of skills--
- + or - expectations or values--
- is this situation similar to a situation or person you have had experience with before?

List the stimuli that seem to occur right before the behavior in question. In this method, you can concentrate on the antecedents of desired or unwanted behaviors, feelings, or interpersonal interactions.

STEP TWO: Think about the possible + or - consequences following your behavior or emotion or interaction.

It will also be helpful to consider the payoffs for both the unwanted and the desired behavior, perhaps comparing the two. If you are dealing with a bad habit, you may feel "I don't get anything positive out of the habit." Don't believe it, get started carefully observing the results of your habit. The positive pay offs outweigh the negative consequences. Each habit has its own unique set of positive and negative consequences. It is important to consider many possible consequences to uncover them all:

1. desired pay offs--consider both extrinsic rewards (material, interpersonal, or symbolic of success) and intrinsic satisfaction (enjoyable feelings, relief, and self-esteem), both in the immediate and long range future. Often performing a well-learned habit just makes us feel better but we don't understand how or why; it is still a consequence.
2. negative reinforcement--relief or escape from stress, self-criticism, interpersonal pressure, or any other unpleasant experience. Ask: were there any cues in the situations that enabled you to anticipate and avoid something unpleasant without actually feeling bad at all? (Example: one might avoid an argument by avoiding a topic. In this case, escaping the threat of a fight reinforces avoiding the topic, but there has been no resolution of the conflict between the two of you.)
3. unwanted consequence--punishment, criticism, deprivation of something you wanted, increased self-criticism or interpersonal conflicts, unpleasant thoughts about terrible possible outcomes, having to correct the mistake you made, or any unpleasant outcome.

Consequences may be positive and negative, expected and unexpected, immediate and long-term, extrinsic and intrinsic, material and symbolic (a failing grade), emotional and

interpersonal and even unconscious. To understand ourselves, we have to be honest about all the possible consequences.

It is very important to ask yourself: Is it possible that a part of me really unconsciously wanted the consequence I got? Also, ask yourself: How does the outcome make me feel about myself? Do I have an unconscious need to put down or hurt someone else? to rebel or resist pressure? to put down myself? to fail? to feel bad or guilty? to live out a "life script?" Chapters 4, 9, and 15 might be helpful. Also, writing out one's explanations might clarify the situation and help with the decision of exactly what to observe in the next step.

STEP THREE: Observe and record the antecedents and consequences of the behavior, emotion, or interaction.

Every time the "target" behavior occurs observe carefully and record the exact conditions that preceded it and followed it. Consider the factors mentioned in steps one and two which you think could possibly be relevant, or any other possible cause.

Record your observations on 3 X 5 cards. Do this for several days, or at least until 8 or 10 occurrences of the target behavior have been observed. Several observations are necessary to determine if the behavior is only occasionally reinforced.

STEP FOUR: Complete a "behavioral analysis" using both your recall and your recorded observations of antecedents and consequences.

For each target behavior, list the stimuli that seem to elicit the behavior and the payoffs that result from and reinforce the behavior. This should "explain" the behavior, i.e. what causes the behavior and why this one behavior is dominant over all the competing behaviors.

Chapter 4 describes operant, classical, and social learning. These theories will help you understand how antecedents-behavior-consequences relationships are formed and maintained. Chapter 4 also explains why some behaviors are hard to understand; this may help too. Some of the questions above also involve many other factors that might influence our behavior besides learning procedures, such as values, unconscious needs and motives, games, unresolved emotional situations, etc. These other factors are discussed in chapters 4, 9, 14, and 15.

This process called "behavioral analysis" is the essence of all efforts to understand human behavior. The various theories--psychoanalysis, social learning, humanistic, behavioral, Gestalt, etc.--simply emphasize different factors among the antecedents or the consequences. By repeatedly attempting to understand human behavior in this way, you are becoming an "insightful" psychologist. Be sure to discuss your "theories" with others;

you need to consider many points of view.

STEP FIVE: Use the self-awareness from the behavioral analysis to exercise better self-control.

The knowledge from this method leads directly into using Methods 1 and 3, involving antecedent stimulus control, and Methods 16, 17, and 18, involving control of the consequences, in order to develop plans for creating a new response, a new way of handling a problem.

Anyone who has learned a new habit--exercising, picking up dirty clothes, overcoming shyness--realizes that the new behavior is hard to start. At first, the old behavior is so much easier, it's still automatic. However, after 3 to 4 weeks of daily practice, the "hard" new habits become automatic and easy too. There is no known alternative to simply pushing yourself to carry out the new better habits until they become "natural."

As we learned in chapter 5, almost any change is stressful, even though it is an improvement. Furthermore, the ramifications of seemingly small changes may be far reaching. Examples: deciding in the sixth grade to go out for several sports may influence your career, your choice of friends and spouse, your life-long interests, etc. Likewise, if you decided to become a serious student... In some cases, however, the "cost" of the new habit, in terms of effort and ramifications, may seem too high.

Time involved

An hour or so will be involved in the arm chair philosophizing about the role of the antecedents and consequences. The actual observation and recording will take 10 to 30 minutes a day for a couple of weeks. The behavioral analysis will be another hour if you keep your explanations strictly behavioral. (If you branch out into other theories, e.g. "what games am I playing?" or "did my relationship with my father influence this behavior?", it will take much longer--and may be more exciting.) Total=about 10 hours. Of course, one could be more casual and sloppy about it. In some instances, you may have no choice since a change may not be possible without the better understanding of a careful analysis.

Common problems with the method

As mentioned before, some people naturally abhor keeping systematic records, especially about themselves. A lesser problem is going through the process and finding that you didn't record the relevant information or that you don't yet know enough about the theories to make sense out of the data you have observed.

Effectiveness, advantages, and dangers

A careful observer almost always learns facts about his/her own behavior that he/she hadn't realized. In that sense it is effective. It is unknown how often it leads to effective self-change, however. No dangers although it is possible you may not like all the things you find out about yourself.

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Also see Watson and Tharp (1972), Thorensen and Mahoney (1974), and Birkedahl (1990).

Disrupt the unwanted behavior; thought stopping; self-distraction

A habit flows along smoothly. Once interrupted, however, it is easier to stop or alter its course. Likewise, an unwanted response, like an outburst of anger, can be reconsidered if there is a pause in the process before any action occurs; thus, the wisdom of the old adage, "Count to 10 before getting mad." Furthermore, it is easier to avoid temptations if there is a delay of gratification and attention is directed away from the temptation. Walk away and get your mind involved in something else.

Unwanted worries or fantasies can sometimes be delayed or ordered to stop, which is a form of disruption. However, in other cases, attempts to suppress an obsession makes it worse (see method #12 and chapter 5).

In order to develop a new behavior, we may have to weaken the old habit, especially if it is a strong habit. In order to study, we have to break our habit of watching TV all the time. In order to eat more healthy food, we have to break our habit of eating lots of red meat. Sometimes the old habit can be broken instantly, "cold turkey," but often some technique is needed.

Purposes

- To disrupt habits that are so automatic that they are done unconsciously. The disruption draws your attention to the habit and gives you a chance to stop it. The disruption also enables you to develop a more desirable habit to replace the unwanted behavior.

- To provide a pause to think and reconsider in the middle of an otherwise impulsive, ill-considered response.
- To stop unwanted thoughts, especially depressive ideas, anger-generating fantasies, and worries.
- To increase your confidence in self-control.

Steps

STEP ONE: Plan in advance how to disrupt the unwanted behavior.

Mostly this consists of making "rules" which you then have to enforce. For example, it is common to recommend this rule to dieters: pause between every bite, putting down your fork and savoring the food. This breaks the automatic habit of rapidly shoveling in the food. It is also recommended that 2 or 3 five-minute "rest periods" be incorporated into every meal; this gives you practice at stopping eating and a chance to reconsider if you really want to eat more during that meal.

Smokers are given rules that disrupt the habit, such as put the pack in a different pocket, use a different lighter, use a disliked brand, smoke with the other hand, and so on. Invent your own disruptions.

In the case of impulsive behavior (anger, sarcastic remarks, seductive actions, etc.), learn to recognize the early signs and plan for a pause: "Count to 10," "Stop the insults and think of a compliment," or "Stick to business." Important rules for restraint are: wait 10 minutes, think about the consequences, use distraction (think about something else).

In the case of unnecessary or bothersome thoughts, try "thought stopping." This is simply yelling (loudly but silently to yourself), "Stop! Get out of here!" And, believe it or not, the thought often goes away. It will come back, so yell again. Eventually, by telling yourself that you don't have to put up with useless or hurtful thoughts, you can frequently control "your mind" (see method #12 when this makes things worse or doesn't work).

One of the most common methods for dealing with temptations or unwanted thoughts is self-distraction. The ordinary person tries to think of something else, say the chair he/she is sitting in, but before long the unwanted thought or feeling is on his/her mind again. So, since thinking about the chair didn't work, he/she tries to think about something else, maybe the knot in his/her stomach this time. The process goes on and on like this. It does keep the unwanted thought out of your mind fairly well, but afterwards the method may produce even more of the unwanted thoughts or emotions. This is because every time you

see or think of the chair, or become aware of some sensation from your stomach, etc., you think of the unwanted thought or feeling again. Thus, it is better to *use only one distracting thought, preferably something pleasant*, such as your favorite hobby, vacation spot or even a very enjoyable, absorbing part of your work.

Robbins (1991) cites a case of a chocoholic who got a lot of attention because of his love of candy. Robbins told the chocoholic to only eat chocolate for several days. After about four days, he was sick of chocolate, making it easier to give up his 4-bars-a-day habit (see method # 12).

STEP TWO: Practice the disruptive process mentally before having the real experience.

Try to accurately anticipate situations where an old unwanted habit will occur, an strong emotional impulse will erupt, or an unwanted obsession will continue and continue. Practice until the idea of when and how to interrupt the process is well ingrained (see method #2).

In the case of an obsession, say a worry, you need to select and prepare *in advance* alternative topics to think about. Otherwise, a worrier will just shift from one worry or depressing thought to another one. Select only one positive topic to think about (as a distracter from unwanted topics), perhaps an enjoyable hobby, some pleasant aspect of your work, or maybe you could think about praying and God. You need to practice using this topic by imagining the onset of the unwanted thoughts and immediately turning your attention to the more enjoyable topic. (Don't forget to also use environmental factors to control your thoughts. If depressed, be around fun, happy people, get active in interesting tasks, make plans for the future, search for beauty and good, exercise, clean up and look good, etc.)

Consider a variety of additional ways of responding to or solving the needs or concerns underlying the unwanted behaviors or thoughts: avoidance and change of the environment (method #1), assertiveness and self-esteem (chapters 13 & 14), forgiveness (chapter 7), a desired or substitute response (methods #2 & #11), paradoxical intention (method #12) or scheduling the worry, and decision-making (chapter 13) instead of continuing the worry or bad habit.

STEP THREE: Try out the method several times, starting with the next opportunity; observe the results.

Don't expect instant results. Keep improving your method. Continue until a better way of handling the situation is well established.

Time involved

Total time=1 or 2 hours. In many ways these methods will give you more time, i.e. reduce time wasted on unwanted acts (eating), worrying, getting into arguments, etc.

Common problems with the method

Most common is forgetting to disrupt or stop the ongoing response. Frequently, one's self-concept interferes with behavioral control. Example: if one sees him/herself as "hot headed," "flirtatious," "weak willed," or "too old to learn," this counteracts the effectiveness of any self-control method directed towards eliminating these reactions. (See cognitive methods and self-concept in chapter 14.)

As Wegner (1989) points out, effective suppression temporarily of thoughts may cause problems, because the troublesome thoughts may return even stronger; suppression, he says, doesn't solve problems. To solve a problem you often have to get it out, deal with it, talk to someone about it, make plans to change, etc.

Effectiveness, advantages, dangers

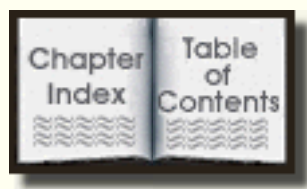
No carefully controlled research is available. However, practitioners frequently recommend this type of method. It is easy to learn and you can see immediately if it works. There is no danger, unless strong emotions are involved, such as intense anger and suicidal depression. The method should reduce the risk of destructive action but everyone must exercise maximum caution when potentially violent emotions are involved. In such cases, seek professional help and support from family and friends immediately.

Additional readings

Lazarus, A. (1971). New techniques for behavior change. *Rational living*,6, 1-13.

[← Back a page](#)

[Forward a page →](#)



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DURING-THE-BEHAVIOR METHODS

Substitute a new response to replace the unwanted habit.

An old habit can be broken by replacing it with a new, more desirable habit. Azrin and Nunn (1977) use this approach to controlling habits (see chapter 4). A similar concept is used in two other situations: (1) more acceptable responses can replace unwanted habits, e.g. one could listen instead of give advice or chew gum instead of smoking, and (2) a better way of meeting one's needs could be found, e.g. one could handle loneliness by learning social skills rather than by watching TV or by joining a support group rather than merely complaining to relatives about having nothing to do.

Purposes

- To find a better response than the current one and start using it.
- To break an old habit by replacing it with an incompatible new one.

Obviously, there is a similarity to method #2. This is more a simple substitution at the time the old response starts. There is a lot of advanced preparation in method #2.

Steps

STEP ONE: Select a substitute behavior and be prepared to use it.

Think of a desirable substitute. Make the necessary arrangements to carry out the new behavior. Example: if you are going to eat celery instead of a regular meal or jellybeans instead of smoke cigarettes, the celery must be bought and cut and the jellybeans bought in advance.

To overcome a habit, the new response should be (1) not distracting to others, (2) able to prevent the old response and (3) something you can do for 3 minutes while carrying on normal activities. Examples: feel the change in your pocket instead of the bad habit of

pulling your hair or pressing your foot against the floor instead of the habit of nervously shaking your leg (see chapter. 4).

As with any other well ingrained habit, it is difficult, in the beginning, to try to satisfy well established needs or behavior patterns in another way. Even when substitute activities are already organized and welcoming you to use them, it may be hard to change: it is considered so hard for alcoholics to go to Alcoholics Anonymous that many people believe they must "hit bottom" before they are desperate enough to join AA. Many of the same social needs for camaraderie and power and acceptance are satisfied in AA or in church as were met in the bars, but not all of them. It's still hard to go. Similarly, it is hard to seek out self-help groups, like a club for single parents, or a therapist. Although it's difficult, consider the consequences of not changing.

STEP TWO: The substitute response may need to be practiced. Exactly what you intend to do must be well thought out.

The overriding response, say pressing your foot against the floor (so no one notices), to an urge to perform a habit, such as anxiously bouncing your leg, may need to be done in front of a mirror until you look natural and can do other things, like talk, at the same time. Action designed to replace the bad habit must be planned and practiced, so it can be used immediately (before the unwanted habit occurs).

STEP THREE: Make the substitution at every opportunity.

Every time you feel the slightest tendency to do the old habit, perform the new response. Another example of this method is making your hands into a fist instead of biting your nails.

Time involved

Relatively little time ordinarily is involved, just thinking of an alternative, practicing it, and assuring that you substitute the alternative.

Common problems with this method

Sometimes the substitutes have unwanted consequences, e.g. eating instead of smoking may increase your weight. Each relapse is like dropping a ball of string you are winding; it is hard (but important) to keep the old habit from occurring at all.

Effectiveness, advantages and dangers

Azrin and Nunn (1977) claim the method is very effective, successful over 90% of the time. This is for the people who completed a therapist-administered treatment of this kind.

How many people actually complete a strictly self-help project, as recommended in the their book, is unknown. However, a 90+% success rate is impressive.

This is a simple way to break certain simple habits. Even in more complex situations you may find ways to meet pressing needs in more acceptable ways. This doesn't require a radical modification of one's needs. Yet, there is ample evidence that people resist learning new behaviors: many refuse to go to AA and psychotherapy. Consider how many marital problems and parent-child conflicts are never dealt with in counseling or marriage enrichment programs. Also, relatively few people seek help in helping themselves. We don't know why.



There are no known dangers.



Additional readings

Azrin, N. and Nunn, G. (1977). *Habit control in a day*, New York: Pocket Books.

Negative practice; satiate old response; paradoxical intention; stop suppressing unwanted thoughts.

We can learn from intentionally making mistakes, called "negative practice." For instance, I often type ie instead of ei. This could be corrected by my practicing typing "wieght" or "thier" over and over (as long as I remained aware that I was doing it wrong). Tics (jerking muscles) have been cured by negative practice, i.e. doing it over and over willfully rather than against your will. A similar method is described next.

If you are a compulsive house cleaner, being asked (by a therapist) to spend twice as much time cleaning can be taxing. If you do it, however, and the therapist then seriously suggests that you dust everything, wash all the dishes (clean ones too), and wax the floors twice a day, it becomes ridiculous--hopefully, you can even see how funny your cleaning needs are becoming. The procedure of asking the person, or yourself, to do the unwanted and already-too-frequent behavior *even more often* is called "paradoxical intention." This method is discussed in detail in chapter 14, method #6.

Many unwanted habits become unpleasant when they are continued for a long time, i.e. satiated. Example: if one smokes too much it may become nauseating, even to the addicted smoker (especially in a very small room). Being required to bite your nails or to worry continuously for 5 minutes every hour may become unpleasant (see "aversive conditioning"--

method #18). Thus, these behaviors should occur less frequently.

In some instances, paradoxical behaviors result in the person saying "enough is enough" and learning a new behavior. In other instances, the continuation of the unwanted behavior becomes punishing and so we drop it. In other situations, an unwanted behavior that seems determined to occur in spite of your opposition will go away as soon as you start demanding paradoxically that the behavior occur *more* frequently (like a crying child, who hopes he/she is bothering you, stops when asked to cry harder and longer). In the opposite direction, Wegner (1989) contends that obsessions develop because we try to suppress them, which causes the thought to come on even stronger. Therefore, the solution is to "stop the stopping" and, instead, just let the thought occur or perhaps encourage it.

Purpose

- To reduce compulsive, repetitive behaviors (or thoughts).

Steps

STEP ONE: Determine how often the unwanted behavior is occurring.

See method #8

STEP TWO: Set a goal of drastically increasing the frequency of the unwanted behavior.

In many applications, the increased frequency eventually makes the situation unpleasant. For this to happen in some cases, the behavior has to be done in special circumstances--like smoking with your head in a box. In other cases, the habit just naturally produces discomfort if overdone.

In the case of an obsession, say lusting for a coworker, or a worry, it is possible that this unwanted thought results from your repeatedly suppressing it and then letting it happen. When this is the history, it may help to let the fantasy or worry run its course. You could even insist that it occur frequently for a day or two. If the thought is dangerous, however, see a therapist.

STEP THREE: Continue the unwanted behavior until it is very unpleasant or disgusting or loses its strength.

Hopefully at that point the habit will be punished enough that it is extinguished. Watching yourself in a mirror might increase your distaste for a habit, like nail biting. In other cases, the worry or obsession fades away when you demand that it continue. A strong

habit or worry may not go away easily, however, so several attempts to satiate-to-exhaustion might be required.

Most people are so busy fighting the habit that it doesn't occur to them to change sides and "go with this desperate need." See paradoxical intention in chapter 14. Also, most of us avoid self-punishment, even if it is for a good cause.

Obsessions are hard to eliminate; success rates with these techniques are about 50% but this is with extreme cases. There is almost no research with common compulsions, such as perfectionism, indecisiveness, rule-boundness, stinginess, workaholism, etc.

It is a simple idea, sort of "turning the tables." There are some dangers, especially with destructive obsessions. Therapists may encourage a person to dwell on and try to convince him/herself of the validity of ideas like "I'm going crazy" or "I'd be better off dead." The assumption (and hope) is that the contrary, rebellious part inside of us will suddenly start to oppose the dangerous idea instead of pushing it as before. That is too risky to do by yourself without professional help. Yet, the approach could be used with less dangerous thoughts, like "I'm going to fail" or "He/she is probably going out on me." By the way, sarcasm might help, for instance, the falsely accused partner could say, "Yes, I went to bed with **three** people last night." People have found that repeatedly denying the accusations and saying, "I love *you*, of course I don't have affairs, it's a silly idea, don't say such things, ..." are usually ineffective (Fay, 1978).

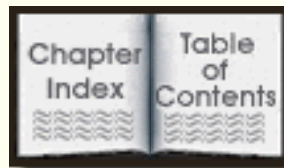
Additional reading

Lichtenstein, E. & Danaher, B. G. (1976). Modification of smoking behavior: A critical analysis of theory, research, and practice. In M. Hersen, R. M. Eisler, & P. M. Miller (Eds.), *Progress in Behavior Modification*, Vol. 3, New York: Academic Press.

Frankl, V. (1965). *The doctor and the soul*. New York: Knopf.

[← Back a page](#)

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DURING-THE-BEHAVIOR METHODS

Challenge defeatist attitudes; let your body and mind work automatically without constant criticism and coaching; get into the "flow."

Seeing ourselves as helpless or as bungling has dramatic effects--we perform poorly, we stop trying, and we get depressed (Seligman, 1975). Some people respond to an actual failure by "falling apart;" others try harder. What determines the difference? One simple factor is how the performer explains the failure: if you say, "It's my fault, I can't do it," you do more poorly next time and give up. If you say, "I need to try harder, maybe I can do it," you'll do better after failure. The really good news is that people can learn to interpret failure as a sign they need to work harder (not a lack of ability), can draw from their experience to learn a better approach, and can develop their own self-instructions to achieve success (Diener & Dweck, 1978).

A related idea is that a restful, noncritical state of mind is the most efficient. Thus, teachers try to relax students and coaches try to calm players. Gallwey (1974) in *The Inner Game of Tennis* describes how we have two identities: one is playing tennis (or whatever we are doing), the other is telling ourselves how to do it! It certainly seems that way. The goal of this method is to quiet the critical coach that confuses things with a stream of instructions and upsets things with accusations, doubts and fears.

Gallwey's concept of performing uncritically is close to Csikszentmihalyi's (1990) notion of "**flow.**" Sometimes you "get in the groove" and everything goes just right. You are calm and concentrating intensely on the task; things just click and you are really enjoying doing a super job. When this happens you are totally absorbed in the work. That's flow.

This method is not concerned with all aspects of low self-regard (see chapters 6 and 14) but rather (1) with detecting the barriers that keep you from trying and doing your best, (2) with reducing the inner voices of criticism and helplessness that disrupt your efforts, and (3) with finding ways to reach your maximum efficiency.

Purposes

- To recognize a lack of confidence and do something about it.
- To reduce the inner critic so one can do one's best.
- To achieve maximum efficiency and interest in a task.

Steps

STEP ONE: Become aware of self-doubts.

The self-doubts and putdowns may be obvious--self-critical statements may run through your head, your stomach may be tied in knots, you may want to get away. Examples: "I'd never be able to get an A in chemistry, so forget medical school" or "She'd probably laugh at me if I asked her to go to the game with me" or "I'm such a terrible volleyball player, I hope they don't push me into playing" or a good tennis player might say, "I can't hit the serve hard and get it in" or "I don't get set before I hit the ball, I'll bet I look awkward."

The self-statements may not be so clear-cut: you may simply believe you aren't able to do something and think very little about it. You may have never even considered the possibility; the self-doubt has always been there and prevented even a wish or a fantasy. Examples: Women may think of being nurses, stenographers, personnel managers, teachers, stewardesses, but never consider being doctors, lawyers, managers, owners, professors, researchers, pilots, etc. Men may never seriously consider a more enjoyable line of work or a promotion based on new skill.

It may be necessary to ask yourself how you feel about your ability to handle certain situations, e.g.:


- How certain are you (on a scale from 0% to 100% confident) that you could and would approach a group of strangers at a social gathering and join the conversation? _____%
- How confident are you that you would approach a person of the opposite sex at a party? _____%
- How certain are you that you would call them up for a date later if they hadn't called you? _____%

These are just examples. The questions have to be tailored to your specific concern. If you have reason to believe that self-doubts stand in your way, the next task is to reduce the doubts. It is probably clear to you that doubts will remain until proven wrong, i.e. until you start performing better, proving you have the ability. As long as you think you don't have the ability, you will either not try or let the doubts interfere with your performance. So the

assumption that you don't have the ability has to be tested out which requires you to consider, at least temporarily, a more hopeful way of viewing your behavior.

STEP TWO: Make the assumption that your performance can be improved with more effort, more practice, and/or fewer emotions.

The only true test of your potential is to prepare as best you can and give it a try. However, there has to be some hope before one will prepare and try. Where does this hope come from? (1) Skills training often increases optimism (see chapter 13). (2) Insight into attitudes and self-defeating "games" might help (see Chapters 9 and 15). (3) Generally feeling better about oneself will increase motivation (see chapter 14). (4) Talking to someone who has been successful in the same area or getting encouragement from relatives, friends and others may do the trick. (5) Maybe you can just make a firm commitment to yourself to give it a good try and see what you can do.



If the internal critic is disrupting your efforts, try Gallwey's suggestions in the next step.



Don't say foolish things to yourself, like "I can do anything if I try" or "I will make all 'A's' (if you have been a C and B student)." Keep your optimism within reason. If you are a beginning tennis student, don't aim to win a tournament at the end of the summer. How about after three years (if you practice hard)?

Experiments clearly indicate that expectations (our own and others') influence our performance; this is called a "self-fulfilling prophesy." So, a new, honest expectation of gradual improvement should encourage practice and facilitate improvement (see next method).

The "flow" concept is not based on the idea of an internal critic. It simply says that to be interesting an activity (our work) must utilize our abilities. Too easy a job is boring. Too difficult a job is stressful. When an activity matches our capabilities we are interested, absorbed, and entertained, which is flow. Thus, tennis is best when we are playing someone our equal and doing our best. An exciting career is neither too easy nor too hard for us, permitting us to use all our abilities and when we do, we do a fantastic job. Since we will be getting more able with experience, our jobs need to be made more difficult at the same time. If a job becomes stressful, it needs to be re-defined (in your mind) so it is do-able. Then with abilities equaling the demands, we are "grooving" or in "flow."

STEP THREE: With an optimistic or open-minded or non-critical attitude, prepare well and try to do your best.

After adopting a new attitude or gaining new skills and preparing, undertake an objective test of your ability. Compare your performance with prior performances. If you are able to do better than before, it has to be due to greater effort, a better attitude, or more skill. You didn't grow more innate ability! Keep on improving by using failure as a signal that you need to try harder (but do that without using disruptive criticism).

If your performance in any area is hampered by self-criticism or a defeatist attitude, try Gallwey's suggestions: (1) concentrate on the activity (say tennis or doing a lab exercise or selling a product), watch the ball (or customer), learn to 'love' it. (2) Trust yourself, don't demand perfection, do your best and enjoy it, marvel at how well you can do things. (3) Focus on what is happening, not on fears or hopes of what will happen. (4) Stop trying to win, let yourself go, get in a groove where the effort is effortless, go full force but without criticism. (5) Accept yourself, fears and mistakes and all; play a good inner mental game and the external performance will be OK; **don't try too hard**.

If you are seeking "flow," as described by Csikszentmihalyi (1990), you need to set your own goals (you can't get wildly enthusiastic about carrying out someone else's life mission) and work on tasks that are really important and meaningful for you. Your goals determine the challenges you face and the skills you need to succeed. Since the goals are of your own choosing and involve interesting challenges, the tasks-to-be-done or your "work" fascinates you. This is especially true if you make your specific assignments difficult enough to match your current skills and drive level.

Next, throw yourself into the work with zest, immerse yourself in the activity. Keep the difficulty of the work at a level that stretches your ability and skills. Set challenges for yourself! Develop your ability to concentrate on the task at hand. One can't get into "flow" if you are frequently distracted (you aren't in control). Skills need to be developed constantly--and the job made more difficult (or the goals set higher) in order to use those new skills.

Concentrated attention leads to thorough involvement. A great athlete must concentrate, just as a good reader or a good listener must. You become so involved that you do not attend to the external world beyond your task and, therefore, you are not self-conscious. You lose your sense of self; you become a part of the system of activity (just as a good basketball player concentrates on all the players, not just on his/her actions).

The person in "flow" enjoys the experience. Even when great goals are not being pursued, because one has learned to control his/her mind, the ordinary experiences of life (and the grimy tasks) will be satisfying. You will appreciate a song bird, watching children play, walking in a park, etc. But the final result of being so efficient and productive will be creative achievement. To remain a high level of self-satisfaction, you will develop more and more skills; thus, you will be successful in doing something worthwhile if you have chosen your goals well. You will achieve an optimal performance almost without effort; you forget

time and your troubles.



You can't stay in "flow" all the time, just try to stay in the groove as much as possible.



Time involved

Little time is required to ask yourself if you are hassled and/or obstructed by an inner critic. If so, it should not take long to see the logic of trying out another mental attitude. If a new skill is needed to bolster a more optimistic attitude, that will take more time.

If the nature of the job needs to be changed to match your capabilities, it may be something you can do rather easily by yourself by making it more or less demanding. If the job has to be changed radically or can't be made to challenge your mind, that may be very difficult (see chapter 13 for suggestions about choosing a career).

Common problems with the method

A defeatist attitude is hard to change. Don't confuse this destructive self-putdown attitude with the demanding attitude of perfectionists. The tennis pros may have a severe inner critic (when they get mad at themselves) but they expect to play fantastically well. The pros also know the importance of "settling down," of "loosing ourselves in the game (flow)," and of having a good mental attitude. Some people just can't let go of their self-criticism, perhaps it serves some important purpose (like avoiding criticism from others).

Effectiveness, advantages and dangers

Our interpretation of doing poorly (not enough ability or not enough effort) is known to influence our subsequent performance. In some cases, our self-evaluations can be easily changed (such as by reading some self-help material). In other cases, renewed effort produces convincing results: "I'm damn good at this." There are no known dangers. We will, in a life-time of testing our limits, of course, have to occasionally face the conclusion that we are lacking in ability or that the payoffs are not worth the effort required. The alternative is to live without knowing our potential.

Additional readings

Gallwey, W. T. (1974). *The inner game of tennis*. New York: Bantam Books.

Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New

Self-efficacy; belief in oneself; positive thinking; self-fulfilling prophecy.

Self-efficacy is a very old notion (self-confidence or belief in oneself) but a popular new psychology term (Bandura, 1977b, 1980a). It influences what we try to do and for how long. Where does a belief in our ability to control or change a certain situation come from? (1) From relevant success experiences. (2) From observing others handle the situation successfully. (3) From being persuaded that we can do it. (4) From perceiving our physiological state as being prepared for the task at hand. Self-efficacy is discussed at length in method #9 in chapter 14.

Bandura contends that self-efficacy is a major underlying factor explaining the effectiveness of all therapies. That is, behavior or cognitive therapy (or a self-help method) works to the extent you believe you can use it to change. There is, in fact, a high correlation between expectations and one's performance. That doesn't prove one causes the other, however. Perhaps we just know our abilities pretty well. Nevertheless, as a theory, it suggests a simple approach: increase your positive expectations in order to improve your performance. It is noteworthy that Norman Vincent Peale's famous book, *The Power of Positive Thinking*, begins with these words: "Believe in yourself!" And 100 years ago William James wrote: "Our belief...insures the successful outcome...."

The previous method #13 focuses on the removal of certain destructive parts of the self. This method focuses on strengthening the positive self-expectations parts of the self.

Purpose

- To improve performance by realistically increasing one's expectations.

Steps

STEP ONE: Find ways to increase your faith in your ability to change things.

Explore the ways listed in "General idea" above. (1) Nothing works like success to increase our confidence. Actual experience is much more convincing than imaginary experience. Try to insure success by taking on easy tasks first and then working up to harder assignments. Or, start by mentally rehearsing, role playing with a friend, and practicing (see chapter 13). (2) By observing others accomplish some task, we learn how to do it and we become convinced that we too can do it (if they are similar to us). (3) Our expectations are open to persuasion. Others can increase our confidence; we can talk ourselves into believing in ourselves. Reading about successful people builds our hope. The popular "Positive Mental

Attitude," how-to-be-successful, and inspirational religious books may help (see chapter. 4). By their nature, most self-help books are encouraging. (4) Believing that we are physically ready to achieve some goal increases our confidence.

STEP TWO: Build confidence and increase your skills at the same time.

Although researchers need to differentiate expectations (faith or confidence or placebo) from ability (knowledge or skill or motivation), in everyday life they are usually clumped together. Unrealistically high expectations can't last long. One way of feeling competent is to be competent. Learn the skills you need and practice, practice, practice. And let the confidence grow too. The self-efficacy will motivate you to try and persevere, whereas before you hesitated and gave up.

STEP THREE: Try again with more self-confidence.

The proof is in the pudding.

Common problems with the method

As implied above, if one lacks talent, a positive expectation is of little value if that talent is required. On the other hand, if one has the necessary skills, then self-confidence will encourage their use until success is achieved.

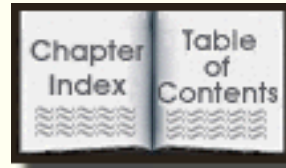
Effectiveness, advantages and dangers

Except for the well documented relationship between expectation and performance, there is very little knowledge, as yet, about how to change self-efficacy or about how powerful a factor it is. A problem is separating (1) the actual effectiveness of a self-help method from the impact of (2) simply having faith in an ineffective self-help method and (3) having faith that I, as a self-helper, have special aptitude in this area that will make me especially effective. (In medicine, the effect of the drug has to be separated from the patient's improvement based on believing an inert placebo pill will help.) Placebos in medicine are fairly effective. In self-help, probably all three factors are significant factors.

If any simple method can increase the effort we will exert, it is valuable. There are no dangers.

Additional reading

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.



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DURING-THE-BEHAVIOR METHODS

Increase intrinsic satisfaction.

There are many important activities that could be pleasurable but aren't: school, much of our work, child care, caring for others, etc. We are born curious and excited about learning. We want to be and feel competent. Yet, we get bored with school. Why? We have jobs that provide a great service to others (making a shirt or car). Yet, we may hate the work. Why? We like to give to others. Yet, paying taxes to provide schools, medical care, help to the old, the poor, the unemployed, etc. is an unpleasant chore. Why? Because we overlook the potential intrinsic satisfaction in these activities! (See chapter 4)

Deci (1975) recommends that employers pay a good salary in order to recruit a good employee and satisfy his/her basic needs. But the salary should not be used as an incentive for greater productivity because it interferes with intrinsic satisfaction from the work. How? Because we start working for a salary increase or a commission--not for the pleasure of doing the work. Deci says the employee should be given (1) interesting, challenging tasks and responsibilities, (2) considerable control over how to solve the problems, and (3) support and good relationships with co-workers, which add up to intrinsic satisfaction. About the same recommendations are made for schools by critics of traditional schools.

Purposes

- To enhance the intrinsic satisfaction in an activity.
- To use the intrinsic satisfaction as our motivation instead of or in combination with extrinsic rewards.

Steps

STEP ONE: Carefully identify the possible sources of intrinsic satisfaction in the activity.

Let's take studying as an example. What are the intrinsic satisfactions?

- Learning new information is interesting; it satisfies our curiosity; it feels good to understand.
- Much of what we learn about nature or our bodies and our minds is beautiful and awesome.

The mystery and complexity of the origin and development and purpose of everything in the universe is mind-boggling--a challenge to the greatest minds.

- Pulling old and new information together so that it "makes more sense" is satisfying. Like solving a puzzle.
- When we acquire enough information that we feel competent and knowledgeable relative to others, we feel a sense of mastery.
- Using the knowledge by doing something, such as writing or talking to others... and thinking about doing so...is gratifying. It can be creative.
- Planning our own learning experiences and exercising the self-discipline and responsibility involved can produce pride.

A similar list could be made for any positive activity or situation.

STEP TWO: Repeatedly affirm the value and pleasure obtained from the ongoing activity.

While undertaking the activity, focus your attention periodically (briefly every 10 or 15 minutes) on the possible intrinsic satisfactions. Marvel at and appreciate the beauty involved. Take pride in your activity. When finished with each work period, take a minute or two to appreciate your work and to think about how the information can be used and enjoyed in the future.

STEP THREE: Avoid overemphasizing the external rewards, especially when engaged in a valued or potentially pleasurable activity for which you feel personally responsible.

If one believes he/she is doing something for an extrinsic reward, this may conceal or diminish an intrinsic satisfaction (Deci, 1975). Example: a student who is highly motivated to go to law school and dreams of the status and material rewards he/she will achieve as a lawyer may overlook the pleasure of learning about government, rules of evidence, and tax laws. Not only will this result in less enjoyment during pre-law and law school, but it also lowers the probability of keeping up with the professional reading a good lawyer should continue to do.

Keep the extrinsic and intrinsic satisfactions in perspective--in balance. You need to be aware of both and the interplay between both. There are unpleasant jobs that need to be done--extrinsic rewards must be used. But, remember, as with hidden talents, you might have a high intrinsic interest in some activity and never know it, unless you are encouraged or encourage yourself to explore many areas. Example: Many students have had the experience of coming to love a required course that they thought they would hate. Many activities are started because of the external rewards (being paid for it or wanting to be with friends) but continue because we like the activity. Thus, you may need to initially self-reward some new activity but gradually reduce the importance of the external pay offs so the intrinsic satisfaction can grow: "I do it because I like it" or "because it's morally right."

Common problems with the method

Our old beliefs and current social milieu are so different from these positive attitudes about intrinsic satisfaction that it may not be believable to you that learning, working, paying taxes, sacrificing for the needy, etc. could be enjoyable.

Effectiveness, advantages and dangers

There is some research about the interaction between intrinsic motivation and extrinsic reinforcement. But there is hardly any study of utilizing intrinsic satisfaction as a self-help method. Indeed, we know very little about how to increase the intrinsic satisfaction we gain from a certain activity. Strange! You can look around you though and see the power of intrinsic motivation at work: a voracious reader, a skilled perfectionistic craftsman who obviously enjoys the work, the 60-hour-a-week worker who loves his/her job, etc. That's the advantage. No danger is known.

INTERVENTIONS FOLLOWING THE TARGET BEHAVIOR

Reward the desired behavior; positive reinforcement.

A response followed promptly by an effective reward (reinforcement) will be more likely to occur again. This is called the "law of effect;" it is the basis of operant conditioning and the major means of changing voluntary behavior. These learning principles can be viewed from two perspectives: (1) the motivated learner--who might ask, "What do I have to do to get the rewards I want?" and (2) the behavior modifier--who asks, "What rewards (or punishment) do I have to offer to encourage the desired behaviors (in others or oneself)?"

Let's consider some examples from each viewpoint: (1) the motivated learner knows the rewards he/she wants but not how to get them. The Little Leaguer wants to hit the ball hard but it takes a lot of practice to learn how. Each successful hit is a reward, i.e. a source of satisfaction and motivation to keep trying, and a source of information about what to do to be successful in the future. The young man starting to date must learn (often by "exploration," of course I mean trial and error) how to behave to get the rewards he wants from his girlfriend. Much of life is discovering what works for you to get what you want (see method #2). Once we "know what to do," i.e. we have learned the lawful relationships between behavior and payoffs. Then we use this knowledge over and over, whenever we want the payoff, and the behavior may become a habit.

(2) Sometimes we have learned behaviors and/or sought goals that are not ideal; they are bad habits. We become dissatisfied and want to change. In this case, operant learning principles simply say: reward the desired behavior (or behavior approximating the desired behavior) and don't reward the unwanted habit.

There are innumerable illustrations of the power of rewards in psychology--children's behavior change, students' study habits change, patients' symptoms change, self-concepts change, topics of conversation change... when the rewards are changed. This is positive reinforcement. B. F. Skinner believes it is one of the most powerful and useful ideas in psychology. It provides a solution of many human troubles.



Good and evil, reward and punishment, are the only motives to a rational creature: these are the spur and



The major problem with positive reinforcement is that our Creator forgot to make it automatic to give rewards, praise, and love when things are going well. Note that the Creator remembered to build in automatic irritation when things don't go our way. Strange isn't it? Fortunately, the Creator seems to have realized the mistake before humans were finished and stuck a glob of 150 billion nerve cells on top. We call it our brain. To effectively use positive reinforcement, we have to think! And, what's worse, we have to think to do something when we are pleased and satisfied and feeling good. Or, just as difficult, think in advance of rewards to give later when good behavior occurs-- that's called contingency management or contracting. That is this method.

Many people believe that most things we do voluntarily are the result of reinforcement, that there are payoffs (or hopes for one) for everything we do (see method #9). If that is the case, the good self-controller would surely be (1) busily investigating the behavior-rewards connections and (2) making certain their good traits (caring, loving, self-discipline) are well rewarded or performed right before some pleasurable life event (like eating or going to the bathroom or being appreciated by others).

In method #2, we are designing and learning a better behavior for getting the rewards we want. In this method, however, we (self-modifiers) are changing the consequences to get the behaviors we want. Or, we (learners) are agreeing to behave in new (probably already learned) ways to get some payoff we want.

Rewards may be viewed as (1) a source of motivation or (2) reinforcers of the strength of the preceding response as a habit. Both are accurate views. We use rewards to encourage desired behavior to occur now and in the future. Chapter 4 has a section explaining more about reinforcement.

Purposes

Rewards can be used any time a new response--behavior, thought, feeling, attitude, skill--is needed to overcome a problem or to be a better person. Rewards can be used:

- To motivate you to do a desired behavior that isn't a self-sustaining response yet. Eventually, a new behavior should yield enough natural payoffs to sustain itself.
- To encourage you to keep trying to find a way to a goal.
- To strengthen the tendency of a desirable habit (or thought or feeling) to occur again in the future.
- To create a new and better response by (a) shaping, i.e. rewarding some behavior that approximates the desired behavior (keep rewarding changes in the desired direction until the

desired behavior occurs), or (b) rewarding a substitute behavior, e.g. if one has a whiny, pessimistic roommate, one could reward pleasant, optimistic comments.

- To reinforce the reduction of an unwanted response (cutting down a bad habit).
- To sweeten up an unpleasant but necessary task (the usual employment situation).
- To make up for the loss of harmful pleasures, e.g. pride in your looks can make up for giving up rich delicious food, fun times with an athletic team can make up for fun times with drug-using friends, etc.
- To discover and increase intrinsic satisfaction: (1) to initiate an activity that you may discover to be naturally satisfying or (2) to associate a reward with a task, e.g. studying, so that the task becomes more pleasurable (see method #15).

Steps

STEP ONE: Identify the desired behavior in very specific terms; Set subgoals (daily, weekly, and monthly) as well as final goals.

First of all, it is hard to improve oneself if one doesn't know exactly what to do...and when and where to do it. So, one has to convert vague goals, like "I want to get organized" or "I want to be more loving" or "I wish I had less of a temper," into specific desired behaviors, like make up a daily schedule, talk and do fun things together 30 minutes every day, and try specific methods from chapter 7 for reducing my anger.

Since positive reinforcers are supposed to primarily strengthen the responses given during the previous few seconds or, at most, minutes (unless the situation is recreated in one's mind), therefore, the to-be-rewarded response must be brief, easily identified, and very clearly associated in your mind with the payoff. Otherwise, how will you know when to give the reward at the right moment?

Likewise, since you expect gradual improvement in your behavior, you need to set realistic daily, weekly, and monthly subgoals which will be reinforced as soon as they occur. Examples: For the first week of jogging, you might decide to jog 1/2 a mile every day. For the second week, 3/4's of a mile daily. For the third week, a mile a day. The rewards should be given right after running. If you want to be more assertive, the behavior needs to be developed gradually, just like jogging. So, set subgoals and final goals, which will be used in the contract in step 3.

Also, since the environment determines much of our behavior, it may be helpful to specifically prescribe the situation in which the desired behavior will occur. Watson and Tharp (1972) suggest describing the desired behavior-in-a-situation, i.e. exactly what behavior, in what situation including when and where. Example: during the lunch hour in his office I will talk to the boss about my being expected to make the coffee every day in the office and tactfully indicate that I would like to share that chore with other people.

STEP TWO: Find and arrange for rewards (or positive reinforcers) that should work for you.

The rewards must be available, under your control, and powerful enough to motivate you. At first, it may be hard to think of any. That's because you haven't been taught to think in this way. It is important that you realize the wide variety of reinforcers there are in the world (that realization alone may increase your intrinsic satisfaction with life). This awareness may have a profound impact on how you think about your life, moment by moment, if you start using more of these potential rewards.

Lengthy check off lists of specific reinforcers have been published. I will only give examples; you'll have to devise your own specifics. Keep in mind that a good self-reinforcement program (see next step) will require small *and* large rewards, because we ordinarily can't give a big payoff for every little 1-10 minute response. What are some possible rewards?

1. Money or tokens--anything that can later be cashed in or traded for something valued. The advantage of this type of reward is that it is easy to give in small, frequent amounts, say 10 cents for 10 minutes "work." The small rewards can be saved for something big.

Actually, giving up many bad habits can generate a lot of money, perhaps \$400 to \$1,000 per year from excessive eating or smoking or \$500 to \$4,000 per year from drinking.

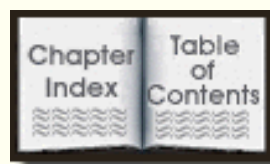
2. Material things--small: pencil, greeting card, picture, etc. Medium: record album, something to play with, books, etc. Large: new clothes (in a smaller size?), telephone, radio, sports equipment, furniture, etc. A variation of this that costs nothing is to give a friend some of your valued possessions with the understanding that they will be given back to you as you reach certain objectives in your self-help project. Otherwise, you lose them to Goodwill.
3. Physical pleasures--small: a bite of candy, stick of gum, glass of beverage, snack, etc. Medium: eating a nice dessert or meal, drinking a glass of wine, taking a relaxing nap, getting a 10 minute back rub, etc. Large: a good workout and shower, a whole body massage, a special meal out, being held by a lover, etc.
4. Fun activities alone--small: smell a rose, daydream, watch people, read a short article, play with pet, plan a party, etc. Medium: watching TV, reading, exercising, taking a shower, taking a walk, working in garden, writing a letter, etc. Large: do something creative or artistic, go hiking, start a hobby, go shopping, fix up a car, learn to fly, etc.
5. Social activities--small: talk on the phone, tell a joke, go out for a snack, offer to help someone, invite someone over, etc. Medium: go to a movie or theater or ball game, go to or give a party, play sports, etc. Large: go on a vacation, join a club, go to a concert or a dance, start doing volunteer work, invite a foreign student to live with you, etc.

6. Appreciation and rewards from others--small: getting a compliment or show of appreciation from others, someone fixes you a dessert, receiving a thank you note or a call saying, "You were so nice," etc. Medium: getting a letter of commendation, someone offering to do all the cooking while you are on a diet, hearing that someone has said really nice things about you, etc. Large: someone saying "I love you" or "I admire you" or "You are fantastic," someone offering help in getting a job, your relatives offering help when you need it, etc. The difficulty here is being able to control these powerful, valuable payoffs. That is, you aren't in control of when these rewards will be offered. Perhaps friends will cooperate.
7. Self-appreciation and praise--small: saying to yourself, "You did that well!" or "You deserve a break." Medium: telling your family about some success, being quietly proud. Large: the thrill of success, like the football player's "dance" after scoring a touchdown or the college student screaming down the dorm hall, "I got into Law School!" The self-satisfaction can involve an accomplishment, an enjoyment of your own body after losing weight, a respect for your own abilities and a good feeling when you live up to your highest values. It can be the opposite of material gain as when a priest or nun takes a vow of poverty but feels spiritually rich or when one feels super good after helping and giving to a neighbor whose house has burnt.
8. Frequently occurring behaviors--Premack observed that such behaviors act the same as reinforcers. Thus, one can use puffing on a cigarette, drinking coffee or water, combing your hair, brushing your teeth, looking at your watch, calling a friend, going to the bathroom or any habit as a reinforcer. Sounds weird but it works.

Hopefully, these examples will stimulate lots of ideas about how to reinforce many desired behaviors.

[← Back a page](#)

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CONSEQUENCE METHODS--APPLIED AFTER THE "TARGET" BEHAVIOR HAS OCCURRED

STEP THREE: Plan how to immediately reinforce the desired behavior; write a contract.

The simplest way to use rewards is to make a deal with yourself: as soon as you do _____, then you get a reward of _____. Suppose you have two things to do in an afternoon--clean up the kitchen and play tennis with a friend. Many people would play tennis first and do the dishes later. A better way would be to do the dishes and reward that with tennis.

There are numerous opportunities to make a contract with ourselves. Indeed, our lives are filled with rewards, so an alert self-manager will arrange for these potential reinforcers to follow some desired behavior, rather than be "wasted" in the sense of not being used for self-improvement. Examples: study before play, positive comments about yourself before eating (to increase self-esteem), dreams about achieving before going to sleep etc.

Most projects to develop new desired behaviors require longer, more complex contracts. Take one desired behavior at a time, figure out how to reward it often, perhaps every time it occurs or after a few minutes. Arrange for small, accessible, effective rewards. Then set an appropriate behavior change for the end of the first week, and select a bigger reward for reaching that goal. Do the same for a certain major improvement in behavior by the end of the month. Such a contract may need to be tailored to your needs for the next 2 or 3 months. Mahoney (1974) has shown that specific behaviors, e.g. calories per day, *not* pounds lost in a month, should go into a contract, like this:

A contract with myself

As soon as I have done: (what, when, where)

I will immediately reward myself with: (what, when, where)

Goal and reward for day: (what, when, where)

Goal and reward for week: (be specific)

Changes in the goals week by week: (exact)

Goal and reward for month: (be precise)

Contract completed __not completed __and reasons why:

I, the undersigned, do solemnly swear to keep this contract, rewarding myself faithfully and encouraging full compliance with the requirements. Should I fail, I will revise the plan and try again.

Date: _____ Signed: _____

A relationship contract is another example. Where the problems involve a relationship with someone else, try to negotiate a contract specifying the changes each partner is willing to make to please the other one. Both get certain changes they want in the partner; that's the reward for their changing themselves. Example: I'll fix supper early if you will do the dishes before 7:00 P. M. It is important to be specific, reasonable, fair, honest and genuinely concerned about the relationship. Don't try to get a "bargain," just a fair exchange. Azrin, Naster and Jones (1973) had a 95% success rate.

Some couples find contracts too formal and controlling. So, another approach to creating more positive behaviors is for each person to put their wishes in writing in a "wish box." The wishes should be specific, such as "tell me how your work went today," "how about taking a walk," "it would be nice if you picked up your dirty clothes," etc. The partner can at any time grab one of your wish notes and make it come true.

STEP FOUR: Schedule the desired activity and reward, carry out contract, adjust your contract as needed.

Such a contract may need to be tailored to your needs for the next 2 or 3 months. If possible, anticipate and schedule a specific time for the desired behavior and reward. The first few hours or days of a self-help project are especially important; do everything possible to get the new behavior to occur and be rewarded. Getting started is crucial.

If you just can't do it, revise your goals. Take smaller steps. Give bigger rewards. Try again. It may take 15 to 20 small steps to get from where you are to where you want to be. In this way you "shape" your behavior gradually over a period of weeks. As the behavior modifiers say, "If it's hard, you are doing it wrong. **Think small!**" Examples: gradually increase time spent exercising, studying, being a good listener, etc. Gradually decrease smoking, calories, TV, critical comments, etc. More specifically, the American Cancer Society recommends the reduction of cigarettes by 25% each day with a specific time set to quit within a week. That may be much too fast a pace; smokers may need weeks to quit. Just keep "tinkering" with the contract until it works. Don't give the unwanted behavior any hope that you will eventually give up.

Besides "reward behavior as soon as possible" and "shift from full reinforcement to partial reinforcement," chapter 4 gives some other rules for using reinforcers: (1) don't over-reward or give rewards for very easy tasks, (2) don't give extrinsic rewards for enjoyable tasks and only give rewards a short while for potentially interesting activities, such as studying, (3) don't let your rewards inadvertently reinforce some unwanted behavior (e.g. don't take a break while mad or when daydreaming), (4) avoid using rewards as bribes or enticements, if possible; "surprise" or unexpected rewards work better, and (5) don't neglect either the short-term or the long-term reinforcers of your unwanted behavior. Use both immediate and long-term payoffs to make the wanted behavior stronger and more frequent. Chapter 4 will help you generally understand behavior.

STEP FIVE: Fade out the rewards; develop naturally satisfying responses.

You shouldn't have to keep rewarding every new desired behavior forever. In fact, the behavior, once it is occurring consistently, can be further strengthened by *reducing* the rewards. See discussion of partial reinforcement in chapter 4. Reduce the extrinsic reinforcement, but increase the intrinsic satisfaction (see method #15), and try to arrange naturally occurring rewards. For instance, if your new behavior, say smoking or eating less, is saving you money, make the saved money very visible and available for special uses. Or, if you are improving your social interaction, recognize the new and/or deeper friendships as being your rewards.

STEP SIX: Make plans to maintain the gains you have achieved.

As noted in chapter 2, most bad habits have a way of gradually growing back. So, once you have achieved an acceptable weight, it pays to monitor your weight closely, at least every week for 3 or 4 months (probably forever). As soon as you gain two pounds, immediately start watching your diet and exercise for the next few days until you lose the two pounds. After several months the desired behavior will become so routine that it will require little attention, except for a moment of attention occasionally to be sure you are still on target.

Time involved

The simple "behavior-reward" agreements take almost no time at all, just rearranging the order of things in our lives to serve our purposes. More complicated contracts take more time. The first three steps may take 1/2 to 2 hours. The actual reinforcement of every response (or after a few responses) will take detailed scheduling and arrangement of rewards--perhaps 30 minutes every day but more likely five minutes. Later, it takes less time. It will probably be several weeks before the new response is automatic (see "positive addictions" in chapter 4). Habits are hard to predict, some changes are easy, some are unbelievably hard.

Common problems with the method

Many people resist the idea of having their lives mechanically determined by rewards and punishment, even if they are entirely in control of rewarding the desired behavior. Some people just aren't organized enough to count and frequently reward a specific behavior. Nevertheless, the method works well, so if possible, give it a try.

When required to make a self-improvement, reinforcement is the most common method used. I've seen thousands of such projects. There are two really common problems: (1) the self-helper wants to depend on the naturally occurring consequences. Examples: "Better grades will be my reinforcement for studying more" or "Good friendships will be my reward for being more outgoing and social." My response to those proposals is "those rewards have always been available to you for studying or socializing, and they haven't worked yet! More reinforcement is probably needed to get you to change." (2) The reinforcement is not closely associated with the necessary daily behavior. Often the payoff is months later. Examples: "I'll get lots of new clothes when I'm down to a size 8" or "My health will be so much better after I have been on an exercise program." My response is "you need to reinforce every little behavior along the way--every refusal of fatty meat, dessert, a beer, etc. and every 10-minute walk, aerobics exercise, bike ride, game of tennis, etc." The steps above emphasize this point.

Sometimes a person feels that extraneous rewards should not be given for desirable behavior because they aren't deserved. For example, "students should study without being paid for it" or "my spouse should give me attention without any extra reward." Such a viewpoint is understandable but unrealistic. For a while, extrinsic rewards may be necessary until the desired behavior becomes a habit and/or the intrinsic rewards can take over.

B. F. Skinner argued that self-reinforcement requires self-deprivation first (until time to give the reward). This "punishment" could be associated with the desired behavior and, therefore, interfere with self-control rather than enhance it. That seldom seems to occur. People realize why they are delaying their own self-reinforcement. The much more common problem is cheating--taking the reward without doing the behavior.

Effectiveness, advantages and dangers

Massive research with behavior modification (of others), especially token economies, indicates that reinforcement works well in many situations (not all) but the behavior does not continue long after the rewards are discontinued nor does the rewarded behavior transfer readily to new, non-reinforced situations. Both these limitations make sense as long as people are performing the behavior strictly for a reward decided on and given by someone else. But, what about our own behaviors we want to change or feel we morally

need to change? In partial answer to that question, Bellack and Hersen (1977) conclude that self-reinforcement methods are as effective as therapist controlled methods, sometimes better. We can always monitor and reward our own behavior, even if we move into different circumstances.

Much about self-reward is still unclear, however. Some researchers (O'Leary & Dubey, 1979) say self-reinforcement is "one of the most powerful self-control procedures;" others (Brigham, 1982) say there is little evidence of its effectiveness, thus far. Most studies are therapist-controlled and based on short-term external reinforcements. I believe we need to know much more about natural, long-term, covert and intrinsic reinforcement, including cognitive processes and value judgments about our own behavior, before we understand the process of self-reinforcement. We are a long way from understanding why some students love school work and others hate it, why some physicians practice with the poor (instead of making \$200,000-a-year), why some people (like Lincoln) learn a lot without good schools, credit, or degrees, why some societies would fight for a controlled economy and others would die for free enterprise, etc. These things don't "just happen." There are reasons--payoffs (real and imagined). But the payoffs are not consciously planned either. When we are all more aware of our reasons and pay offs, the world will be better off.

Positive reinforcement can be used with almost any problem or self-improvement. Usually a new and better behavior is needed to replace an old discontinued behavior. The reinforcement idea is simple; the method is usually easy to use, if changes are made gradually. Not only are there personal benefits from this method but an enlightened society might solve many problems by the wide-spread use of reinforcement. Examples: better parenting by rewarding good child care, less crime by reinforcing moral behavior, better preventative health care by reducing health insurance premiums for losing weight or exercising, increased generosity by rewarding giving, higher productivity by reinforcing industriousness and efficiency, better learning, better marriages, etc. There are no dangers, except (1) believing reinforcement can solve *all* or *no* problems and (2) undermining our intrinsic satisfaction by the unnecessary use of extrinsic rewards (see discussion in chapter 4). Kohn (1993) has carefully summarized the down-side of rewards which all self-reinforcers should be aware of.

Kohn suggests several ways to make rewards, when administered by others (teachers, parents, supervisors), less detrimental to intrinsic satisfaction. (1) It is best when rewards do not make people feel controlled by others or manipulated by externally imposed circumstances. (2) It is better to avoid basing our praise of others (or our own self-evaluations) on comparisons of one person with another. Praise others for improvements in their own performance. (3) Whenever the task can be gratifying and rewarding, help the other person shift his/her emphasis from getting extrinsic rewards to experiencing even more intrinsic satisfaction.

Additional information

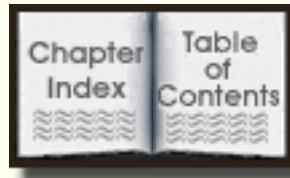
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CONSEQUENCE METHODS--APPLIED AFTER THE "TARGET" BEHAVIOR HAS OCCURRED

Negative reinforcement; escape and avoidance learning.

It is relieving--rewarding--to get away from anything unpleasant: a hostile person, a hard job, paying a fine, punishment, self-criticism, etc. Therefore, any action by you that enables you to escape pain or discomfort is reinforced by the relief you experience. This is a very important concept. You can't understand human behavior and emotions without this notion.

Chapter 4 gives several examples of negative reinforcement. People have difficulty grasping the idea. Consider this example: suppose you try to quiet a crying child by offering it a piece of candy and the child responds in a rage by knocking the candy out of your hand with a stick. Your approach to the problem has been punished by the child; you won't try that again. Then, suppose you get mad and scream angrily at the child, and the child immediately becomes quiet and compliant. Your screaming has just been negatively reinforced (you would say "rewarded," i.e. the unpleasant crying stopped) and you have become a little more likely to get mad and yell when faced with a crying child in the future (unless, of course, you become more aware of what is happening to you and over-ride this tendency with your brain). This child getting quiet has had the same effect on your behavior as if the child had given you a delicious candy bar for getting mad and yelling.

In short, positive reinforcement (being rewarded) and negative reinforcement (getting rid of something unpleasant) influence the immediately preceding behavior the same way; they both strengthen it. Yet, when we are in the actual circumstances, we see the situations very differently. We humans seem to have much more difficulty recognizing that negative reinforcement is shaping, modifying, manipulating our behavior and emotions than in seeing that money, friendship, love, sex and M & M's influence us powerfully. We must become more aware.

Punishment is also frequently confused with negative reinforcement, partly because of the negative label but primarily because the threat of some punishment is often the cause of the stress that is avoided or escaped (producing the relief). Suppose a teenager is grounded, i.e. "punished," for not cleaning his room. And, suppose he now starts cleaning his room every week. Somehow a cleaning response was reinforced. How? The parent used negative reinforcement: the threat of further punishment was created and that threat could be escaped by cleaning the room. (Or, the tendency to procrastinate or rebel was punished and lost strength.) Cleaning his room is called an "escape response" because the threat of punishment is turned off. An "avoidance response" is when the teenager cleans his room even before being threatened with punishment; his cleaning avoids punishment and the threat of it, thereby reducing his stress. Reinforcement (+ or -) is the opposite of punishment but the same as escape from anything unpleasant.

An easy way of telling the difference between punishment and negative reinforcement is to consider the effects. If the target behavior declines rapidly, it was probably punished; if the target behavior increases, it was surely reinforced. Fining yourself for eating more than 1200 calories per day is punishment; threatening to fine yourself for not studying two hours per day is negative reinforcement *if* it results in studying two hours a day or more. Often, punishment produces immediate changes (escape) whereas negative reinforcement (avoidance) takes time (Miller, 1980).

Finally, don't be confused by negative reinforcement being involved in producing both desired and unwanted behaviors. We learn to avoid punishment by being good (the clean room miracle mentioned above) and we often acquire unwanted behaviors (fears, a hot temper, submissiveness, shyness, and bad habits, like drinking) because they help us escape unpleasant situations.

There are only a few self-help methods based on negative reinforcement or avoidance and escape. It is vitally important that you understand negative reinforcement so you can understand yourself. This learning principle is referred to many times in previous chapters, especially in chapter 4.

Purposes

- To appropriately avoid, escape or handle an unpleasant situation, person, thought, feeling, possible punishment or unwanted consequence. (And to recognize your harmful ways of avoiding and escaping so you can develop better ways.)
- To use the escape or avoidance of something unpleasant (either naturally existing or intentionally created) as a reinforcer of a desired behavior.

Steps

STEP ONE: Identify the unpleasant experience you want to turn off and/or the desired behavior you want to strengthen.

The unpleasantness may come from any source: the physical environment (heat, cold, pain, hunger needs), interpersonal relationships (anger, excessive demands, boredom), or internal thoughts or feelings (self-criticism, stress, dependency). Be clear in your mind what you want to avoid.

As in method #16, you should also have a specific desired behavior in mind if you want to use negative reinforcement to strengthen it. Remember reinforcement (negative or positive) primarily strengthens immediately preceding responses.

STEP TWO: Identify existing unwanted behaviors that may be maintained by negative reinforcement; plan a better way to handle the situation.

You may not need this step. But if you have a fear reinforced by avoiding something, anger strengthened by getting your way, passivity based on avoiding confrontations, self-putdowns that reduce the criticism of others, procrastination that avoids stress and immediate challenges but neglects the future, etc., then you need to recognize what is going on. Usually these unwanted behaviors are effective in reducing the immediate stress but destructive in terms of your long-range life goals.

You need to achieve the immediate relief with new, healthier behaviors that will also facilitate your life goals. This new behavior will have to be learned, reinforced, practiced, and perfected. Examples: Learn to face a fear rather than avoid it, learn to be assertive instead of aggressive or passive, learn to be self-accepting in spite of criticism, learn to be organized and prompt instead of putting things off, etc. (See 3 in the next step).

STEP THREE: Arrange for the desired behavior to reduce some unpleasant experience.

All of these self-help methods involve getting away from an actual or potentially unpleasant situation. In some methods you create the unpleasantness yourself, in others the unpleasantness exists without effort on your part. Here are some examples:

1. Learn how to tactfully and effectively avoid or escape something unpleasant (see method #1 and chapter 8). Examples: Suppose you have a very talkative friend, try simply saying, "I really must go." The relief reinforces your assertiveness. Like a defensive driver, you can anticipate conversational pitfalls and avoid topics that lead to fruitless heated arguments or embarrassment. (Of course, carried to an extreme you may become a wimp...or a statesperson.)

2. Set up on-going unpleasant conditions which you can escape by doing the desired behavior. Examples: A dieter or smoker or procrastinator can become self-demanding and repeatedly recite to yourself the disadvantages of the bad habit, then escape the self-criticism by being "good." Someone else could nag you (at your request).
3. Learn skills and methods of reducing unpleasant emotions that bother us, such as fear, guilt, chronic stress, self-criticism, etc. Examples: Anxiety about our work can often be reduced by doing extra work and preparing better. Gradually confronting and challenging your shyness rather than avoiding social interaction can reduce the discomfort as well as alter the course of your life. See chapters 5 to 9 for more information.
4. Make a rule that something bad will happen if the desired behavior doesn't occur as you want it to. Examples: "If I don't do the dishes, I pay \$2.00" or "If I swear, I give \$5.00 extra to the church (or to the KKK)" or "If I eat dessert, I have to run 2 miles." If you can't impose the rules on yourself, ask your friends for help: e.g. if you tend to be late, ask friends to get mad at you and only wait 5 minutes. If you fail to do your clearly-defined share of the "dirty work," arrange to have friends give away your favorite clothes or records.
5. Becoming more aware of the feelings of others may provide the motivation you need to do the desired behavior. Suppose your boy/girlfriend told you that he/she is bothered by your being a "C" student (or really dislikes a habit of yours), wouldn't that be motivating? You now have a chance to make reasonable self-improvements and avoid stress between you.

STEP FOUR: Try out your new plan and see how it works.

This may involve a contract (as in the last method), such as agreeing to try a new way to get out of a disagreeable situation, setting a fine for certain actions, increasing self-dissatisfaction that can be avoided, etc. Try to arrange the relief from the unpleasant stimulus immediately following the desired behavior.

Time involved

Devising and practicing a better avoidance or escape mechanism may take an hour or two. As with positive reinforcement, it may take a few minutes every day for several weeks to carry out a contract to reinforce certain behaviors in this way.

Common problems with the method

Breaking the rules is the most common--"I just sort of forgot." Also, many people realize that they might break the rule so they avoid making an agreement that has serious consequences. When this happens, ask if you are serious about changing. Very few people will raise their own level of dissatisfaction; the rationalizations and excuses we use pay off so highly. But if you are serious about changing, you will probably want to set serious penalties for failing to do what you want to do.

Effectiveness, advantages and dangers

There is no doubt that threats work in many situations: we drive at 65 mph, we pay more taxes than we would without penalties for cheating, students study more when threatened with low grades, we are intimidated by pushy, aggressive people, etc. Sometimes we rebel against threats, or we disregard threats because we are so emotional (for example in murder cases). But, many "rules" and fines or mildly critical reminders influence our behavior easily and very effectively (Miller, 1980).

Research with alcoholism and homosexuality has had limited success with avoidance and escape training (Bellack and Hersen, 1977). It is set up so that drinking or unwanted sexual behaviors lead to nausea or electric shock. The nausea and shock can be avoided by staying sober and avoiding certain sexual thoughts or actions. The drop-out-of-therapy rate is high with these problems using threats of physical punishment, so using similar self-help methods are dubious in these cases too. However, the threat of mild self-administered shock associated with taking out a cigarette has been fairly effective.

The techniques for avoiding an unpleasant situation, e.g. change of environment or being assertive, have a good rate of success. The efficacy of creating your own stressful situation and then lowering the stress by being "good" is not well researched, although it is a common procedure in diet, exercise, and study programs. We humans are remarkably adept at disregarding the harmful long range consequences of over-eating, taking it easy, and putting off studying. Stressful self-confrontation may be the best solution to getting ourselves going.

These negative reinforcement methods can be fairly simple, especially getting out of bad situations and making up threatening rules. But, it is not easy to recognize the payoffs for unwanted behaviors (see method #9) and change those situations. Creating your own stress may also be hard and should be done with caution. I suspect that people who are already prone to be overly critical of themselves are attracted to self-criticism as a self-help method (which contributes to their problem, not to the solution).

There may be some risks associated with these methods: if you build the stress (to be avoided in order to be reinforced), you may then avoid the threatening situation altogether when it is to your advantage to stick it out. For example, if you make studying much more

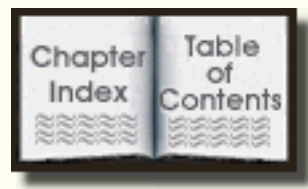
important (by emphasizing the long-range consequences), the additional stress may result in your partying and drinking more (to forget the future), instead of studying more. So be sure only desired behavior is being strengthened by the avoidance of unpleasantness. Furthermore, creating more stress might be psychologically and physiologically unhealthy.

Additional readings

Miller, L. K. (1980). *Principles of everyday behavior analysis*(2nd ed.), Monterey, CA: Brooks/Cole.

[← Back a page](#)

[Forward a page →](#)



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CONSEQUENCE METHODS--APPLIED AFTER THE "TARGET" BEHAVIOR HAS OCCURRED

Self-punishment

Punishment is administering something hurtful immediately following an unwanted behavior so it will stop. We all understand how it works...and it works effectively if the punishment is immediate, severe enough and administered consistently. Aversive control of others permeates our culture: parents yell at and spank children, society fines and imprisons law-breakers, schools give low grades and fail students, employers threaten to fire workers, religions damn us for sinning, governments go to war to kill others. Yet, it is a procedure so fraught with difficulties and unpredictable consequences that many people, including psychologists, think punishment should not be used with others at all. Punishment may arouse fear and anger; it doesn't teach any improved behavior and it may only suppress some behavior while the punisher is watching.

However, punishment can stop certain behaviors. Even watching someone else be punished can have a powerful impact on our behavior in the same situation for a long time. The questions are: can self-punishment have a powerful influence on our own behavior? Does self-administered punishment have bad consequences too? Surely not the same feelings of fear and unfairness as when someone else is punishing us. Unfortunately, science doesn't know yet what goes on in our head in terms of attributions, self-instructions, and self-esteem when we self-punish? Nor do we know the emotional or behavioral consequences of self-punishment.

Just as punishment of others is a common, "natural" response to a hurt or insult, self-criticism and self-directed anger is a common response to failure in some people. Just as psychologists don't know, yet, the consequences of venting our anger caused by others, we don't know if venting anger against ourselves is helpful or not. Clearly, some great athletes and scholars are highly self-critical if they make a mistake, but we don't know if that contributed to their greatness or detracted from it. Prolonged self-hatred is extremely harmful, but what about temporary and specific self-criticism? Does self-censure have the

same effects on our behavior as self-punishment? We don't know but we know many people are self-critical (in the extreme they become depressed). For now, each of us has to find out for ourselves when self-hurt--physical and emotional--is harmful and when is it helpful? (Actually, we probably adopt or reject this technique early in childhood sans scientific data.)

Purposes: Please note that this method deals only with *self*-punishment.

- To reduce the tendency to behave in a certain way, usually an unwanted habit or emotion or thought.

When the unwanted response is so dominant or strong that the desired behavior doesn't have a chance, you may need to punish and thereby weaken the unwanted response so the desired behavior can develop.

Steps

STEP ONE: Identify unwanted behavior.

Specify exactly the behavior--what, when and where--that you would like to reduce in frequency or eliminate. Example: suppose you are a loner but want to be more socially outgoing and involved with others. You might identify several target behaviors: (1) stop finding it more comfortable to stay at home than to socialize a couple of times per week, (2) stop eating lunch alone in the office, eat with a friend twice a week, (3) stop merely speaking to people, have meaningful conversations, and (4) stop taking coffee breaks alone.

Remember the unwanted "behavior" can be a thought or attitude or perhaps a feeling too, like a depressed thought or a jealous feeling.

Note: Before using punishment, it is worthwhile to study carefully the situation the unwanted behavior occurs in and the reinforcement the unwanted behavior seems to be receiving. If you can stop the behavior by modifying the environment or stopping the reinforcement, that is probably a better approach than self-punishment.

STEP TWO: Devise an appropriate punishment.

There are several ways, consider these examples:

1. Physical discomfort--flipping yourself on the wrist with a rubber band, smoking in a closed space, biting your tongue, doing extra exercise, going hungry, having to do a

hard, dirty job, etc.

2. Taking away something pleasant--no dessert, not getting to go to a show or shopping, no TV, can't see friends, giving up valuable possessions, etc. Behaviorists call this "time out" if it is only a temporary loss.
3. Rules, fines, and penalties--"you can't have coffee unless you are talking with a friend," "if you don't exercise, you can't watch your favorite soap at noon," etc. Behaviorists call this "response cost." They also refer to "consequences" (an unpleasant task is required if unwanted behavior occurs), "correction" (must make up for the harm done by the unwanted behavior), and "over-correction" (more than make up for, e.g. if you haven't done your share of the dishes for two days, you must make up for the dish washing you have missed *plus* wash and wax the floor as well). Common penalties include giving a lot of money to hated causes, having to publicly confess one's sins, etc.
4. Self-criticism--talking to yourself like a critical parent can be punishing: "you can do better than that!" or "that's a dumb thing to say, why don't you learn more about this" or "if you had spent more time preparing, you wouldn't have been so embarrassed" or "you should be doing this perfectly by now, what is wrong with you any how?"
5. Confronting the real consequences--list the disadvantages and dire possible consequences, especially long-term ones we tend to overlook. This is particularly good for harmful, expensive habits, like drinking, drugs, smoking, overeating, gambling, reckless driving, and so on. Example: suppose you have a quick temper and a tendency to blame and criticize others. There are lots of disadvantages: it's hard on your body, it interferes with being empathic and caring, it jeopardizes every relationship (with parents, children, spouse, co-workers), and it forebodes an unhappy life in many ways. Dwelling on these outcomes can punish the unwanted behavior.

Don't exaggerate the awful consequences, just be honest. Consider what could be done instead of the unwanted behavior, e.g. how could the time, perhaps 10, 000 hours, and \$10,000 to \$50,000+ be spent in a more loving way than drinking? How could the time, energy, and thought spent on hate, fruitless arguing, and blaming in a life-time be better spent? My favorite example is that most 18-year-olds could probably have a MD or Ph.D. if he/she had given up TV and music.

6. Have horrible fantasies--using the list of disadvantages, it may be helpful to vividly face the awful possible outcomes of the unwanted behavior. Examples: the smoker can read about and get a clear picture of lung cancer and heart disease made more likely by smoking. You might even do volunteer work at a hospital to get a better picture. The angry person can imagine being dissatisfied with his/her spouse, having terrible fights brought on by critical, demanding, derogatory comments, hurting the

person who has been closest to him/her, and ending up being divorced, bitter and alone until he/she dies.

7. You may want help from others in administering the punishment--just letting others know your self-control is failing may be punishing, especially if you have a rule that you have to show others your bitten fingernails or the roll of fat on your stomach or how little work you have done. Friends can also punish you at your request: they can remind you of your goals, they can criticize, they can give away money or valued possessions if you fail to reach a goal, they can refuse to do things with you, etc.

STEP THREE: Make up a contract for the administration of the punishment.

Be very precise about when the punishment will be given, what it is, and what it is for. See method #16 for an example of a contract. Don't cop out.

There are two basic methods of aversive conditioning: "punishment training" and "classical conditioning." Example of punishment training: Over 35 years ago 5000 alcoholics were given drugs to induce nausea and vomiting after drinking alcohol. They had a 50% success rate after 6-10 hours of treatment; that's remarkable. Examples of classical conditioning: pairing electric shock with the sight and smell of a glass of whisky or shocking a homosexual while he/she is fantasizing some homosexual experience.

The learning principles in punishment training are about the same as learning desired traits by positive reinforcement: administer the punishment immediately following the unwanted behavior, administer it full strength and 100% of the time at first (but not so often one gets "used to it"), and provide support for desired behaviors to replace the unwanted behaviors.

In addition to punishing the unwanted behavior, it may be helpful to "punish" (pair with something unpleasant) the stimuli and cues that precede (in the behavior chain) or initiate the unwanted behavior as well. Example: flip your wrist with a rubber band when you do anything associated with smoking, e.g. buy a pack of cigarettes, open the pack, feel the urge to smoke, see an ash tray, feel tense, want a beer, etc.

STEP FOUR: Try the punishment and see the results; encourage the desired behavior.

In most cases there are behaviors that should be substituted for the unwanted behavior. They should be learned and practiced and reinforced before the old behavior is punished. Often the avoidance of punishment is the negative reinforcement for the desired behavior (see method #17).

Time involved

Total time involved=1 to 2 hours. It may take a few minutes each day to carry out the punishment. But the entire procedure is usually quick, 1 to 3 weeks, if the punishment is effective.

Common problems with the method

Quitting or just "forgetting" is common. Don't forget, the pain from self-punishment is punishing your self-help efforts to change just as much as it is punishing the unwanted behavior. Also, for unknown reasons, sometimes the punishment is not effective. For instance, just as a scolding may not work with a child (because the attention is more rewarding than the criticism is punishing), certain fines may not work. They may not be big enough or the money may go to a worthy cause. Many people have found that giving money away to *disliked* causes, e.g. Nazi or KKK or Republican Party, is more painful and effective.

Research has suggested that horrible fantasies are not effective, such as thinking of having rotting, painful teeth as a means of motivating tooth brushing. Apparently, one tries to forget the horrible consequences and in the process also forgets to brush their teeth too. However, this suggests the horrible fantasies do have power, if you are able to use them in an effective way.

A teacher who uses too much punishment is likely to become disliked by the students, the class room may become oppressive to the students, and the students may start hating school. The menacing aspects of the punishment generalize to everything surrounding the punishment. Likewise, your own excessive focus on the unpleasant consequences of not studying could result in less interest and pleasure from learning, but this doesn't seem to be very likely. In chapter 14, we will see that academic motivation is increased by having fantasies of a great life as a result of studying **and** having fantasies of being miserable if you fail to study. Be sure to work on increasing intrinsic satisfaction from the desired behavior at the same time (see method #15) you self-punish.

The drop-out rate from therapy using painful electric shock (non-convulsive) is as high as 85% in some studies. Self-punishment may not have nearly as high a rate, but if it causes self-helpers to avoid trying other methods or other projects of self-improvement (or therapy), that could be a serious problem.

Effectiveness, advantages and dangers

Don't use electricity as a source of pain without consulting with a therapist. Certainly don't build your own electric shocking equipment. Household current can be deadly.

As with punishment, if self-punishment is sure, swift, and severe enough, it will probably be effective. There is very little research in this area, thus far. Aversive

conditioning has been done with many different kinds of unwanted behavior with mixed results, but in general the specific target behavior punished within a specific setting is quickly stopped. However, the unwanted behavior (usually unwanted by someone else, not the actor) is often not stopped *if* the person is with other people or in other situations (away from the punisher), and the behavior resumes after the punishment is stopped. Perhaps the benefits from self-punishment will quickly disappear if you don't seriously intend to resume the project if the unwanted behavior returns. Also, the self-punisher should place considerable emphasis on learning the desired behavior to replace the unwanted behavior.

Time out, overcorrection, and response cost are effective in the short-term with handicapped patients, although in some cases symptom substitution occurs (other unwanted behavior increases). The long-term results of aversive techniques in humans are not known yet.

There are some dangers, in addition to the physical risks and anti-self-help attitudes mentioned above. Any potentially high emotion and/or self-demeaning method could cause harm, I suppose, but this has not been observed. Yet, self-critical persons urged to become even more self-critical could be harmed.

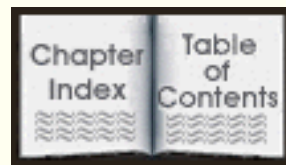
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Bellack, A. and Hersen, M. *Behavior modification*, New York: Oxford University Press, 1977.

Matson, J. L. & DiLorenzo, T. M. (1992). *Punishment and its alternatives*. Springfield, IL: Springer.

[← Back a page](#)

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CONSEQUENCE METHODS--APPLIED AFTER THE "TARGET" BEHAVIOR HAS OCCURRED

Mental processes; covert sensitization and reinforcement; intrinsic satisfaction and pride.

Our thoughts control or influence our behaviors and emotions to a considerable extent. This is not surprising since our thoughts include intentions ("I'm going to be the top salesperson this month"), plans ("I'll work until 9:00 every day and on weekends"), rational and irrational thinking, all our knowledge (including self-help methods), and so on. It seems pretty clear that our thoughts can be changed through experience (reading, watching, listening, experimenting), logical reasoning, learning processes (rewarding certain thoughts), and many other ways.

Some psychologists believe we can also change the frequency or strength of specific thoughts by reinforcing or punishing the thought. In other words, the conditioning processes might work inside our heads with thoughts just like they work with behavior, except it is all covert. Actually, no one would be surprised if his/her urge to approach someone increased after having a lot of sexual fantasies about that person. That all takes place inside a person's head. Likewise, if you imagined studying math on a beautiful warm beach, fantasized winning a scholarship in math, and on and on, it is possible you would start to feel more positive about math. What is less clear and more complex is whether or not the person will actually approach the person they have been thinking about sexually or if you would actually take a math course. There is a giant leap from fantasy to reality.

About 2000 years ago, Epictetus taught that our thoughts can change our feelings and actions (see chapter 14). So by modifying our thoughts, which may be easier than changing some behavior or having some experience (such as giving a great speech), we can possibly change many things--actions, emotions and other thoughts.

More recently, Homme (1965), Wolpe (1958), and Cautela & Kearney (1986) have

developed many *covert* conditioning procedures: reinforcement, punishment, classical conditioning, modeling, avoidance, etc. for many disorders.

Some mental rewards and punishments (paired with a specific behavior) have already been described (methods #16, #17, and #18). Covert modeling was referred to in method #2. Only brief descriptions will be given here and the effectiveness will be evaluated.

Purposes

- To increase, decrease or change a behavior, a thought or a feeling by changing our own thoughts and imagery using covert methods.
- Most often used for learning new behaviors (covert modeling or reinforcement) and for stopping unwanted behaviors.

Steps

STEP ONE: Clearly and specifically identify the "target" behavior or thought or feeling that you would like to change.

This can be an overt behavior, an experienced emotion (actually acted out or just imagined), or a covert thought which isn't to be acted on.

STEP TWO: Learn how to apply one of these covert conditioning methods, depending on your purpose.

There are several methods and variations on those methods:

1. Covert reinforcement--imagine performing the desired behavior (or feeling or thought) and follow it with a pleasant image (playing on the beach, being kissed by a lover, eating a delicious meal, etc.). Variations: an actual behavior followed by an imagined reward or an imagined behavior followed by an actual reinforcer (an M & M). Example given by Homme: a person with a low self-concept makes a positive statement about themselves just before lighting a cigarette.

Intrinsic satisfaction (see method #15) is another (and usually much better) form of covert positive reinforcement. Not only the genuine pleasure in performing the behavior but also personal pride in the skills, self-discipline and values involved in the activity.

2. Covert negative reinforcement--first imagine a very unpleasant scene and then start imagining the desired target behavior and feelings which are associated with the

termination of the unpleasant scene. Example: a shy person could imagine being very nervous at a party and dreading being approached. He/she further imagines being approached and asked some questions which he/she handles nicely and even with some wit. The nervousness goes away as he/she responds to the questions (thus, reinforcing the social interaction). A similar example would be a person suffering speech phobia; he/she could imagine being terrified before a TV interview but as he/she handles the situation adroitly in fantasy, the terror immediately subsides. See discussion in method #17. In some cases, it may be better to terminate a fear, threat, or unpleasant fantasy that is completely different from your actual concern (it is another trial at learning the unwanted fear).

3. Covert sensitization or punishment--imagine the unwanted behavior vividly and in detail, followed immediately with fantasies of some very unpleasant event, such as vomiting (Cautela's favorite punishment or UCS). Examples: a smoker might imagine having the urge to smoke and getting ready to light up. He/she immediately imagines getting nauseous and finally, just as he/she thinks of lighting the cigarette, he/she imagines vomiting all over the cigarette, his/her clothes, people near by and so on. The same could be done with food, alcohol, unwanted sexual urges, worries, jealous thoughts, angry thoughts and acts, etc., i.e. pair them with vomit or any other unpleasant thought.
4. Covert extinction--imagine doing the unwanted target behavior and receiving no reinforcement or reaction of any kind. Example: a person with lots of aches and pains could imagine telling his/her complaints to many people who have no reaction at all. A clown or flirt or braggart or gossip or spiteful person could do the same thing.
5. Combinations: Homme suggested a sequence of four thoughts--(a) the unwanted urge, (b) an unpleasant thought, (c) a desired behavior, and (d) a pleasant thought. You can see how (b) and (d) punish and reinforce (a) and (c). Suppose one is sexually turned on by an inappropriate person (wrong sex, too young, too old, married, otherwise unavailable or uninteresting). One might imagine the urge (only briefly, not too much!) followed by unpleasant thoughts ("I'd get hurt" or "That would get me in terrible trouble" or imagining vomiting). Then think of a more realistic, loving and available relationship, followed by a pleasant scene or a small reward.

The method of "thought stopping" is another useful covert procedure (method # 10). In a therapy case, Cautela commonly uses several covert techniques at the same time to change several behaviors or emotions.

STEP THREE: Arrange to use the methods daily; as with all aversion techniques,

learn better ways of handling the situation.

To be effective these methods must be repeated over and over, preferably 5 to 10 times twice a day. Covert reinforcement and punishment can be used every time the actual behavior occurs or even starts to occur, as well as during time set aside for imaginary experience. That's a 100% schedule of reinforcement (or punishment).

If you are using an unpleasant thought, the more disgusting or upsetting or intensely it is experienced, the more effective the method seems to be. Therefore, experience the awful details of vomiting as fully as possible, e.g. imagine the food and bile starting to come up, notice the sour taste and lumps of decaying food in your mouth, the sickening, awful smelling puke fills your nose, you vomit all over yourself and others, see it drip off, you are crying from total embarrassment, etc., etc. Gross! If you use an accident, make it gruesome.

It may be helpful to have a hierarchy of unwanted behaviors, so that you vomit on them (or something equally disgusting) in order from mildly tempting (addictive) to highly enticing. Likewise, since the conditioning is very situation-specific, you may have to vomit on each kind of high-calorie food you crave or on several kinds of hostile, sarcastic remarks you make.

Therapists have found that our imagery is clearer when we are relaxed, so try some relaxing first.

Time involved

The planning time is minimal. The two sessions per day will take 15 -30 minutes or so for a few weeks.

Common problems with the method

Dropping out is a problem with any aversive approach. The images are gross in cognitive sensitization. Also, many people don't believe there is a strong relationship between fantasy and behavior. Just because a sexual fetish with bras has been associated hundreds of times with imagined vomit, it doesn't guarantee that the attraction to real bras will be extinguished. Remember from chapter 4 that for conditioning to work, the association between the CS (bra) and UCS (vomit) must make sense.

Perhaps these methods work because the people who persevere are "believers." The role of suggestion is unknown in most self-help methods.

Effectiveness, advantages and dangers

There are some advantages for covert conditioning: (1) the ideas are simple, (2) no help, no special environment, and no equipment is needed, (3) there are almost no limits to what can be done in fantasy--vomiting, instant sex of any kind, vacations, hurting oneself, etc., and (4) it can be done anytime (since your head is almost always with you). But does it work?

The research centers on covert sensitization. It has worked fairly well with sexual deviations (homosexuality, exhibitionists, incest) but not very well with obesity, alcohol, or smoking (Bellack and Hersen, 1977). More research is needed with the other covert methods.

The results are promising enough to try these methods, especially if the approach has an appeal to you and is believable. Remember the research thus far has been done with long-term clinical disorders, not ordinary problems.

Additional readings

Cautela, J. R. Covert conditioning. In A. Jacobs & L. Sachs (Eds.), *The psychology of private events*. New York: Academic Press, 1971.

Extinction; withholding the pay offs

If a behavior yields no pay off, it should gradually stop, i.e. be extinguished. Thus, it is sometimes better to disregard an unwanted response than to punish it. Extinction and punishment lead to the same results: stopping some behavior. However, in extinction the unwanted response is allowed to occur freely. The person learns "this behavior just doesn't work; it gets no results at all." Note the striking contrast with the person whose behavior is punished by someone else, the punishee might think, "Wow, they (the punishers) are really upset. Well, maybe I'll cool it while they are around but I know how to drive them crazy if I ever want to. I'm powerful!"

In this method, we remove the reinforcement of unwanted behavior, but the neglect of good, desired behavior (that's extinction too) is the source of many problems in the world. Parents and teachers attend far more to bad than to good behavior; we forget to tell the people closest to us that we love and appreciate them; we take our own good behavior for granted but get upset by failures, etc. Thinking by the brain is required for reinforcement and for extinction (where you have to think, "I'm not going to respond to this.")

Purposes

- To stop or reduce an unwanted behavior.

- To do the above without harsh, unpleasant punishment.

Steps

STEP ONE: Specifically describe the unwanted behavior that you want to extinguish.

This may be a behavior or emotion or thought.

STEP TWO: Do a careful behavior analysis to determine the consequences that support the unwanted behavior.

See method #9 because it is necessary to know all the pay offs for the behavior. Otherwise, how can you eliminate all the reinforcement?

Extinction works best with new, recently learned behaviors and/or with behaviors that are reinforced almost every time. However, you need to identify any occasional or intermittent reinforcement. Indeed, all the reinforcers (there may be several--see method #1 in chapter 15) must be identified; any one alone may sustain the behavior.

STEP THREE: Plan to prevent all reinforcement for the unwanted behavior.

Every time the unwanted behavior occurs, all pay offs should be eliminated. Let the behavior occur but without pay offs. With children, this is done by just leaving them alone, which is hard if the behavior is disturbing. Likewise, when we are working with ourselves, it may be difficult not to respond to our own unwanted behavior. Suppose you resent or are upset by your own behavior, can you control that reaction? (If not, the resentment and upsetness may reinforce the behavior.) Suppose you get some relief from stress via the unwanted behavior, can you avoid that negative reinforcement? Suppose you get a lot of concessions from others because you are the boss or intimidate them with your anger, can you give up that power?

In addition to your reactions, you have to eliminate reactions from others too in order to extinguish a response. Suppose you get attention by being loud, by being critical, by bragging, or by telling embarrassing ethnic jokes, but you want to stop. Can you continue the behavior but tell friends you want to quit and, therefore, would like for them to not respond to your behavior? Not likely. They might help you monitor your behavior and point it out when you goof up.

STEP FOUR: Carry out the plan.

Extinction usually works slowly. Self-destructive children may hit themselves 10,000 times in 8 to 10 days before self-abuse is extinguished by ignoring the behavior. Also,

children often increase the frequency of the to-be-extinguished response whenever the usual reactions and pay offs are not forthcoming. They frequently get mad, even though no punishment is involved. So, with yourself, expect to feel some frustration. But stick with it.

Whenever a void is created by doing away with a behavior, it is important to be sure that reasonable, valued and desirable behavior takes its place. Work on strengthening the desired responses.

Time involved

The behavioral analysis will take an hour or so a day for a couple of weeks. Depending on the frequency of the response, it will take 2 to 4 weeks of extinction. Assuring that there are no pay offs may take only a few minutes each day.

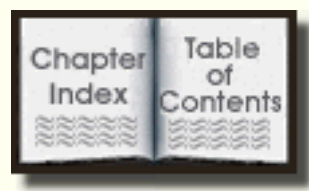
Effectiveness, advantages and dangers

Research on the extinction of crying, tantrums, disruptive behavior, self-injury, vomiting, bizarre behavior, excessive questions, "fits," etc. has shown some success (Bellack and Hersen, 1977). Many studies of crying young children and disruptive school children have shown that ignoring the behavior works quickly, indicating that attention is often the reinforcement for these behaviors (Miller, 1975). Little is known about self-extinction.

Compared to punishment, extinction is likely to be less stressful and perhaps easier to carry out. But it takes longer (because all reinforcement has to be stopped), so punishment may be more humane in some situations, like self-abuse. There are probably fewer side effects and dangers with extinction.

[← Back a page](#)

[Forward a page →](#)



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METHODS OF CHANGING EMOTIONS

Understanding your emotions--behavior, feelings, physiology, and thoughts--will help you plan ways to change them. Use the steps in chapter 2. If an unwanted emotion is your main concern, **read the appropriate chapter (5 to 8)** and then refer back to this chapter for basic methods to change the emotional parts of the problem.

The following table lists the emotion-control methods. Read the first section, the general idea, for each method and select 2 or 3 methods to try with your emotions.



Introduction



Method

I. Producing Desired Emotions

1. Deep muscle relaxation
2. Moods by suggestion: calm scene, relaxation, elation
3. How to be happy--determinism
4. Gaining peace of mind

II. Reducing Unwanted Emotions

5. Meditation
6. Desensitization
 - Desensitization continued
7. In vivo desensitization
8. Exposure to the fear (flooding)
9. Stress-inoculation: self-instructions and coping imagery

- Stress-inoculation, continued

III. Getting It Off Your Chest

10. Catharsis: discharging or venting emotions

- Catharsis continued

IV. Converting Emotional Energy

11. Constructive use of energy

V. Additional Methods

12. Distraction

13. Change of the environment and reinforcement

14. Practice, practice, practice

15. Pleasant activities

16. Massage

17. Drugs

18. Implosion and Rational-Emotive imagery

19. Gradual toleration

20. Biofeedback

21. Skills

22. Cognitive approaches

23. Values

24. Paradoxical intention

25. Express the emotions you want



Useful general references for controlling emotions



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METHODS FOR CONTROLLING CONSCIOUS EMOTIONS

The nature of emotions

Our feelings or emotions are a major part of our inner lives. Our emotions are sometimes rapid primitive reflexes independent of our thoughts, but at other times, our feelings reflect our cognitive assessment of our current situation. Our feelings involve both our emotions *and* our urges to act certain ways. Thus, emotions determine if we are happy or unhappy, if we want to approach something or run away from it, if we are exuberant or frozen, etc.

Emotions are **frequently unrealistic and irrational**, i.e. unreasonable, unthinking automatic physiological reactions or based on faulty ideas distorted by our past experiences, misperceptions, exaggerated fears or hopes or needs. Examples: Reason usually doesn't over-ride subjective experience, i.e. telling a person afraid of spiders that this specific spider right here is completely harmless, doesn't completely reduce his/her fear. The intensity of an emotion is not so much determined by the current situation as it is by **the amount of actual or expected change** (Frijda, 1988). Thus, a small spider seen 15 feet away (a small change) is not as scary as a large one suddenly only 6 inches away. Likewise, if economic conditions in the 1990's changed radically and returned to 1935 standards, our national feelings of crisis would be much greater than they were during the middle of the Great Depression. Where the change is greatest, the feelings are most intense. It was the wealthy and ambitious who committed suicide in 1929, not the poor. The college graduate who always wanted and expected to become a doctor is more crushed by rejection letters from Medical School than the graduate who rather expected the rejections.

Since emotions seem to be **designed by nature to help us adapt** --to solve problems-- we tend to get "used to" positive conditions (a loving, giving spouse) but our fears and hostilities continue on and on upsetting and urging us to "do something." As Frijda observes, the human mind was apparently not made for happiness, but for survival. Happiness is possible, but it may take intentional thought and effort; it is not always an automatic process. But anger, grief, insecurity, and jealousy are automatic, sometimes even

unstoppable.

The desire to remove serious emotional hurts from our life can become so primary that our strong feelings **over-ride reason, close our minds to other viewpoints, and dominate our actions**. Suicide is a way to escape pain and hurts. Likewise, the enraged ex-spouse can hardly think of anything else, certainly not any explanations for the former spouse's wrongdoings. The badness of the ex-spouse becomes an obsession, an unshakeable conviction which will often last forever, regardless of other peoples' opinions. This single-minded view is a characteristic of emotions: the fearful flyer can not consider the high probability of his/her flight arriving safely; the jealous person is absolutely certain the lover is interested in someone else; the insecure spouse feels sure his/her partner doesn't really care for him/her. Yet, there sometimes seems to be **a consideration of the probable consequences** at some semi-conscious level because the fearful passenger usually doesn't get off the plane and we don't always immediately dump the "unfaithful" lover or "indifferent" spouse. Indeed, many "healthy" people tend to distort their view of a situation in such a way that their negative feelings and dangers are minimized and/or their positive feelings are maximized. Fortunately, under favorable conditions, **reason can help** us see other possibilities, see the likely long-term consequences of an action, see the implications of a code of ethics, etc. Reason (cognition) can modify the impulsive actions of the more rigidly mechanistic emotions.

One of Frijda's points is that emotions, as well as behavior and reason, are lawful and understandable (but not logical). The more you know about those laws, the better your chances of controlling your unwanted emotions.

Learning to control our emotions

We are probably always feeling emotions; they seem to impose themselves on us; we ordinarily don't "will" to feel certain ways. The range of emotions is extensive. We can feel terrible, as in horror, suicidal depression, rage, and self-depreciation. Even in milder forms, such as tension or boredom or irritation or subordination, emotions may make us miserable. Yet, we can feel happy, proud, loving, or fascinated, which makes life great. At this point in time, psychologists know more about reducing unwanted feelings than about increasing the desired emotions. In this chapter, we focus on methods for controlling our four major emotions, primarily anxiety, depression, anger, and passive-dependency.

Chapters 5, 6, 7, and 8 explain how the major emotions are learned and developed. Of course, many basic emotional reactions may not be learned; they may be inborn physiological responses, like pain, fear, crying, hunger, sensual and sexual pleasure, frustration, pleasure, etc. These and other emotions, like ecstasy, sadness, irritability, rebelliousness, fears, or sudden episodes of agoraphobia, may be genetic, physiological, hormonal or drug-induced (Adler, 1985) and responsive to medication (Sheehan, 1984). As

we grow out of early childhood, however, certain emotions become associated with certain situations and events; that is a learning process. Many of these associations are not rational. We fear situations that are not dangerous (like meeting someone or speaking up in class). We get upset about things that couldn't be avoided. We may briefly distrust the entire opposite male or female sex after we have been dumped by one of them.

Some emotional reactions, like anger or dependency, also seem to be operants (yield some payoff); other emotions seem classically conditioned to certain situations, like anger in response to a defiant, smart-mouthed teenager. Most often, both operant and classical conditioning are involved in developing an emotion, e.g. the fear of public speaking increases (1) as fear is experienced while speaking (classical) and (2) as public speaking is avoided for fear of fear (operant). Of course, telling ourselves how stupid we will look if we forget what to say also increases our speech anxiety.

Indeed, many emotional reactions seem to be largely generated by our thought processes, rather than by operant or classical conditioning. Lazarus (1984) contends that cognition is always involved in our emotions because emotions reflect our cognitive evaluation of how well things are going for us, namely, if our situation is seen as getting better or worse. The question is: What thoughts (meanings or inferences or expectations) arouse which emotions? For 20 years, Ellis & Harper (1975) have been reminding us of the 2000-year-old idea that our intensely sad or hostile feelings are a result of our own thinking, our irrational ideas. For example, we assume that situations (failing an exam) and people (someone lied to you) cause our emotions, but Ellis says most emotions result from our insisting that the world and others **should** be unfolding differently. And, like a child, we get upset--we "awfulize"--when things don't go the way we want them to go: "It was a stupid exam!" and "It's terrible that he/she lied to me!" **Cognitive methods for reducing emotions are described in chapter 14.**

Still other emotions may arise from unconscious forces within us. Suppose a part inside of us wants a very close relationship with one parent. Our efforts to get attention from that parent, to be cute and clever, to excel, to be attentive to that parent may arouse some anxiety, but we are not aware of the source. We may even marry someone similar to the admired parent without realizing it. Likewise, suppose your boss unconsciously reminds you of a cruel older brother; thus, the intensity of your fear and anger at the boss may surprise you and others.

In short, human feelings are complexly caused, i.e. the **learned aspects** of emotions may be (1) operantly conditioned, (2) classically conditioned, (3) socially learned, (4) a result of our thoughts, and (5) a result of unconscious processes. This chapter deals mostly with (1) and (2). For (3) see chapters 13 and 14, for (4) see chapter 14 and for (5) see chapter 15. However, in reality these five learning processes are often all mixed up together (along with reflexes, hormones, genetic predispositions) in the development of an emotion.

Understanding the way we acquired a certain complex emotional reaction might help us figure out how to change the feeling. On the other hand, knowing the etiology of each emotion may not be necessary. It seems quite likely that several treatment methods will work regardless of the causes. Example: suppose you feel inadequate. Thus, you could take an "insight" approach (see chapter 15) in which you explore your childhood and eventually say to yourself, "It is silly to feel inadequate because my parents were critical and put me down; I'm OK, I don't have to be superior and I don't have to continue feeling inferior." Or you could challenge the irrational (unproven) idea that you are inadequate and set about demonstrating that you are quite capable; thus, reducing the self-doubts. Or you could counter-condition or over-ride the anxiety you feel in threatening situations, using desensitization or relaxation. All these methods might be effective, regardless of the origin of the feelings of inadequacy. When the self-help method you first selected doesn't work, however, then a re-analysis of the causes of the problem might help you select a more appropriate self-help method.

Emotional behavior, feelings, physiological responses, and attributions

Emotions involve (a) behavior, (b) subjective feelings, and (c) physiological responses. And, to make matters more complicated, each of these three aspects is often only slightly correlated with the other two, i.e. you may (subjectively) feel very tense but not show it overtly (behaviorally) and not respond internally (physiologically). A person can feel quite relaxed but have an upset stomach or low back pain and appear to others as either very laid back or very nervous. All the combinations are possible.

Some clever experiments have shown that subjective feelings are often a function of both (1) the level of **physiological arousal** and (2) our **interpretation of the causes** of the arousal (Schachter & Singer, 1962). The sequence is this: there is a physiological arousal which we notice, then we look at the situation for a reason for this internal reaction, and this cognitive process (attempting to understand the situation) enables us to label or identify the emotion we are feeling. Thus, in some experiments exactly the same arousal (from a drug) has been interpreted as anger in some cases and as happiness in others, depending on the social situation. Actual physiological arousal may not even be necessary; if you **believe** your heart is beating faster (but it isn't), that may be enough to cause you to believe you are angry or afraid or sexually aroused, depending on the circumstances (Valins, 1966). The emotional labels we put on our feelings are partly a function of our interpretation of the situation. More recent research suggests our past experience and our current life situation (beyond the immediate circumstances) also play a role in how we label our feelings.

There are some interesting implications from all this. First, perhaps we shouldn't be so certain about what we are feeling (especially considering the closed-mindedness discussed

above). We can't sense physiological changes accurately. Moreover, the "feelings" I seem to be having are more like guesses about why I am upset (if I am) based on my past, my tendency to favor certain emotions, and on circumstantial evidence. Secondly, given these conditions, if someone could offer me a different interpretation of the upsetting situation, I **should** be able to change my feelings rather easily. But we know that often isn't true. Example: instead of feeling terrible about breaking up, one could see new opportunities for better relationships. But usually we can't see the situation differently, at least not easily, being dumped remains a crisis. See chapter 14. Many therapists take such a "reframing" approach, however, and it seems to work, sometimes. Folk wisdom tells us to "look for the silver lining" or to "accentuate the positive."

Although drugs can be useful (witness the millions of tranquilizer and anti-depression prescriptions written), it is also possible that using drugs before or during therapy or self-help might hinder improvement. How? If the person attributed all improvement to drugs, he/she might start relying entirely on drugs for help rather than on therapy or self-help. Also, if the problems don't get better after taking drugs, the person might falsely conclude they are getting worse rather than that the drugs aren't working. Naturally, false assumptions about therapy or self-help can be misleading too.

The consequences of certain attributions are not always easily understood. For instance, insomniacs given a placebo (a fake medicine that has no pharmacological effect) which they were told would produce alertness went to sleep *faster* than those given a placebo "relaxation" pill. They presumably took some comfort in blaming the pill for their awakeness and then fell asleep (Storms & Nisbett, 1970). Storms and McCaul (1976) have proposed that concluding you are responsible for some unwanted behavior is anxiety arousing. And, increased anxiety may increase the unwanted behavior. Example: thinking "I'm responsible for my speech problems" increased stammering; thinking "my speech problems are due to the experimental conditions" did not increase stammering. Yet, concluding you are *not* responsible for unwanted behavior may very likely decrease your anxiety *and* decrease your self-improvement efforts. So, it's complex because the "I'm responsible" attribution is helpful in many circumstances but not all.

Are feelings good or bad?

A common saying is "you are responsible for your feelings." (For the moment, let's forget about reflexive and unconscious feelings.) Fortunately, all feelings can be viewed as natural, as neither good nor bad. This is how: many people believe that feelings and thoughts can not be bad because they hurt no one. Acts can be bad (because they can hurt). From this viewpoint, there would be no need to hide our feelings (unless disclosing the feelings hurt someone) and no need to feel guilty about any thoughts or feelings.

However, it is easy to see how we come to believe that thoughts and feelings are bad.

Suppose as a child you hit your little brother and were spanked and told, "don't do that." As a 5-year-old you aren't likely to figure out that the parent who hit you meant "your hitting is bad but feeling angry is OK," so you grow up thinking "feeling angry is bad." Many of our feelings are suppressed by being told "don't be a scaredy cat," "big kids don't cry," "touching yourself down there is naughty," etc. So, we learn to deny or dislike or feel guilty about many feelings. We even hide many positive feelings: "I don't want him/her to know I like him/her because he/she might not like me."

In the guilt section of chapter 6 we discuss further the question of whether thoughts (temptations to do something bad) are bad in the sense that they may increase the probability that we will actually do something bad.

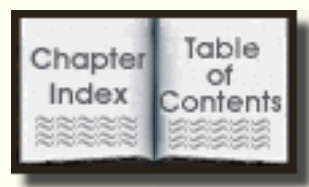
Feelings usually leak out

Feelings usually find a way to express themselves, however. There are several ways subjective feelings get expressed:

1. You may **act on** feelings: shout at someone when angry, cry when sad, communicate (in body language) your interest when attracted to someone. (These same behaviors--shouting, crying and attracting--surely influence our feelings too.)
2. You may have **physiological reactions** when feeling something: you blush when embarrassed, have high blood pressure when anxious, sexual arousal when attracted. Actually psychologists do not yet know whether arousal precedes, accompanies, or follows an emotional reaction (Weiner, 1980).
3. You may try to **suppress the feelings** and deny being upset or angry. Quite often people who deny their emotions think they are healthy and well adjusted, but they tend to have high blood pressure, high heart rate, an immune deficiency, high incidence of cancer (Temoshok, 1992), difficulty sleeping, and lots of aches and pains.
4. You may try to **change the situation**: shout out orders like a drill sergeant when things go wrong or become charming to attract and influence someone. Note: yelling "shut up" at someone implies but doesn't directly express your feeling, "I'm angry at you."
5. You may have **one feeling to deny or conceal another**: criticism may hide attraction, crying may occur when you are mad, love may hide scared dependency. Or, you may have one feeling in response to another feeling: disgust to your own homosexual interests, frustration to your shyness.

6. You may **blame others** rather than assuming responsibility for your own feelings: "You are a selfish, mean person" instead of "I feel very hurt," "You are a lazy slob" instead of "I feel furious when you are so sloppy," "You are arrogant" instead of "I'm afraid you won't like me." Remember: you are more responsible than anyone else for your feelings. In general, no one can *make* you feel any way; it is usually your choice (although some emotions are impossible to control--like a startle reaction or grief following the loss of a loved one). See the discussion of "I" statements in chapter 13 and "psychologizing" in chapter 7.
7. You may **not be aware** of the true nature of your emotions but they can still have an effect on your life. Dramatic examples are people with multiple personalities; an unconscious personality may have feelings which are not known to the person until that personality becomes conscious and "in control" later. Another rare example is a woman who has spontaneous orgasms. One possible explanation is that sexually arousing fantasies were occurring unconsciously. More common examples that have been well documented recently are the "sleeper effects" in children of divorce. Example: children may be unaware of emotions (fears, anger) during their parents' divorce but suffer ill effects from the divorce years later, often when they become intimate with someone. There are lots of things, especially feelings, going on inside of us that we don't know about. Haven't you felt upset after talking to someone without knowing why? Don't you sometimes respond to events and behaviors very differently than others do, and can't see why you have such a different reaction?
8. You may openly **share your feelings** with others. This involves many skills: self-disclosure, "I" statements, social skills, assertiveness, self-confidence etc. Telling your story, as in therapy, self-help groups, or with friends, is usually healthy (as long as you share your emotions and don't just stick to the objective facts, and as long as the listeners are supportive).
9. You may **use your feelings as a barometer** of your relationships with others and your self-acceptance. Negative, unwanted feelings are a sign that something needs to be changed, that self-help is needed.

Now we will look at ways to take control of your emotions.



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METHODS FOR CHANGING YOUR EMOTIONS

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First, don't forget that methods focusing on the behavior or changing the environment (chapter 11) can also reduce an unpleasant emotion, e.g. reduce your fear by putting better locks on the doors or by avoiding someone you are mad at. Fears can also be reduced by **modeling** someone who is less afraid than you are (see method #2 in chapter 11). You can develop other behaviors that will counteract the unwanted emotions, e.g. activity counteracts depression, assertion counteracts anger, facing the fear counteracts it, relaxation counteracts the hyperactivity of the workaholic, etc. Contrary to the notion that "time heals," there is evidence, as discussed in chapter 5, that fears, grief, memory of a trauma, etc. don't just fade away. These feeling do decline *if* we repeatedly expose ourselves to the upsetting situation or memory over and over again while relaxed or under less stressful conditions (yet, becoming very distraught while talking to friends about the "awful" situation doesn't usually help). However, changing the consequences of a behavior can alter emotions also, e.g. ask your friends to praise your healthy assertiveness and challenge your mousy conformity.

Second, don't forget that our thoughts strongly influence our emotions. And, since we can sometimes change our thoughts and since psychology is in a "cognitive" era, there is great emphasis on cognitive methods at this time. **See chapter 14.**

The methods here deal with basic raw emotions: anxiety or fears, anger, and sadness. Of course, these same methods can be used on the emotional part (level II) of any other problem. Passive-dependent problems tend to be handled with cognitive-behavioral methods and new skills.

Emotions are a crucial part of our lives and they are fascinating. **Several recent books will help you understand.** Lazarus & Lazarus (1996) explain how emotions are aroused

and their effects, including the impact on our health (see chapter 5). Goleman (1995) argues that we overemphasize academic IQ and neglect emotional IQ (knowing and handling our gut feelings and impulses, self-motivation, people skills). You might gain further insight into your feelings from several other books: Averill & Nunley (1992) for being more creative in your emotional life, Keen (1992a) for just exploring your emotions, Felder (1988) for getting rid of your "emotional baggage," Preston (1993) for working through emotional distress, and Kinder (1993) for understanding why (a biological or brain chemistry orientation) you feel the way you do and then for changing those feelings.

Learning To Produce Desired Emotions

Relaxation Training

Being able to relax at will is a handy skill. Most people can learn to do so. There are many methods but they all have much in common. No one relaxation technique is best for everyone. Your first task, then, is to find a method that works well for you. Three methods will be described here: (1) deep muscle relaxation, (2) recorded relaxation instructions, and (3) Benson's method. In addition, relaxation via suggestion is provided in method #2, meditation is described in method #5, self-hypnosis in chapter 14, and many other approaches are possible: progressive relaxation (more complicated than deep-muscle relaxation), taking a nap, taking a warm bath, getting a massage, daydreaming, praying, gardening, reading, simple work or hobbies. After learning a good method for you, the major problem is taking the time to relax when you need to.

Purposes

- To reduce tension and overcome general feelings of anxiety.
- To counter-condition fears and phobic reactions, as in desensitization (method #6).
- To counteract panic reactions and to counteract the constant activity of a workaholic or social addict.
- To aid other purposes, such as concentrating and increasing learning efficiency, overcoming insomnia and improving sleep, and improving one's general health.

Steps

STEP ONE: Select a relaxation method to try; decide how to give yourself the instructions.

Consider these three ways of relaxing and pick one to try:

1. Deep-muscle relaxation is easy to learn. It is a simple routine: first tense the muscles, then relax them. This procedure is used with many small muscle groups all over the body. Most of the anxiety and tension you feel is in your muscles. So, by focusing on relaxing your muscles, you can calm and comfort your entire body (and mind) by excluding distressing thoughts (since you are concentrating on groups of muscles). This method is based on the simple principle that muscles relax after being tensed, especially if suggestions to relax are also being given. So, mind and body can be calmed by starting with the muscles. The detailed steps are given below.
2. There are a large number of commercial cassettes that provide relaxation instructions. Usually it is better to make your own tape. In this case you start with the mind and send relaxing messages to the muscles. Detailed instructions are given below but you need a cassette recorder readily available to use this method.
3. The Benson (1975) method is basically meditation (see method #5) used as a relaxation procedure. The idea is to free the mind from external stimulation, which slows physiological functions and reduces muscle tension...and that reduces impulses to the brain...and so on in a beneficial cycle. Like meditation, the calming effects of all these methods last beyond the time doing relaxation.

STEP TWO: Learn how to do the relaxation method you have chosen.

Below are detailed instruction for the three relaxation methods:

1. **Deep-muscle relaxation** involves focusing on a small group of muscles at a time, e.g. "make a fist" or "make a muscle in both arms." With each set of muscles you go through the same three-step procedure: (a) tense the muscles. Notice each muscle. Tighten the muscles until they strain but not hurt. The muscles may tremble which is okay but be careful with your feet and other muscles that tend to cramp. It does not need to be rigorous exercise. Hold the muscles tense for 5 to 10 seconds. (b) Suddenly, say relax to yourself and let the muscles relax completely. (c) Focus your attention on the marked change in the muscles from when they are tense to when they are relaxed. Enjoy the pleasure and relief that comes with relaxation. Give yourself instructions to relax more and more, to feel more and more comfortable all over. Relish the peaceful, refreshing, rejuvenating calm for 20 to 30 seconds, then repeat the process with the same muscles or with a new group. In this way you replace muscle tension with soothing relaxation all over your body.

At first, this three-step procedure may need to be repeated two or three times

for each set of muscles. With practice, however, you can relax in a few minutes. Use groups of muscles something like the following (don't get overly precise about this, any group of muscles will do fine):

Arms

- Hands and forearms--"make a tight fist" and bend it down towards the elbow. Start with one arm, move to both arms.
- Biceps--"make a muscle." Both arms.
- Triceps--stretch the arm out straight, tensing the muscle in the back of the arm. Both arms.

Upper body

- Forehead--raise eyebrows and "wrinkle forehead"
- Eyes--close eyes tightly (careful if wearing contacts)
- Jaws--clinch teeth
- Tongue--press against roof of mouth
- Lips--press lips together
- Neck--roll head right, back, left, down (chin on chest)
- Shoulders--shrug up, move forward and back
- Chest--inhale and hold it, relax as you exhale
- Stomach--"suck it in," push it out
- Back--arch it

Legs

- Thighs--make legs stiff and bend toes and feet up towards knees
- Calves--make legs stiff and straight, bending toes and feet down away from head
- Toes--curl toes

Total body

- Occasionally give self-instructions for the muscles recently relaxed to continue relaxing more and more. Check to see if all are comfortable; if not, move them or go through the tense-relax routine again.
- Give general instructions to feel good and warm and heavy, to smooth out the muscles, to feel calm and rested, to enjoy the relaxation, etc.
- Imagine you are floating down a mountain side on a soft

cloud, enjoying the view and counting down slowly from 10 (top) to 1 (bottom), and feeling more and more deeply relaxed as you float to the bottom of the mountain.

When you want to come out of the relaxed state, say to yourself: "To wake up I'm going to count from 1 to 10. When I reach 10 I will be awake and refreshed. 1...2...3...4...5...you're half way there...6...7...8...begin to stretch...9...10, wide awake and feeling good.

2. **Recorded relaxation instructions** should, of course, be done in a soft, soothing voice, using a good recorder. Speak slowly and draw out the words like a hypnotist: "de-e-e-eply relaxed." The self-instructions suggested below are adapted from a script by Dorothy Suskind (Cheek, 1976). Make whatever changes you like, perhaps using some of the deep-muscle relaxation instructions.

"Get comfortable. Close your eyes. Listen carefully and try to relax as fully as you can. Now, stretch your legs out as far as they can go. Turn your toes under and tighten the muscles in your feet very, very tight. Hold it. And now also tighten the muscles in your calves and those in your thighs. Make your entire leg--both of them--straight and tight as a drum, very tense, and hold it, hold it (about 6 to 8 seconds). And now, relax all the muscles in your toes, all the muscles in your calves, all the muscles in your thighs. Notice the relaxation. Let your legs go completely limp. And now, feel that wonderful relaxation coming up from your toes, up your calves, up your thighs. Feeling wonderfully relaxed, very comfortable, warm and limp, very calm, very relaxed. Feeling beautiful, just beautiful, wonderfully relaxed.

Now stretch out your arms. Make tight fists with your hands. Feel the tightness, and now make it tighter, tighter, tighter. Hold it. And now bend both fists down toward your forearm, tense the muscles in your wrist, in your forearm, in your upper arm. Tense it until it trembles. Hold it. Hold it. And now, let go, just let go, and let that wonderful feeling of relaxation flow right through your fingers, your hands, your forearm, and your upper arm. Let your arms go completely limp. Feeling wonderfully relaxed, completely relaxed, very calm, warm, limp, comfortable and beautiful, just beautiful.

Now, with your eyes still closed, imagine yourself relaxing all over...(you can tense and relax each part if you like)...relax your face, your neck, your shoulders, your back, your stomach, all over.

I will now count down from 10 to 1. I am going to find myself deeper and deeper relaxed and I will have a feeling of well-being, as I count down to 1. Calm and relaxed, and wonderfully well, just relaxed.

I'm going to count, 10...9...8...7...6...5, very, very relaxed, 4...3, very deeply relaxed, 2...and 1. I am very calm, very relaxed, and getting more and more deeply relaxed all the time.

Think of nothing now but relaxation, feeling wonderfully relaxed, calm, feeling well all over, just relaxed, calm, relaxed, feeling wonderfully well.

I will now enjoy some quiet time just relaxing. Then when I'm ready to wake up, I'll start the player again. I'll stop the tape player at this time so I can enjoy quiet relaxation as long as I want" (leave a 15-20 second pause on the tape)

"I am now ready to wake up and come back to the real world. When I count to 10, I will open my eyes and feel calm, I'll feel refreshed and wonderfully well, 1...2...3...4...5...6, more and more alert, 7...8, beginning to move, 9...10, feeling wonderfully relaxed but awake and eager to get on with the day."

3. Herbert **Benson's method of relaxation** is as easy as the above methods but may take more practice. In his second book, Benson (1984) recommends using a short meaningful phrase or religious saying for meditating, instead of the word "one" which was his 1975 suggestion. For the religious or values-conscious person, a moral phrase helps involve the relaxing power of faith--and you may be less likely to forget to meditate. What words to use? Any phrase of 6 or 8 words or less that has special meaning for you. Examples:

- "I am the way, the truth, and the life" (John 14:6).
- "Thy will be done."
- "My peace I give unto you" (John 14:27).
- "You shall love thy neighbor" (Lev. 19:18).
- "Joy is inward" (Hindu).
- "Life is a journey" (Buddhist).
- "Allah" (Moslem) or "Shalom" (Jewish) or "Peace."
- "Fear brings more pain than the pain it fears."
- "Do unto others as you would have them do unto you."
- "I can not do everything at once but I can do something."
- "God, give me serenity, courage and wisdom."
- "Life's greatest gift is to love and be loved."
- "It takes both rain and sunshine to make a rainbow."
- "To understand is to pardon."
- "The smallest good deed is better than the grandest intention."

After selecting or making up a phrase (a mantra), follow this procedure:

(a) Sit in a comfortable position in private.

(b) Close your eyes gently.

(c) Relax. Search your body for tension; relax the tense spots by moving or stretching or tensing the muscles and then relaxing deeper and deeper.

(d) Notice your breathing but let it be natural, don't control it. Start saying your selected phrase as you exhale. Say it silently, say it mentally to yourself. Say the special phrase each time you exhale (that's why it needs to be short). After you have found a phrase that works well for you, continue to use it every time. (This is relaxation, not a time to learn sayings.)

(e) Your mind may wander. That's OK, don't worry about it. Passively observe the mind's thoughts and accept whatever happens. Just lazily bring your mind back to your special word or phrase. Just relax. Focusing on your special phrase is simply a way of relinquishing your control over your mind. Let your mind relax or do its own thing. When you become aware that the mind has wandered and has now finished its thought, bring it back to repeating the special phrase every time you exhale. Enjoy the peace. (See method #5 for more information about meditating.)

STEP THREE: Arrange a private place and schedule a specific time for relaxing

A private place is crucial: a bedroom, a private office at work, even a bathroom might be the best place. You should take 10-15 minutes twice a day. Ideally, it should be a comfortable place with no interruptions. A bed or a chair with arms and a high, soft back is good (as long as you don't go to sleep). Many people get sleepy if they meditate after a meal. Drown out distracting noise with a neutral sound: a fan, air conditioner, or soft instrumental music. Turning off the lights helps. Perhaps you had better tell your roommate, co-workers, family, etc., what you are doing, if there is any chance they will walk into the room.

STEP FOUR: Relaxing on command

Most people can relax easily in comfortable, familiar, quiet surroundings. But, that isn't where we have the stress. It is harder to relax when called on to speak to a group or when taking a test. What can you do then? One possibility: pair a silently spoken word, like "relax," with actually relaxing. Do this thousands of times, as in the relaxation exercises above or by mentally thinking "relax" as you exhale. In this way the internal command--"relax"--becomes not only a self-instruction but also a conditioned stimulus, an automatic prompter of a relaxation response (like a cigarette, see chapter 4). So, when you

get uptight, you can silently say "relax" and feel better. It is no cure all but it helps.

STEP FIVE: Relaxation--a routine or as needed

Many people would say that relaxation should be practiced faithfully twice a day, seven days a week. That is certainly necessary if you hope to establish a more relaxed level of physiological functioning on a continuous basis. Other people use a relaxation technique anytime they have a few minutes to rest. Still others use relaxation only when tension is getting excessive and/or they need to slow down, such as at bed time. Any of these uses are fine; however, they all require practice in advance, i.e. you can't wait until a crisis hits and then decide you want instant relaxation.

Time involved

It may take 4 or 5 hours to learn the method, practice it, make the recording, or whatever is involved. Thereafter, the technique may be used 15 to 30 minutes a day or only occasionally.

Common problems with the method

Many can't find the time to relax twice a day, especially the people who need it the most. Although 10 to 15% of students are reluctant to try a relaxation technique in class, almost everyone can become deeply relaxed with practice. A few people fall asleep while relaxing. If you do, you may need to set an alarm.

Effectiveness, advantages and dangers

All the above methods, if used faithfully, seem to be effective during the relaxation session. Some research has suggested that meditation works a little better than the other methods, at least for reducing general anxiety (Eppley, Abrams, & Shear, 1989). How much the relaxation continues beyond the session is questionable, however, regardless of the method used. Seeking calm in a storm is a difficult task. In many of us, the stress reaction is just too strong to be easily overridden; we may need to withdraw from the stressful situation for a while (and consider using method #6, desensitization).

One would think that relaxing would be the safest thing in the world for a self-helper to do. It probably is, but several therapists have reported panic attacks in patients when relaxation is tried in therapy (Lazarus & Mayne, 1990). This negative reaction has been observed primarily in persons suffering from very high anxiety. For most people, this shouldn't be a concern. In a class setting, I have found that 5-10% of the students do not fully participate in a relaxing exercise in class. Some don't like closing their eyes; others are reluctant to publicly "make a muscle," "suck in your stomach," "arch your back" (thus,

throwing out your chest), etc. But almost everyone can learn to relax. Imaging relaxing visual scenes (a warm sunny day on the beach) works best for some people; repeating calming sayings and self-instructions works better for others; sitting in a warm bath reading a magazine works wonderfully for some. Cautela & Groden (1993) and Sutcliffe (1995) describe several self-relaxation methods.

Additional readings

Davis, M., Eshelman, E. R., & McKay, M. (1995). *The relaxation & stress reduction workbook*. Oakland, CA: New Harbinger Publications.

Louden, J. (1992). *The woman's comfort book*. San Francisco: Harper.

Jacobson, E. (1964). *Self operations control: A manual of tension control*. Philadelphia: J. P. Lippincott Co.

Curtis, J. D. & Detert, R. A. (1981). *How to relax: A holistic approach to stress management*. Palo Alto, CA: Mayfield Publishing Co.

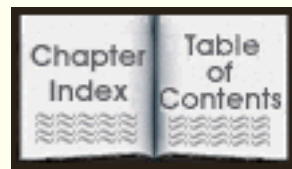
Rosen, G. M. (1976). *Don't be afraid: A program for overcoming your fears and phobias*. Englewood Cliffs, NJ: Prentice-Hall.

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[← Back a page](#)

[Forward a page →](#)



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PRODUCING DESIRED EMOTIONS

Creating feelings and moods with suggestion and fantasy

In the Western world we are preoccupied with the external world--the world of work or TV or interpersonal relations. In Eastern cultures they are more concerned with the inner world--fantasy and thoughts. They use meditation and seek an inner serenity, partly as a way of coping with harsh external realities and partly for the benefits an inner life offers. There is a stigma against daydreaming in our culture. It can be a way of avoiding reality or a way of rehearsing for the future. Fortunately, there is a connection between thoughts and feelings, so emotions can be influenced via fantasies. Harry Truman said, "I have a foxhole in my mind," meaning he had a place in his mind where he could escape the explosive issues bombarding him from the external world.

Purpose

- To produce a desired feeling or mood: relaxation, elation, nostalgia, greater awareness and concentration, and increased motivation (see fantasies for achievement in chapter 14).

STEP ONE: Prepare the instructions for whatever feelings you want to produce

Four methods of changing feelings are illustrated below: (1) a calm scene, (2) self-monitoring for relaxation, (3) positive affirmation statements for a positive mental attitude, and (4) elation and expanded consciousness.

A calm scene. All of us have memories of being somewhere and feeling carefree, calm and happy. Imagining such a relaxed or pleasant moment in your life can arouse calm or happy feelings. For relaxation, it should be a scene in which you are inactive (it's hard to relax while thinking of climbing a mountain or swimming a river). Examples: lying in the warm sun on a beach or a boat, resting in front of a fireplace and watching the flames, walking leisurely in a woods on a beautiful fall day, sitting on a mountain top and looking

at the lush, peaceful valley below, or sitting in your room, looking out the window and resting, just watching the world go by. Select a comfortable, peaceful, pleasant scene that has special meaning for you.

My calm scene is walking alone by a small stream that winds through a meadow in front of my boyhood home. I remember minute details: the clearness of the spring-fed water, the softness of the grass, the rolling hills, the warmth of the sun, the minnows and water spiders, the big sycamore trees, building a dam with a buddy, mud-crawling, dreaming about the future, being alone but not lonely, perhaps because of the beckoning warmth of my house nearby.

Self-monitoring. It is simple. Use the senses of the body as a biofeedback machine. Sit down or lie down. Get relaxed and close your eyes. Pay attention to every sensation, everything that goes on in your body. Don't try to understand or explain what is happening, just observe. Express in words what is happening. Scan the body and report everything you notice. An example: Eye lids grow heavier, shoulders slump and back bends, breathing deep, stomach growls, throat swallows, ringing in ears, muscles in face seem quiet and heavy, etc.

This is an old technique (Curtis, 1986). It is good for general nervousness. Somehow the stressful sensations decline and peace follows.

Positive affirmations. Many people believe that imagining doing something well increases actual ability and self-confidence. So athletes imagine hitting a home run, divers imagine a perfect dive, a speaker imagines an excellent delivery. Supposedly, the unconscious mind doesn't know the difference between a real experience and an imagined one. So, your self-esteem grows. Likewise, if you say, with feeling, positive things to yourself, a positive mental attitude will develop. Picture in your mind exactly what you want to do or be. Feel positive and confident as you imagine the desired behavior.

The statements should be repeated several times each session and during 3 or 4 sessions each day. Examples of positive affirmations (notice they describe in the present tense what you *will be doing* -- "I am calm" or "slim," not "I want to be calm" nor "I am not tense" or "I am not fat"):

For a better self-concept and positive mental attitude--

- Every day in every way, I am getting better and better.
- I succeed because I believe I can.
- I am filled with loving kindness.
- I am happy and content.

To encourage some achievement--

- I am proud of my body (visualize how you will look at your ideal weight).
- I am an excellent student; I love to learn.
- I can play _____ unusually well.

To relax and be healthy--

- I am healthy, happy and relaxed.
- Pain free, happy me.

To reduce worry--

- forget the past and the future--I'm in the here and now.
- I accept any challenge; I can handle it.

Expanded consciousness. This fantasy method was described by Gibbon (1973) for increased awareness, greater concentration, better problem-solving ability, and feelings of competence. Have a problem in mind to work on before you start the exercise. It's not a good fantasy for people with a fear of heights or of flying. You can have the experience more fully if all you have to do is listen, so record these abbreviated instructions:

"Get comfortable and close your eyes. Imagine you are in the gondola of a large hot air balloon. You are resting and watching what is happening with interest. Let your imagination go free, have vivid images of the things I suggest to you. It is a beautiful day. The balloon is filling. See the meadow around you. You have nothing to do but relax and experience the thrill of the ride.

The balloon is nearly full. Soon you will take off and as you go higher, your awareness and concentration and thinking will also become higher. I'm going to count from 1 to 10. With each count the balloon will go higher and your mind will expand greater until it is able to be aware of everything. You will become much more aware of reality and have a greater appreciation of truth and beauty. Now, the balloon gently and quietly takes off, I begin to count and your consciousness starts to expand.

One. As you float higher, you will have a new experience...pleasant, exciting feelings of increased awareness and sensitivity.

Two. A little higher. You are entering a higher level of consciousness. You are comfortable. You are feeling good about using your full mental capacity.

Three. You enjoy the quiet, smooth ride, the fantastic view, the excitement.

Four Your range of awareness is continually expanding. Your perception is keener. Your attention and concentration is even more under your control.

Five Rising higher and higher. Your confidence increases and you feel better and better.

Six Your consciousness increases but your awareness is not overloaded. You feel joy as your senses reach their highest level.

Seven You experience a release, a new freedom as your intuitive and intellectual potentials reach their peak. As you go still higher, your heightened abilities will enable you to see causes and relationships you never realized before.

Eight You are very high now. Soon you will enter a new dimension, where your insight is especially keen and innovative.

Nine All the way up to the edge of space. You are ready to experience and concentrate and reason better than ever before.

Ten Now you are at the top. Your abilities, awareness and understanding are ready to disclose new meaning and new solutions. You are eager to use these skills to solve your concerns. Take as long as you want. As you focus on real problems, take time to understand the causes. Don't skip over or run away from any cause-- consider it carefully. Can you see things differently now? Can you discover new feelings you had not been aware of before? Can you understand the feelings of others better?

Next, take time to invent new and better solutions to your problems. Imagine how each course of action might work out. Consider unusual solutions and combinations of solutions. Decide on the best approach. If other insights come to you, accept them but go back to solving the main problem.

Now, turn off the tape player until you are ready to 'come down' and wake up." (Leave short pause on tape.)

Start tape again when you are ready to stop:

"OK, we are ready to descend. I'll count from 10 to 1. When I get to 1 you will be back in a normal, everyday state of consciousness. You will feel good and refreshed and grateful for the special time to think. You will remember everything that has happened and all your insights.

Ten. Starting to drift downward and back to a normal state of awareness.

Nine. Coming down. You will remember everything.

Eight. Gently floating down. You are feeling wonderful.

Seven. Enjoying the experience.

Six. Continuing down.

Five. Down. At the count of 1 your eyes will open.

Four. You see the ground slowly approaching.

Three. Soon you'll be back relaxed and refreshed.

Two. Almost down. A grassy meadow below. It will be a gentle landing. You feel great.

One. You are down. Open your eyes. You feel wonderful."

STEP TWO: Find a quiet place and get prepared

Use a quiet, comfortable, private place, like a bedroom. Make your recording if needed. Place the player near your hand so you can easily turn it on and off.

STEP THREE: Have the fantasy as vividly as possible

Have the experience. Get into it as deeply as possible; have detailed and vivid imagery, using all your senses, and put your feelings into it. It may be helpful to record each experience and compare your reactions over time.

Time involved

Preparation time may take from 15 minutes to an hour. However, most of these mood-altering exercises must be repeated for 10-15 minutes, two or more times a day to be effective.

Common problems with the methods

In general, they promise too much, especially expanded consciousness. Take a "try-it-and-see" attitude. Another problem is that some people have poor visualization abilities. If you don't visualize well, try another modality, i.e. have your fantasies more in words and feelings. Through practice you can develop a more vivid fantasy.

Effectiveness, advantages and dangers

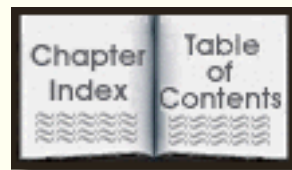
Fantasies do generate feelings. There are few experiments in this area but many clinical reports of distress brought on by unpleasant memories and thoughts about possible disasters. Some actors create tears by thinking of a sad event. It is reasonable that positive emotions can be created in the same way. As mentioned in method #1, a few people are reluctant to relax or close their eyes in class. The advantage is that these methods are simple, straightforward, and done on your own. There are no known dangers.

Additional readings

Maltz, M. (1960). *Psycho-Cybernetics*

[← Back a page](#)

[Forward a page →](#)



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PRODUCING DESIRED EMOTIONS

How to be happy

Many people would say, "I just want to be happy." It is a worthy goal but few people know how to find happiness. Some would say they want to have a good education and an interesting career. Others would say they want a loving spouse and a nice family. Others want a career, a family, good health, good friends, a nice house, two sharp cars, good relationships with both families, and enough money to take an extended vacation each year and to be comfortable. What would you say you need to be happy?

In our culture, almost everyone has a list of needs or wants. We want pleasures--good looks, a good sexual relationship, friendships, fun experiences, etc., etc. We want possessions--a good sound system, a sporty car, nice clothes, etc., etc. We all need some pleasure in life. But, the problem is when we start to believe that pleasures and possessions are the way to be happy. Once we begin to think that way, we start to say "if I just had *_(an education, a boyfriend, a good job, a happy marriage, enough money to retire, a good relationship with my family...)_*, I'd be happy." Our achievements and acquisitions have become the source of our happiness. We are soon in trouble: we don't get all that we want; we always want more, not matter how much we have. Old pleasures lose their thrill; possessions quickly become an old inferior model. There is always something excitingly newer, better, faster, bigger, and more expensive.

Once you say "I need ____ to be happy," you have created a self-destructive mind game. Happiness can not be based on having possessions; cars break down, houses deteriorate, clothes quickly go out of style, etc. Happiness can not be based on pleasures; marriages fall apart, friends drift away, power fades, eating and drinking make us fat, etc. OK, what can happiness be based on? An accepting frame of mind; a tolerance of whatever is because whatever is, is right. Whatever happens in life is lawful (see method #4 in chapter 14). It takes time to understand this viewpoint. Look into it carefully.

A belief in determinism is not a helpless-hopeless position; it is not being without goals, preferences, opinions, or values. In fact, it is important to have a respected mission

in life and to have high values; they are great sources of pleasure. It is important that you use the laws of behavior to do your best, that you help others, and that you try to make the world better. But after you have done your best, **you must accept the outcome**, regardless of what it is (Mikulas, 1983). Do your best on a job or in a relationship, but accept being dismissed or rejected, if that is what happens. Accept reality. **Unconditional positive regard** of others and of yourself is a major factor in finding happiness.

Other factors contributing to happiness include learning to have some influence over your world, to be able to make your situation better, and to have confidence in your self-control. To become happy it is necessary to be able to handle unhappy feelings when they come along (see chapter 6). You can't be happy and unhappy or angry at the same time.

This section helps me make the point that the development of a particular emotional state, such as happiness, is sometimes very complex and involves many self-help methods. Obviously, all the methods for reducing depression might apply to generating happiness, but happiness is much more than the absence of sadness. You see the point. (If you are thinking that this method is very cognitive, I agree that it is closely related to the methods in chapter 14.)

Purposes

- To understand how to achieve happiness.
- To avoid futile attempts to achieve happiness via pleasures, possessions, or indifferent and irresponsible behaviors.

Steps

STEP ONE: Read method #4 in chapter 14 about determinism and learn to accept reality and the lawfulness of life.

This is not an easy task. It takes time to shake off our consumption ("Gimme") orientation towards happiness. Mikulas (1983) has an interesting analogy: Suppose you lived 1000 years ago and were asked if you would like to live in 1997 with warm houses, cars, airplanes, TV, free education, good medical care, etc. Of course, if you were living in 1000 A.D. in a dirt floored hut, with little education, with many children dying from diseases, with starvation everywhere, and with no entertainment, etc., you would think 1997 would be wonderful. You would assume that everyone in 1997 would be gleefully happy! But all of our advantages, knowledge, possessions and pleasures have not made us happy. Hopefully, in 3000, we will know much more about being productive, moral, and happy.

Read about determinism (method #4 in chapter 14) and try to give up your frustrations with the way that things are at this moment in your life. You can start making realistic plans for changing some things you don't like, but accept and "understand" the way things are. Most importantly, this accepting, tolerant attitude reduces resentment and frustration with others and with yourself. Carl Rogers called it "unconditional positive regard."

STEP TWO: Learn to have some control over your life.

Even if you are well cared for at this time, no one can be entirely comfortable realizing that they are unable to support themselves, should the need arise. A personal or interpersonal problem is always possible; the person who feels unable to cope with independent survival must feel uneasy. Learning more about handling ordinary problems for people like you provides a basis for greater happiness. Self-help reading should help.

STEP THREE: Work on reducing the emotions, mostly sadness and anger, that are incompatible with happiness.

Of the four major emotions, depression and anger are the most inconsistent with happiness. They have to be kept at a fairly low level. See chapters 6 and 7 for the steps to take. The other emotions are not as crucial, i.e. we can be moderately stressed and still be happy; we can be quite passive-dependent and be happy.

STEP FOUR: There needs to be some pleasures in every life.

The pleasures may be few and simple, but we need some. There are an infinite number of options. Develop some, if you don't have any. But, keep it perfectly clear in your mind that these pleasures are not the source of happiness in your life. If a pleasure becomes unavailable, you can find another.

STEP FIVE: Your life should have a purpose, it should have important meaning to you.

As chapter 3 in the beginning of this book argues, we all need a philosophy of life that we are proud of and willing to follow day by day. That chapter will help you plan a more worthwhile life.

Time involved

Finding happiness is a major undertaking taking many, many hours, maybe years. The effort is truly unending, because most lives experience a series of great losses which are not easily accepted, e.g. death, failure, mental illness, etc.

Common problems

My experience is that people resist the deterministic notion. The American belief that there is a quick solution to every problem is very strong. It transforms into the idea that we don't have to tolerate anything we don't like, we can just get rid of the problem. Thus, the idea that we should accept our circumstances-of-the-moment becomes viewed as a weak, incompetent, fatalistic position. But the truth is that many of life's downers are unavoidable--and irreversible once they have happened. Sad events are inevitable. So, in these instances, we have only two choices: accept it as lawful or hate what has happened. In no way, should determinism lead to a fatalistic, pessimistic view of tomorrow, however.

Effectiveness, advantages and dangers

Seeking to be happy is such a complex process that science is decades away from objectively assessing the effectiveness of all the steps involved. Being happy is a worthy goal (if it involves facing life as it really is), however. Shared experiences and science will help us. I don't know of any dangers from trying to be happy, as long as we face reality and are responsible.

Suggested reading

Mikulas, W. L. (1983). *Skills of living*. New York: University Press of America.

Gaining inner peace; centering

Many people believe there is a peaceful place inside us, called "the center." From that place, you can see things clearly without distortions; you can think straight without confusion; you can relax without tension.

The crux of this idea is to think of "the center" as being an internal place from which you are aware of all the other parts but you can remain detached or apart from all the other parts of yourself. Examples: from the center, you are aware of your body and its feelings, but you are not your body. You (the centered observer) recognize your emotions, but you are not your emotions. You are not your behaviors nor your thoughts; you are an objective observer. Indeed, the centered self may decide to change any of these parts--your body, feelings, actions, and mind. **But**, when you are "centered," you can not be hurt, you are not vulnerable. You can observe your behavior and see that you are messing up, but the centered self does not emotionally react. You observe the agitation of the mind, the pain of the body, and the hurt emotions, but the centered self remains calm and at peace, just observing in a clear, calm way. This method could clearly be placed in chapter 14, also.

Purposes

- To develop a safe "observation station" from which you can see all your conscious parts.
- To become able to escape the stress of external pressures or intense emotions.

Steps

STEP ONE: Gradually develop the capacity to be "centered."

The "center" or the "centered self" has to be built through conscious effort. We have to learn to go there and "center" or calm ourselves. How can we do this? Through efforts to relax and detach yourself from a constantly active mind and from demanding emotions, you can find some peace. With practice, you can get better at withdrawing from the stress (while becoming an even keener observer). Several other steps will help you do this.

STEP TWO: Meditation will also help you detach yourself from the mind. Periods of relaxation will help.

Meditation is very effective in quieting the mind (see method #5). This is good training for centering.

STEP THREE: Use determinism to increase your acceptance of what is happening (see method #3 and chapter 14).

By understanding that there are causes for everything that happens, we can start to focus more on observing the true causes and less on some emotional reaction, such as "ain't it awful," "that should never have happened," etc. We can relax because we know the outcome was lawful (unless we witnessed a miracle).

As Mikulas (1983) points out, this accepting attitude gives us a certain freedom--a toleration of whatever happens. We may, of course, have a preference about what happens, and if the desired behavior occurs, we are happy, but if something else happens, we can be equally happy, because we accept reality (laws) and we learned some important information about the laws of behavior. The freedom from being right or winning and just focusing on observing and learning is a great relief.

STEP FOUR: Give up trying to control everything, loosen up.

As it is said in Desiderata, whether you understand it or not, the world is unfolding as it should. Eastern philosophies advocate acceptance or "going with the flow of the river." Going upstream is very hard and probably isn't the right direction anyway. Focus on

learning to control your own life within a little bubble, don't worry much about changing the course of great rivers.

STEP FIVE: With practice you can learn to have a detached, calm, accepting attitude. That is peace of mind.

Peace of mind includes more than inner calm, it is accepting oneself, others, and the world. It is being sensitive to being off center, i.e. things beginning to go wrong, and doing something about the problems right away. It is a wonderful mental state, but no one can achieve it all the time.

Time involved

These changes require major revisions in the way we think, that will take a lot of time and effort.

Common problems

The difficulty many people have accepting determinism is discussed in the last method. Likewise, most people believe they are their actions, beliefs, feelings, etc. Becoming detached from what has been the "essence of ourselves" is very difficult. That is why it takes so long to learn.

Effectiveness, advantages and dangers

Several major therapies, as well as Eastern philosophies, advocate "centering" and have great faith in it. Aside from personal testimony, there is little research of its effectiveness (research mostly consists of assessing the influence of something that can be carried out in 30 minutes or so). The advantages of being calm and an astute observer are obvious, if they are true. There are no known dangers, although anything that might reduce our vigilance and sensitivity to problems could be a problem.

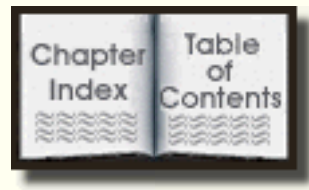
My greatest reservation is centered on the promises implied about peace of mind, much like the promises associated with meditation and hypnosis. The promises of "clear, accurate perceptions," "effective minds free of confusion," and "a real self that can't be hurt," are bothersome.

Recommended reading

Mikulas, W. L. (1983). *Skills of living*. New York: University Press of America.

[← Back a page](#)

[Forward a page →](#)



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REDUCING UNWANTED EMOTIONS

Meditation

Meditation is, in its simplest form, an unguided, unintentional, sustained fantasy or mental state of reflection and contemplation. It is a relaxing experience, and adult "quiet time," a self-paced desensitization process. But insight is often hoped for as well as relaxation. Indeed, the Tibetan meditates to commune with the "cosmic mind," not to relax. But why might some insight occur even if you don't believe in a cosmic mind? Meditation involves shutting out the complex and confusing external world and, at the same time, making no demands on the mind. Some theorists assume that the mind, unburdened with pressing everyday demands and monumental problems to solve, is automatically clear and creative in providing for our growth and inner harmony. Thus, when the mind is free to focus where it will (not where we direct), it explores important topics and gains deeper understanding for us. Other theorists make different assumptions, namely, that during meditation the person focuses all their attention on one activity--breathing or a candle or a sound--which diverts energy away from holding down repressed thoughts and feelings. Thus, the unconscious thoughts and emotions can, in theory, escape or slip out, leading to new insights and awareness.

Meditation is commonly associated with religion, both eastern religions and Christianity, as we saw in method #1, Benson's method of relaxing. Many people meditate seeking greater religious faith or communion with God. Meditation is an ancient art. About 500 B.C. Buddha said that (1) life is suffering, (2) suffering is caused by desires, and (3) reduce your suffering by giving up desires. Thus, Zen meditation became an accepting way of life in the East, not a way, like self-help, to actively solve and remove immediate personal problems but a passive-acceptance way.

Purposes

- To provide relaxation and, consequently, better health. (Be skeptical, see cautions below.)

- To achieve the state of "restful awakeness" in which the body slows down (breathing rate, heart rate, and EEG waves have been demonstrated to be reduced) and the mind supposedly becomes more capable (not proven) and one becomes more confident of self-control.

There are many more benefits claimed for meditation but they are unproven:

- Solutions to pressing personal problems.
- The recall of early repressed experiences.
- By recognizing the constancy of change, you become better prepared for and more accepting of change.
- By sensing your oneness with others, with God, and with the universe, you may gain the joy and comfort of being a natural part of all that is and ever will be.
- There are dangerous claims by some radical writers that serious physical diseases can be cured (like cancer). There are mystical claims, for instance that your soul can leave your body and travel great distances to communicate with others.

Steps

STEP ONE: **Read more about meditation**

Meditation is done daily, perhaps for life. To even get a feel for meditation you need to read about it and practice it for a few months. So it is a major undertaking; you need good advice from more than one teacher. Several references are given below; I recommend Kabat-Zinn (1990) or Goleman (1991). A word of caution: some writers promise magical, mystical powers. This poses a problem: you need to be motivated and to have hopes that meditating for months will bring rewards, but to hope for "magic" and, as a result, forsake better forms of treatment would be a mistake. Meditation is worthwhile as a relaxant alone (see Benson). If it also brings you a few insights from time to time, that's a bonus. There are no miracle self-help methods.

STEP TWO: **Find a daily time and place to meditate**

Set aside one-half hour each day. Select a time when you are least pressured. Of course, it is essential to have a quiet, uninterrupted place, perhaps your room, a church or a private spot outdoors.

STEP THREE: Get into a comfortable, alert position and withdraw within

Sit in a comfortable, relaxed position. Do not lie down, the head should be free to move. The classical position is the crossed legs, but any sitting position is fine, e.g. in a simple straight back chair. Then close your eyes (unless focusing on a visual object). Sit quietly for a minute or so, letting your body relax and your mind forget the external pressures on you. Withdraw to within yourself.

STEP FOUR: To free the mind, focus on something constant

The purpose is to free the mind. Thus, no demands should be made on it by the external world or by your own directions or wishes. The way pressure is removed from the mind is to focus your attention on one thing, e.g. (1) the flame of a candle, (2) your own breathing--the internal sensations in the nose, throat, chest and stomach created by breathing, or (3) a simple pleasant sound (called a mantra), such as "oohmm" or "hoomme," made every time you exhale.

When images or thoughts do occur to your mind, don't be concerned, don't pursue them or push them out. Remember, you are giving up control. Just relax and when the thought is finished, go back to focusing on the candle or breathing or sound. The focusing should, with practice, become effortless.

STEP FIVE: Let the mind go free, observe it

You merely continue to focus your awareness on something (candle, breathing or sound); it is not determined concentration. Don't insist that your mind stay on the focus, that would be controlling your thoughts. Give up control, just let things happen. Thoughts, plans, memories, and fantasies will enter your mind. You may get lost in a thought for a little while. That is fine. When the thoughts have passed, return to your focus of awareness. The mind should be left free, "on its own." Occasionally, it will seem as though nothing is happening. That's fine too. Stay relaxed. It is all natural. Your attitude is important; be serious, calm, interested, optimistic, tolerant, relaxed, and open to new insights but not pressing for them.

Calmly observe whatever comes into your awareness--images, fantasies, emotions, concerns, thoughts or solutions. If it is important, you will remember it, no effort is necessary. Always return to your focus and make no demands on your mind. With practice, skeptical ideas and distracting sensations, like an itch, will fade away. More frequently you will have thoughts or feelings that reveal more significant emotions and insights. Your ability to relax will gradually increase. Don't demand rapid progress, being self-critical or dissatisfied with meditation only slows your progress.

STEP SIX: Coming back to the real world

After 20 to 30 minutes, stop focusing your awareness on the candle, breathing or sound and allow yourself to slowly come out of the deep state of relaxation. Open your eyes. Move slightly. Start thinking again. This may take two or three minutes but you should emerge relaxed and with new energy.

STEP SEVEN: Record the experience

You may find it profitable to record the experiences you have while meditating (like a dream journal--see chapter 14). Or you may want to rate the relaxation and/or useful insight after each session in order to measure progress. Do not expect fantastic insights immediately. Understanding ourselves takes time.

Time involved

It is ideal to spend several hours reading about meditation, but it isn't necessary. It will take a few minutes to select something to focus on but the major time commitment is 30 minutes a day for at least several weeks.

Common problems

It is rare but a few people find meditating unpleasant; they may feel afraid, overwhelmed or bored. In such cases, it is best to stop meditating. Perhaps one should seek professional help to understand this reaction.

The biggest problem, as I see it, is the unwarranted promises made by some meditation-yoga literature. Of course, for some people the mystical purposes are their major reasons for practicing meditation. One never knows if the results of meditation are due to (1) these promises--like astrotravel, curing serious diseases, and spiritual union with the cosmos--and placebo effects, (2) the philosophy of acceptance and hope, or (3) the process of meditating. Perhaps it doesn't matter, except to the researcher.

Another problem is the dedication needed to persist day after day. Your "mind" may at first resist and try to talk you out of meditating: "there is so much to do," "you probably aren't meditating right," "it is a waste of time," "you may think of something dreadful," etc. Continue for a month before you decide if it is worthwhile.

Effectiveness, advantages and danger

The method is as old as recorded history, so it has withstood the test of time. It also illustrates the human tendency to avoid testing the effectiveness of mystical processes.

Recently, there have been more scientific studies. In general, the combination of meditation, the accompanying philosophy, and the suggestion-placebo effects seems to yield these results: relaxation, better self-control and self-evaluation, more confidence in self-control, reduction ("desensitization") of frightening ideas and concerns, and greater awareness of internal and external stimuli (Shapiro & Zifferblatt, 1976). But...

When David Holmes (1984) compared the effectiveness of meditation with simple resting, he found no significant differences! Subjects relaxed (as measured in several ways) equally well using meditation or relaxation. Furthermore, experienced meditators became just as physiologically aroused in stressful situations as did nonmeditators. That is not shocking, except that meditators would like to believe their method is best. There is no magic method.

Meditation's long association and similarity with religion makes it just as hard to evaluate as religion. The belief that meditation provides a sense of oneness and communion with everything in the universe is based on the beliefs and testimony of millions of Hindus and Buddhists and other practitioners. How do you challenge that? Perhaps, the inner peace and tolerance of all things, claimed by so many from meditation, can be scientifically demonstrated eventually. (On the other hand, the value of tolerance, when it is tolerance of ignorance, injustice and problems, has to be questioned.) We, as a society, should demand more hard evidence from our soft sciences. Like religion, the promise of so much is both meditation's strength and its weakness. Just don't expect it to cure physical diseases or provide long-distance messages. These can be better accomplished by modern medicine and a telephone.

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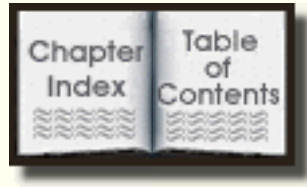
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[← Back a page](#)

[Forward a page →](#)



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REDUCING UNWANTED EMOTIONS

Desensitization

What is fear? In a simple sense, it is a connection between certain neutral stimuli and an inappropriate emotional reaction (identified as fear), such as a fear of heights or leaving home or public speaking etc. Desensitization is a treatment procedure designed to break that connection and replace the fear response to the situation with a stronger relaxed response. It is also called counter-conditioning. Fear is countered with calm relaxation, since you can't feel both fear and calm at the same time.

How is this done? Very gradually. You start with mildly scary situations where a strong relaxed response might over-ride the weak anxiety response. You imagine being in that slightly disturbing scene while remaining very relaxed. You do this over and over, breaking the connection with fear. Next, you do the same thing with a slightly more scary situation. You continue this process until you can imagine climbing a tower, leaving home, or speaking to a crowd without experiencing strong fear. Then you are ready to handle reality (not without some anxiety but without overwhelming fear).

Purposes

- To relieve **excessive, unreasonable or unneeded** fears and traumatic memories, such as a fear of heights, violence, war, flying, the dark, bugs, public speaking, taking tests, meeting people, asserting one's self, being away from home and many other situations.
- To break the connection between any given situation and an **unwanted** emotional response, e.g. to extinguish depression or anger associated with a certain person or behavior or situation. For instance, several students have used this method to reduce their jealousy when a date or spouse attends to another person.

Steps

STEP ONE: Learn a method of relaxing

Deep-muscle relaxation is recommended, but any method that works well for you is fine. Some therapists use drugs; self-hypnosis (chapter 14) might be a good choice. You may find that a certain time or place relaxes you, e.g. right after awakening, after exercising, or in bed late at night. Thorough, strong relaxation is necessary because it must over-ride the fear reaction.

Recently, a new, rather strange sounding desensitization procedure has been developed for use by professionals (Shapiro, 1995). Instead of using relaxation, this method uses rapid eye movements (left and right), much like what occurs with the eyes closed during dreams. The therapist quickly moves his/her finger back and forth in front of the client and the client follows the finger with his/her eyes. While moving his/her eyes, the client also focuses his/her awareness on the traumatic memory or scary scene... and he/she should also focus on the physical bodily sensations associated with the fear or anxiety. Rapid reduction of the fearful reactions are reported. In addition, repressed traumas are sometimes uncovered and new positive feelings about him/herself are claimed by some clients after only an hour or two of this process. More research of this procedure is needed but it is an interesting finding (I suspect it will go the way of Silva Mind Control, EST Seminars, NLP eye movements, etc.). We will use deep muscle relaxation in our example.

STEP TWO: Study your fear response (or other emotional response)

Every time you have the unwanted emotional response, record these five things: (a) the antecedents or situation prior to the emotional response, (b) the feelings you have, e.g. fear or anger, including the intensity on a scale of 0 to 99, (c) the thoughts you have, (d) how you behave while experiencing the emotion, and (e) the consequences of your response, i.e. how others react to you and what the outcome usually is. This information has many uses: (a) and (b) will be necessary in the next step when you rank order several scary scenes, (c) is needed to know if your thoughts--misinformation or misperceptions--might cause the emotions, (d) and (e) help you determine if your emotional reaction is being reinforced by others. If the emotional response doesn't occur very often, imagine what it is like and make these ratings.

Keep these records for a week or so, then try to answer these questions: Could I avoid these situations? If the emotion occurs in many situations, what do they have in common (e.g. a fear of criticism or losing control or looking dumb?) Could the emotions be based on misconceptions? (Is the probability of rejection that high? Is the teacher or boss that critical?) Could the emotions be yielding some payoff? (Do fears keep me dependent and cared for? Does anger get me my way?) These records provide some answers and a way of measuring your progress in overcoming the fear.

STEP THREE: Make a list of scary situations

Use the rating (a) and (b) above. For each fear, make a list (called a hierarchy) of 10 to 20 scary situations that you have faced or might. Start the list with a few very slightly disturbing situations or scenes. In very small steps, add more scenes that arouse more and more fear or anxiety (see samples below). Use a fear scale from 0 (not frightening at all) to 100 (terrorizing) to rate each scene. The increase in rated fear from one scene to the next in the hierarchy should be no greater than 10 scale score units. It's important to conquer the fear one small step at a time. It's also important to include *realistic* but scary scenes at the frightening end of the list. Do not include scenes that involve real dangers or consequences that would inevitably be disturbing, e.g. if you are afraid of flying, do not include a scene where you burn up in a fiery crash. If you are afraid of speaking to groups, do not imagine the crowd becomes unruly, throws tomatoes and boos you off the stage. Instead, include at the high end (rated about 75, not 99) scenes of things you'd like to do if you were not afraid, such as flying safely cross-country or successfully addressing a large audience.

Several sample hierarchies are given below (Rosen, 1976). They illustrate the kind of list you should develop for each specific fear but they probably do not fit your situation accurately enough to be used as they are. Example: suppose you are uncomfortable in social gatherings. It is crucial that you know why you are scared--is it the number of people? the type of people? the activities engaged in? the topics of conversation? the drinks and drugs being offered? the way you talk or act? the way you look? the way people look at you? what you think they are thinking about you? The relevant factors need to be included in your hierarchy (Rosen, 1976).

Problem: Speaking to a familiar class--

Item #	Rating (0-100)	Scary Scenes
1.	8	Signing up for a class that requires presentations.
2.	15	Hearing the instructor describe what is to be done in our presentations.
3.	20	Going to the library and preparing the talk--and thinking about what I will say. Wondering if the material I find will be of interest.
4.	25	Watching others give their talk. Seeing that they are nervous.
5.	30	Realizing the presentation is just a week away and planning when to finish preparing and when to practice.

- | | | |
|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. | 35 | Rehearsing the talk in my room in front of a mirror. The notes are not well organized but I'm getting smoother. |
| 7. | 40 | I invite a friend over to hear my talk. He/she listens intently and makes some suggestions. |
| 8. | 50 | Final practice the night before it is due. Three or four friends come over and listen while I rehearse again. I am a little bothered by their being there but I know the speech pretty well. |
| 9. | 55 | Going into class--wondering if I will be called on first, trying to keep my opening remarks in mind, and hoping a fantastic speaker doesn't go right before me. |
| 10. | 60 | Sitting in class, waiting to be called on. Only partially listening to what is being said by other presenters, mostly thinking about what I will say. |
| 11. | 65 | The teacher calls on me, I walk up to the rostrum, spread out my notes, make eye contact, see the teacher smiling at me, and feel ready to start my talk. |
| 12. | 70 | I give the speech-I remember the opening lines, it is going pretty well, occasionally I don't use exactly the right words but it's OK. The class seems interested. I finish and there is a little round of applause. They smile and I sit down. |

Naturally, one would want the ability to speak to groups to generalize to other settings. So you might select scary scenes that involve speaking up at social gatherings, handling a business meeting, making a point at an intellectual discussion, challenging some point made by a speaker, etc. If large audiences are a problem for you, imagine addressing a class of 40, then 80, 120, etc. until you are speaking to stadiums or to TV. If it is the nature of the audience that bothers you, imagine addressing people from your home town, a group of your teachers and professors, or a critical audience who asks you lots of questions.

Problem: Fear of flying

Item #	Rating (0-100)	Scary Scene
1.	5	Realizing I will have to fly some place.
2.	10	Planning the flight, making reservations and asking for a big plane.

3. 15 Packing my bags on the morning of the flight.
4. 20 Saying "good bye" to my wife and kids.
5. 25 Playing down my concerns about flying to my wife but being really afraid of a crash.
6. 30 Driving to the airport and watching the planes come in to land.
7. 35 Going into the terminal and finding out the plane will be 15 minutes late.
8. 40 Waiting to board and seeing some questionable characters waiting for the same plane.
9. 45 Watching the plane taxi up to the boarding gate; looks huge.
10. 50 Getting on board and finding my seat near the front.
11. 55 Plane is backed away from terminal; it squeaks and there is noise.
12. 60 Plane starts on its own power; I know there is no turning back.
13. 65 Stewardess gives safety instructions; I try to find exits and think about how I could get to one if there were a crash.
14. 70 Plane waits for take off; there is a loud roar and a forward surge as it starts down the runway to take off.
15. 75 Plane gains speed going down the runway; I see the terminal out the window.
16. 80 I can see the ground rapidly moving away as we gain altitude.
17. 85 The plane enters some clouds; I know the pilot can't see anything.
18. 90 I have to get up to go to the bathroom; I have trouble walking straight and it seems bumpy in the bathroom.
19. 95 The pilot warns that there may be some turbulence ahead and asks people to put on their seat belts; it gets rough as we come in for a landing.

Problem: fear of social dating.

Item #	Rating (0-100)	Scary Scene
1.	5	I overhear a friend call someone for a date.

2. 8 I ask this friend to describe what he/she did to prepare for the phone call and the date. He/she tells me the details.
3. 15 I am at a party with friends. Someone comes up and starts a conversation with us. I ask this person a question and he/she answers. I like his/her comment and say, "That's a good point."
4. 22 I am at a party with a group of friends. I get into an extended conversation with someone. I wonder if I will have anything to say; it turns out to be enjoyable.
5. 28 I am at another party and get into an conversation with someone attractive. At the end of the conversation I ask this person if he/she would like to go to a show with me.
6. 33 I am at home and phone someone for a date. The person says he/she is busy that evening but would like to do something at another time.
7. 40 same, but does not suggest getting together at another time.
8. 43 I call someone for a date and he/she asks me several questions about my interests and my work before agreeing to go out. I handled the questions all right.
9. 48 I go to a party alone and try to make conversation. I'm not trying to find a date, just making light social conversation. Sometimes I don't know what to say but they usually think of something when I can't.
10. 53 I see someone at a party I'd like to meet. I go over and introduce myself and find out about them. They have a boy (girl) friend.
11. 58 I call up a person I met in class and ask them to have a coke some afternoon after class. He/she says that would be nice.
12. 63 I have a coke with this person and we talk about school, hometown, interests, and so on. Then I ask him/her to go to a concert with me the next weekend.
13. 69 I have a whole evening with a date. We go out to eat, then to a show. Later, we stop for a drink and I take him/her home. The conversation goes OK.

Successful dating may not be just a matter of overcoming fears; it is likely to involve many skills--approaching people, conversing, self-disclosing, empathizing, knowing about current events, being able to tolerate silence, having stories to tell, having a sense of

humor, being able to touch, etc. So, first identify the social skills needed, then imagine rehearsing these new skills over and over, and finally try them out in real life (see chapter 13). Usually, gaining skills reduces fears. Clearly, reducing our fears frees us to use the skills we have.

After you have constructed your hierarchy of increasingly scary scenes, write each one on a 3 x 5 card. This way you can easily add a scene if it is needed. Also, feel free to modify your scenes to make them more realistic or easier to imagine--and to make them more or less frightening.

STEP FOUR: Shift back and forth between imagining the scary scenes and relaxing

After learning to relax and making a hierarchy, you are ready to replace fear with relaxation. Follow this procedure:

Become deeply relaxed (using your preferred method). The task is to have a stronger relaxed response than fear response while imagining the scary scenes. So, if you start to feel tense anytime while imagining the scenes, turn off the scene and go back to relaxing, then continue. Place the 3 x 5 cards in order on your lap so you can easily refer to them without disrupting your relaxation.

The crux of the desensitization process is continuously (every 10-30 seconds) shifting back and forth between (a) briefly imagining a scary scene and (b) relaxing. The purpose is to **stay thoroughly relaxed while imagining the scenes**; thus, breaking the situation-fear connection. Example: visualize a scary scene for 10 to 30 seconds, whatever is comfortable for you. Then, go back to relaxing and giving yourself relaxation instructions for 10 to 30 seconds. Then, imagine the same scene again for 10 to 30 seconds, relax again, imagine, relax, etc. until the scene no longer arouses anxiety. You are ready to go on to the next scene.

If you become tense while imagining the scenes, you will be strengthening the situation-fear connection, so stop the fantasy and go back to relaxing. If a scene consistently arouses anxiety, it is probably too big a jump from the previous scenes or it is more scary than you judged it to be. There are three things to do: go back and work on the less-scary scenes more, add some less scary scenes that lead up to this one, or this scene may be out of order and needs to be moved to later in the hierarchy.

After you have imagined a scene three consecutive times (10 to 30 seconds each) without experiencing anxiety, you can go on to the next scene on the list. Imagine each scary scene as vividly as possible, include details and realistic action. Visualize the situation exactly as it is, picture the people involved, see clearly how you behave, etc. Hear, feel and smell everything that is going on too. There are perhaps thousands of

stimuli associated with the unwanted fear response. Each of these connections has to be broken. The more life-like you make the imagined scene, the faster your fear of the real situation will be extinguished.

Do desensitization for 30 minutes to one hour every other day or 1/2 hour every day in a quiet, private place. Start each new session by repeating the most intense scene you imagined the last session and then work up the hierarchy from there. Continue the method until you can imagine all the scenes without feeling fear (or whatever feeling you are extinguishing).

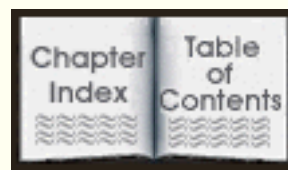
STEP FIVE: Confront the real situation

What is important is how well you can handle the real life situation. So, after desensitizing all the scary scenes, test your reaction in reality. After imagining approaching people you find attractive, then be sure to approach people in real life--start a conversation with someone in your class, ask someone to go out, etc. Keep in mind, there is a lag, often, between what you have done with ease in fantasy and what you will be able to do easily in real life. But your anxiety should be reduced by desensitization sufficiently that you can now handle the real situations that previously frightened you away. Expose yourself to the scary real situations over and over while relaxing as much as possible. Soon you will have conquered your unreasonable fears. Keep practicing your new skills.

Keep in mind that fear is natural in many situations. You can't eliminate it entirely. It may even be beneficial. Almost everyone feels tense giving a speech (anxiety helps us prepare). Who doesn't feel a tinge of fear when 40 or 50 feet above the ground? Who doesn't feel a little jealous sometimes? The goal is not to remove all fears, just to make them tolerable and to avoid being controlled by unreasonable fears.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

REDUCING UNWANTED EMOTIONS

Learning to relax may take two to five hours. Another one or two hours for making up your own unique hierarchy. Some people get results after only a few hours of desensitization; others require three hours a week for a couple months. If you don't get results in that time, see a professional. Don't expect instant cures; the professionals take months too. Most fears have occurred many times in the same situation, i.e. fear has been paired with a stimulus and/or reinforced perhaps thousands of times. It isn't unreasonable to expect 1/10th as many unlearning trials as were involved in the original learning, so if you have gotten a little anxious in class a thousand times while preparing to speak up (even if you didn't go through with it), it may take 100+ fantasies of speaking without fear to extinguish the fear.

It also takes time to "test out" the fears in real situations. Sometimes the test situation is hard to arrange. A plane trip in rough weather isn't easy to schedule. How often do you get to give a speech? You will just have to wait until the real occasion arises. When it does, prepare well and desensitize yourself again right before testing out your reactions. At other times, the opportunity to test oneself is readily available and can be done in a few minutes (like calling someone for a date).

Several problems have already been mentioned: some people can't relax, others have trouble fantasizing, some hierarchies have gaps between items, sometimes actually dangerous or harmful scenes are included at the end of the hierarchy. Some people are afraid of fear; they worry and fret when they think about having fears and would prefer to believe they have no concerns at all.

Sometimes what appears to be the major fear is not the real problem. Joseph Wolpe (1958) gave an example of a man who thought he was afraid of open places who was really afraid of dying (and being unable to get help). Another patient, who avoided all social interaction, was basically afraid of being trapped in her marriage. These are unusual cases, but it would be naive to assume that we are aware of the true sources of all our fears.

In step one, it was mentioned that some emotions are the result of our thinking and

expectations and misunderstandings. In these cases, our thoughts and views need to be corrected (Burns, 1980, for depression). Other emotions yield payoffs; it is unlikely that desensitization will extinguish an emotional response that is being highly reinforced, such as one person's jealousy that keeps his/her partner from associating with any attractive competitors. You may have to give up the payoffs first.

Desensitization is not a fast cure. It takes hours spread over weeks or months. And in the end you have to do whatever you are afraid of--fly in a plane, ride in an elevator, give a speech, ask for a date, etc. That involves some stress, so why not just "bite the bullet" and immediately do what you are afraid of doing? For some people confronting the fear (method #6) would be more efficient but for many it seems impossible to do without the aid of a method like desensitization.

Lastly, there is some evidence that body chemistry is involved in some fears, especially agoraphobia (fear of being away from home) which is difficult to treat. Fortunately, tricyclic antidepressants are effective in preventing the panic reactions of some people with agoraphobia, so that 1/3 do not need psychotherapy or desensitization. Yet, even if biochemical factors are involved, desensitization claims an 85% cure rate with agoraphobia (Salholz, Namuth, Zabarsky, Junkin, & Jackson, 1984).

Extensive research during the last 20 to 25 years has generally documented the effectiveness of desensitization. Wolpe originally reported 90% effectiveness but later results have not been quite so positive. Psychologists do not know exactly how it works. There is clearly a strong suggestion effect built into the method. And, some experiments have found powerful placebo effects (suggestion effects) to be as effective in reducing fears as desensitization.

Since it emphasizes relaxation, desensitization is excellent for people who hate pain and stress. It is painless. Another advantage is that the procedures are simple and easily understood. As mentioned in chapter 5, self-desensitization has been reported to be more effective than therapist administered desensitization. It is a lot cheaper. There are no known dangers.

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Case illustration

In the middle 1960's, I started giving my psychotherapy patients little lecturettes about how to help themselves with rewards, desensitization, etc. One of these clients was a graduate student in zoology who had a fear of heights. The fear was life-long and, indeed, it was a family trait. She was so bright and motivated that I explained the idea of desensitization (or counter-conditioning) to her in 10 minutes or so. She immediately understood the concept and thought she could use it on her own. Her fear had restricted her a lot: she couldn't walk up a fire escape or climb a ladder. It was stressful to look out of windows above the first floor, ride an elevator, and fly. Most difficult were climbing towers and walking on boat docks one can see through.

By the next session one week later, she had been relaxing and imagining climbing the fire escape in her dorm. As soon as she could imagine climbing half a flight of stairs without being tense, she immediately went out to the fire escape and did it! During that week she had climbed up one and a half flights. She felt fantastic about her accomplishment. By the end of the second week, she was climbing the fire escape to a friend's room on the fifth floor and looking out her window! These accomplishments were not easy for her but she became confident she could do it. She was delighted with herself--and with desensitization.

The third week was spring break and she was going to Florida. Before going, she imagined walking on docks while relaxing. She came back gleeful; she had walked on and looked through every dock she could find in Florida. She was also writing all her relatives

about how to overcome their fears of heights. She hadn't done desensitization exactly like the textbooks say but she grabbed the idea and ran with it. She changed herself...and she changed me too (I became much more interested in self-help).

Self-desensitization in the real situation (in vivo)

Keep yourself calm and very gradually approach the stressful situation. Get a friend to provide support. Relax before the confrontation and during it as much as possible. The objective is to extinguish the unreasonable fear response by replacing it with a more relaxed response. To do this, you need a hierarchy of real situations involving increasing stresses. The rationale for in vivo is the same as systematic desensitization (method #4).

Purposes

- To reduce the unwanted fears and stresses associated with many situations where the fear is excessive or unreasonable.
- To enable you to handle scary situations better and with less emotional stress.

The procedures are the same as in the last method, except that here you use real situations, not imagined scenes. Refer to the last method for detailed instructions.

Steps

STEP ONE: List the stressful situations in order of scariness

Describe several situations related to your fear on separate 3 x 5 cards. List only situations that are readily available to you, e.g. asking questions in class if you are a phonophobic student (whereas flying cross-country several times might be expensive treatment for an aerophobiac). Arrange 10 or 15 of the situations in order from least scary to most scary. For example, if you wanted to ask a special someone for a date, you might first (1) talk with a friend about asking this person out, (2) ask this friend to help you plan the date, (3) ask another friend to role-play the situation in which you practice approaching this special person, (4) talk to the special person without asking him/her out, and so on.

There are other ways to gradually approach a real situation: (1) look at a picture of a scary situation (or imagine it) instead of actually being there, (2) look at the scary situation, such as a tower or animal, from a distance and gradually approach it, (3) take a supportive friend along, (4) shorten the amount of time spent in the scary situation, and (5) approach smaller or less scary versions of the thing you fear (examples: approach less attractive males/females before the beautiful ones or buy a puppy if afraid of big dogs).

STEP TWO: Develop an emotion incompatible with fear

You need some emotion to counter the fear, usually relaxation but perhaps fatigue or anger or assertiveness. The relaxation techniques given earlier will do fine. Recently, it has been reported that fatigue, e.g. immediately after jogging your limit, is incompatible with fear, just as relaxation is. So the person with a fear of elevators might run three miles first and end up jogging into the elevator. An assertive attitude, such as "I won't let them push me around any more," can counter fear.

STEP THREE: Confront the scary situations starting with a very mildly stressful one

Place yourself in the least frightening situation on your 3 x 5 cards and remain as relaxed as possible. Stay in the situation or repeat it over and over until you are entirely unafraid. Work your way through the list until you can handle the most scary situation well. It might be helpful to record and reward your progress.

Time involved

The time depends on availability of the situations. If actual circumstances seem impossible to arrange, you always have your imagination (method #4).

Common problems

Many real life situations just aren't available at the right time. Sometimes it is hard to arrange actual situations close enough together in scariness that you can move on easily to the next situation. In these cases, use some of the suggestions in step one above or use imagined scenes instead of real situations to fill in the gaps.

Effectiveness, advantages and dangers

Watson and Tharp (1972) gave three reasons why in vivo desensitization may be better than fantasized scenes: (1) the actual behavior change is what is important--the real-life problems eventually have to be faced anyway, (2) imagined scenes are not as complete and realistic as the real thing, thus, it takes longer to extinguish the fear, and (3) often effective coping with the situation requires more than removal of fears. Watson and Tharp cite a case of a shy young woman who reduced her fear of men via desensitization but had not learned how to converse, how to handle their advances, or how to handle her other emotions besides fear. With in vivo desensitization the social skills are, hopefully, being learned as the fears are reduced.

There are no known scientific evaluations of in vivo self-desensitization. Of course, the method has been used many times in therapy and described in case studies. Throughout

history, people have learned as much as possible about the things they fear as a way of conquering the phobias. A famous case is Johann Wolfgang Von Goethe, one of the world's greatest minds--a poet, author and philosopher. Goethe was born into wealth and became a good student but a restless, sexually active playboy in 1765-70. During this time, he became seriously ill and was treated at home for a year. Following this illness, he became obsessed with fears of having "diseased organs." He decided to study medicine as a means of overcoming his morbid fears. Goethe's greatest work, *Faust*, tells of a man striving for complete knowledge of life in all its forms. Faust is torn between the devil, who provides him with many life experiences, and God. Eventually, God saves Faust from the devil, partly because Faust continually sought self-improvement in the hopes of becoming perfect.

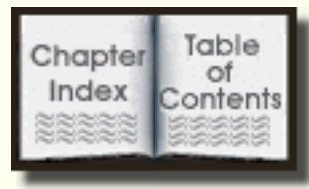
There are no known dangers except the stress you might feel if you proceed too rapidly. Of course, you should never do anything dangerous in an effort to overcome a fear. We are talking only about overcoming unreasonable fears, not realistic fears.

Additional reading

Watson, D. &Tharp, R. (1972). *Self-directed behavior*

[← Back a page](#)

[Forward a page →](#)



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REDUCING UNWANTED EMOTIONS

Exposure to the fear

There are two ideas involved. First is the idea that irrational fears grow stronger whenever we run away from the scary-but-not-dangerous situation. Second is the idea that we can change our attitude from, "I can't stand the stress" to "I can stand it." Putting these ideas together, the method is to gradually approach the frightening situation with a strong determination to take all the fear it can generate.

The most thorough description of this method and its application is by Jeffers (1987).

Purpose

- To quickly deal with excessive fears and anxieties in any scary situation that cannot hurt you.

Steps

STEP ONE: Arrange for plenty of time and a supportive friend to help you

You should have at least two hours, perhaps all day. Select a friend who is sympathetic and encouraging, who can cheer you on and give advice like a coach. Besides, if the fears should become extremely intense, you need a dependable friend there in case you start to feel overwhelmed (not likely but be prepared).

STEP TWO: Expose yourself to the scary situation

Approach the scary situation. If you can go all the way at first, then do it and stay in the

situation until the fear declines. If you can't stand to go all the way at first, get as close as you can stand, wait until the fear declines at that point, and then advance a little further as you can tolerate it. Example: if you are afraid of elevators, perhaps you can just get on and ride all day until the fear subsides. If you can't get on it and ride immediately, you can stand outside it, then stand on it without going up or down, then go only one floor, etc.

STEP THREE: Experience the fear completely until it loses its strength

If needed hold your friend's hand, but approach the frightening situation so that the fear is intense. Don't try to reduce the fear, rather try to experience the fear fully. Tell yourself you want to feel it, not run away. Focus on the fear, not on the situation and not on your urge to run. Concentrate on your physical reactions (shaking, sweating, rapid heart beat, etc.) and on your thoughts about all the awful things that might happen. Recognize how unrealistic the thoughts and fears are.

Try to arouse the fear to its full fury, study it (telling yourself you can stand more), and challenge it to become even more intense. Welcome it. Be determined to stay right there as long as it takes to overpower and shrink the fear response. The fear will decline after some time, maybe after a couple hours or maybe after 10 or 12 hours (probably not that long).

Some fears may involve situations you can not create, so you may need to use your imagination. Examples: speaking to large crowds or flying or fires or death. Make the fantasies as scary as possible (as in implosive therapy--see method #10). You might want to include terrible consequences, like being rejected by friends and parents, losing self-respect, being insulted and put-down, or dying. Continue until the anxiety reaches tolerable levels. Then, when appropriate, expose yourself to the real-but-not-dangerous situation.

STEP FOUR: Continue the exposure continuously until the fear is conquered

Don't give up. Don't be intimidated by the fear. Repeatedly have the experience if one exposure is not enough. Also, continue to have the experience occasionally, otherwise the fear may return.

Time involved

Possibly a total of 10 to 15 hours. It will take an hour or two for the fear to subside the first time, maybe much longer. Then the experience needs to be repeated.

Common problems

The most common problem is that people do not want to suffer the stress, in which case they could use desensitization. This method is only appropriate when there is a specific and available scary situation. Vague generalized anxiety doesn't involve a specific scary situation

to confront.

Effectiveness, advantages and dangers

Several researchers (Gelder, 1976; MacLean and Graff, 1970; Olson, 1975) have found this method to be generally effective. The major advantage of the method is its speed. Another possible advantage is the self-esteem, the feeling of strength, one might gain during the process. The major danger is, if during the exposure, the stress becomes too great and you give up and run away. If fear over-whelms you, you will be strengthening the fear response and weakening your self-confidence. Another danger is using the method *where real dangers exist*, like jumping into water over your head or confronting a bully or a vindictive boss. Don't do these things. We are only reducing *unrealistic* fears. Be careful, take no real risks.

Additional readings

Gelder, M. (1976). Flooding. In T. Thompson & W. Dockens (Eds.), *Applications of behavior modification*. New York: Academic Press.

Olsen, P. (1975). *Emotional flooding*. Baltimore, MD: Penguin Books.

Stress-inoculation: Self-instructions and coping imagery

Stress-inoculation involves gaining awareness of why we get upset. Then we learn ways to control our emotions, e.g. through self-instructions and rational thinking and by changing our attitudes and expectations. Finally, by imagining being in the stressful situation over and over, we can practice calming ourselves down with these self-help methods. Later, we use these same self-instructions and techniques to stay calm in the real situation. In short, we use our reasoning power and imagination to reduce our unwanted emotional responses.

This method combines several cognitive techniques into a complex treatment program which is useful with several emotions in many situations. Meichenbaum (1985) is the originator and principle advocate.

Purposes

- To devise ways of coping with your stressful emotions, such as fears, anxiety, worries, sadness, anger, jealousy, guilt, shyness, self-criticism or almost any other emotion. Fear and anger are the most common emotions dealt with.
- To learn how to deal with one emotion experienced in many different stressful circumstances which you expect to face in the near future, including family, school,

work, friends and so on. In this case you might list 15 or 20 situations that upset you, arranged from mild to intense stress or anger or submissiveness. Then learn to deal with the mildest first and work down the list, as in desensitization (method #4).

- To learn how to deal with a specific emotional situation, usually a scary or irritating one. Several case illustrations are given.

Steps

STEP ONE: Plan how to reduce the unwanted emotion by using thoughts, imagination, and self-instructions

This first step is an educational process: learning a variety of mental processes that can influence emotions. Cognitive theory emphasizes that emotions reflect how we appraise the situation, our expectations, our beliefs about others' motives and our interpretation of our physiological reactions, i.e. our thoughts determine our feelings. We need to understand this in detail.

Learn about Rational-Emotive Therapy (RET) and **challenging irrational ideas** (see method #3 in chapter 14). Ideas can produce emotions; changing our thinking (these ideas) can change our emotions. Consider these examples of how our ideas, automatic thoughts, attributions, conclusions, judgments, beliefs and self-statements can create anger within us: (remember these are *not* examples of things really said to another person; they are thoughts you might have about another person.)

- Intolerant thoughts--"I hate pushy people...stupid workers...stuck up people." More reasonable--"I understand them."
- High expectations--"This person (thoughts about a child, an employee, a student,...) should have known better...worked harder...been honest about it." More reasonable--"Sorry it worked out this way, can I help this person do better?"
- Punitive beliefs--"That was such an awful thing this person did, I feel like beating up on him/her...firing him/her...telling everyone." More reasonable--"I know this person had reasons for what he/she did, but can I help make sure it never happens again?"
- Wounded pride thinking--"Your spreading gossip about me really hurt, I'm going to tell everyone what a nasty person you are." More reasonable--"I felt hurt and betrayed, but I can handle that."
- Anger-producing, put-down, automatic thoughts--"You're deliberately being mean...who the hell do you think you are...you're a creep...you don't give a damn about me." Also, thinking of how you would like to hurt the other person only makes

you more angry and irrational. More reasonable--"I'm making myself angry and unhappy; let's find a solution or avoid each other."

Many of our irrational emotion-causing thoughts are "shoulds"--"I should do better," "They should be better," "They should not treat me that way," "Things should not be this way," "They should be punished," and so on. These ideas reflect our own unfulfilled expectations, often they are our dreams or hopes that were never reasonable or carefully cultivated. Irrational ideas can be changed to be reasonable (see method #3 in chapter 14).

Learn to **think logically**. Our thinking is distorted in many ways (see method #8 in chapter 14). We often draw false conclusions about ourselves or others. We misunderstand the implications of someone's behavior; we misinterpret other peoples' comments; we make false assumptions about what people are thinking and feeling. Examples: Someone turns us down for a date and we conclude that most people would not want to go out with us. We are used and deceived by someone of the opposite sex and we conclude that all men/women are self-serving creeps. We are turned down after interviewing for seven different jobs and we conclude that there are no jobs to be had, that employers are prejudiced against us, or that there is nothing we can do to improve our chances of being selected. Our spouse hasn't been affectionate and we conclude that he/she is interested in someone else. In short, when we have negative expectations, we should ask ourselves "What is the evidence?" and "Is there another way to interpret that data?" As we saw in chapter 9, the best way to check our assumptions about how others are feeling and thinking is to *ask them!*

Learn to **think like a determinist**. So far as anyone knows, everything has its causes. Just as the laws of physics and chemistry describe the physical world, the laws of behavior describe the animal world. Every action, every feeling, every thought, so far as we know, has a cause--it is lawfully determined, even our "free will" and our "free choices." We can learn to accept our and others' behavior as being lawful, i.e. the natural, inevitable outcome of earlier events (see method 4 in chapter 14). We can't change the causes of the past and present; "it's water over the dam;" we may be able to change the causes of future events. It is on these logical grounds that a person can come to accept him/herself and others, to be tolerant of the past and hopeful to improve in the future.

Learn to **be a hopeful self-helper**. Believe you can change the unwanted emotions. Avoid defeatism. Avoid catastrophizing--ask yourself, "What is the worst that could happen? Would that be the end of the world?" Be optimistic--ask yourself, "Life is a lemon right now, how can I make lemonade out of it?" or "What would a super well adjusted person in my situation say to themselves and do?" Think big. Think positive. Use your problem-solving and assertiveness skills (chapters 2 and 13) to plan several ways of changing the unwanted emotions.

Learn to **give self-instructions** to control your own behavior and emotions. This includes self-directions and advice about how to accomplish the task at hand (see method 2

in chapter 11). It also includes self-help techniques for relaxing and controlling other unwanted emotions (see methods in this chapter). For example, as our body tenses up, if we interpret this reaction as anger or fear, we will "feel" these emotions immediately and more intensely. On the other hand, if we learn (by practicing over and over) to interpret tension as simply a signal to relax, we can avoid unnecessary anger and excessive fear.

Many of us feel bad because we say negative statements to ourselves: "I'm going to mess it up...it will never work out...he/she won't like me...he/she is so selfish...they make me furious...I can't stand...." These thoughts are our negative interpretations of other peoples' behavior and intentions, of sensations inside our own body, of our own behavior and situation. Our thoughts could be positive instead and relax us, energize us, lead us wisely, give us hope, etc. Several Cognitive-Behavioral therapists have listed many coping self-statements:

- Preparing to meet a stressful situation
 - "I can handle this. I've practiced."
 - "I'm OK once I get started. I'll jump right in."
 - "Don't let the negative thoughts get you down."
 - "Relax and remember your plan."
- Confronting the situation
 - "Do one step at a time. It will work out."
 - "If I start to feel up tight, I can relax."
 - "Focus on the task at hand, not on the fear."
 - "It's OK to make a mistake. I'll do my best."
- Handling the emotions
 - "Take a second to breathe deeply and think about what to do next."
 - "Don't get too mad (frightened, passive)."
 - "I'm going to stand up for my rights now."
 - "Stay calm, it will be over soon."
- Enjoy the success
 - "I did it!"
 - "I can handle my feelings. I can relax away fear (anger, dependency, crying)."
 - "Next time it will be easier."

Make up your own list of coping statements. Repeat them over and over to yourself and say them with feeling, so they do not seem foreign to you when you use them under stress.

The essence of this "stress inoculation" method is the development of self-instructions that we can use in stressful situations to calm us down and make us more effective. The above methods and attitudes--RET, logical reasoning, determinism, optimism, self-

instructions, and anything else that will work--can be utilized in the coping self-instructions developed by you for your specific situation in step three. But, first, you must be aware of your specific feelings in specific situations and your thoughts and attitudes that contribute to those feelings.

STEP TWO: Run a mental movie of the emotion-arousing situation(s). What are your feelings? What are your thoughts?

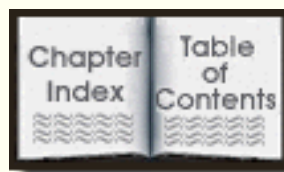
In fantasy, re-live the stressful experience(s). Do this over and over, if needed. First, focus on your feelings and try to identify all the emotions you are having. There's probably more than one. What are the first signs of the unwanted emotion? (Use these as signals to relax.) Then, see if you can discover the ideas, automatic thoughts or beliefs you have that create or intensify your unwanted feelings. Ask yourself if you have possibly drawn false conclusions. Check to see if your attitudes are non-accepting of others or of yourself. Did you label other people as bad? Are you pessimistic and/or overly quick to conclude that there is nothing you can do about the situation?

The general idea is to understand the causes and sources of your feelings (not the external causes but your own thoughts and attitudes and false conclusions that cause or intensify emotions).

If you need to reduce your anxiety or anger, you should, at this point, make up a hierarchy of common situations you encounter that are associated with these emotions. See desensitization (method # 4) for instructions about how to rate these scenes. If you are dealing with only one situation, go on to step three.

[← Back a page](#)

[Forward a page →](#)



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REDUCING UNWANTED EMOTIONS

STEP THREE: Figure out better things to say to yourself; learn attitudes and self-instructions that will control your unwanted emotions

As you have gained awareness of your irrational ideas and false conclusions that generate your unwanted emotions, you have undoubtedly thought of some more reasonable ideas and attitudes to have. These positive, rational ideas and decisions are not adopted by our minds immediately; you have to reason out the ideas and double check the conclusions. You have to carefully control and consciously change your thinking. You have to constantly monitor your thinking for days or weeks. Changing from being illogical to logical is not an easy, automatic process. Specifically, you are looking for rational ideas to replace irrational ones, for valid conclusions instead of faulty ones, and for positive attitudes that can replace detrimental ones. You must learn new self-instructions that will help you stay in control of your emotions. Let's consider several illustrations.

Suppose you have a roommate who drives you up a wall by using and breaking your things, playing loud music, talking on and on about boring topics and neglecting his/her share of the cleaning and cooking. In step two above, you recognized your anger and your fear of the roommate's resentment of being confronted. In this step, you are looking for solutions. For instance, you wonder if you would be less irritated if you borrowed just as much from him/her. You wonder why the music and topics upset you: is it because you think these things prove he/she is an inconsiderate jerk who should be punished? Is that a valid conclusion if he/she thinks you like loud music and the topics? You wonder if you can reduce your anger: Can you tune the disruptions out or avoid the irritating behavior? Can you imagine the roommate being much worse and, thus, develop a tolerance for what he/she is? Can you go beat on the bed and get the anger out? Can you learn to like the music and topics? You wonder if the situation can be changed: Can you tell him/her how you feel and ask for changes? You try to imagine how these various approaches would work out.

Suppose after considering many alternatives you decide to confront the roommate. You expect tempers to flare but want to keep your anger under control and you want to get

results. Here are some self-instructions that could replace irrational ideas and add some self-control at four stages typical of any angry conflict:

1. First stage--preparing for a conflict
 - "I know how to handle these kind of situations. I have a good plan."
 - "Remember, other people don't upset me, I upset myself with my own thoughts."
2. Second stage--facing the adversary
 - "Don't get upset, stay in control of my emotions."
 - "If I start to get angry, I'll try relaxing and checking out my irrational ideas...I can do it."
 - "I'm trying to get a solution, rather than get even."
 - "I'm going to give it a try, right now."
3. Third stage--handling your anger if it flares
 - "OK, I'm getting up tight, relax and take a deep breath."
 - "I can't just demand that other people be the way I want them to be, I have to show them good reasons for changing."
 - "If I just understood this person--his/her past, his/her pain, his/her hopes--I'd realize why he/she is this way."
 - "Take it slow and easy but firm; he/she will see my point."
 - "Express your feelings and preferences clearly; be reasonable."
4. Fourth stage--after it's over
 - "I did well! I avoided getting into a big fight and we came to a solution."
 - "I'm proud of myself, I handled that without losing my cool."

Keep in mind that these self-instructions are not nearly all you would be saying to yourself. They are new additions to handle your anger and fear of the roommate's reactions during the confrontation. You still have to explain to the person what behavior you don't like and the changes you would like to see made (and what rewards and other consequences depend on the outcome). As you can see, there are many alternatives. In the past, you may not have seen all your choices. You may have acted impulsively. You may still be inclined to act on old habits. Yet, you could make choices.

Let's consider another example. Suppose you have just had an argument with your boy/girlfriend. You are afraid that he/she might stop going with you. The two of you have been going together two years; you have been close; you have loved each other; you have talked about getting married. It is crushing to think of breaking up, you feel panicky. You consider your alternatives. You wonder what you could say to smooth over the argument and how to get him/her to talk about it some more. Let's suppose he/she doesn't want to

talk. He/she seems to want to break up. You wonder how you could ever stand losing him/her; it is so painful to think of all your life plans crumbling. What can you do to make it more bearable? Here are some self-instructions that might replace the awful catastrophizing:

1. First stage--we might break up
 - "I hope it doesn't happen but I'm a survivor."

2. Second stage--it's definite, the relationship is over
 - "It hurts so bad, but I'll be over it in a month if I don't drag it out."
 - "I'd like to beg him/her to come back, but that would just prolong the agony."
 - "I'll do some things with friends to forget (not talk about breaking up)."
 - "I've been wanting to go traveling, now is a good time."

3. Third stage--this is the worst two or three weeks of my life
 - "I have really hurt, but I'm glad I can love so deeply. I'd do it again."
 - "I'm proud I can do so many things alone. It feels good not to be dependent and tied to a partner. It's important I stay independent."
 - "I'll make plans to take another evening course; it keeps me up-to-date and sharp."
 - "Just hang in there a couple more weeks and the pain will go away."

4. Fourth stage--I've got to get out of the dumps
 - "I'm going to learn from the last relationship so I can make the next one even better."
 - "Where and how am I going to find a good partner? I'll make some plans."
 - "I'm really glad I can handle being alone but I'm going to ask _____ for a date."

I'm only suggesting that breaking up can be made less stressful, less depressing, less lonely, depending on how you view it (see chapters 6 and 8). There is no way to avoid all the pain.

STEP FOUR: Play the movie again. Use the self-help methods (developed in step three) to prevent or to reduce the unwanted emotions

You can, in effect, test out the emotion-control methods by imagining being in the upsetting scene. After arousing the unwanted emotions by thinking about being angry at your roommate or being hurt by rejection, you "talk yourself down." Use the relaxation techniques, deep breathing, self-instructions, and new attitudes to avoid getting upset, to calm down, or to resolve the problem.

Repeat this mental process (the movie of the situation) over and over, discovering which methods work best for you. Keep rehearsing until you are sure you can control your feelings and handle the situation. Example: suppose you are a college sophomore who has never done well on objective examinations. You seem to "clutch up" or freeze; you just don't think well although you have studied and seem to know the material. So, before the exam, you might say:

- "I have studied more than a lot of people. I should do pretty well."
- "Try to relax now and during the exam--take a deep breath and enjoy the relaxation as I exhale."

It is easy for you to imagine taking an exam, reading a hard question, coming up with a blank, and thinking "I'm going to flunk this test" with a sinking, panicky feeling inside because it has happened so many times during a test before. Your palms sweat; you feel scared; you are embarrassed. As you imagine feeling these things, start giving yourself self-instructions to lower your anxiety, to get you back on track and go on with the exam:

- "I'll just mark this item and come back to it later. I want to stay calm."
- "Just because I didn't know that answer immediately doesn't mean I'll fail. Lots of people probably clutched on it too."
- "OK, what's the answer to the next question? It's not a or c, and b says 'always', and besides d sounds right, it's d!"
- "I'm getting along pretty well. If I just stay relaxed, I'm going to feel good about myself."
- "I'll make an outline for the essay question; maybe reading some more objective questions will help me remember more little details about authors and research to include in the essay."
- "Stay relaxed, it will come to you. You are doing well. Go back and read the hard questions again."

After handling the fantasy-induced stress, take a break, relax, praise your efforts and map out a strategy for the next trial run. Keep repeating the fantasies until you are able to control the emotions.

STEP FIVE: Try out the methods that have worked best in fantasy about a real situation

Prepare well but don't procrastinate. One is never thoroughly prepared. Also, remember, you can always sing better in the shower than on stage. Likewise, you can handle emotions better in fantasy than in reality. So, don't expect perfect control of your emotions. But you will do better than if you had no practice or preplanning at all. Use these new techniques the first chance you get.

There are two basic procedures at this stage of stress-inoculation: (1) you may have learned (in fantasy) to control your emotional response and need the situation to remain the same so you can practice your self-control in real life. Examples: if you had practiced liking loud music and certain topics, your goal is to change yourself and not your roommate. So, you would want him/her to remain the same (in those ways) and you need practice learning to enjoy the new music and topics. Likewise, suppose you have a choice of tolerating your parents' political views, prejudiced attitudes, and insistence on "no messes" (all of which drive you crazy) or of getting out of their house. Some therapists would say you shouldn't leave home until you had learned to tolerate those conditions without getting "bent out of shape." These situations require self-change.

(2) In other cases, stress-inoculation results in your controlling your emotions but still wanting the situation to change, like asking the roommate to change his/her behavior. There are several factors to consider when handling a situation where one or both people are prone to get angry: please refer to several skills in chapter 13, especially assertiveness, expressing anger and fair fighting, and the "no lose" negotiation method.

Practice handling your emotions repeatedly as new situations arise. See how well the new self-instructions, attitudes, and expectations work for you. Make changes in your approach to handling unwanted emotions as the situation changes and as you learn more and more about self-control. Expose yourself repeatedly to emotional situations until there is no doubt that you are in control.

Time involved

Review chapter 5, 6, 7, or 8, whichever is most related to the unwanted emotion you are working on. This will take an hour or two. The amount of additional time needed depends a great deal on how many techniques and concepts one attempts to learn and apply. If one just uses relaxation and self-instructions to reduce stress, then step one will be brief. If one tries to get insight into their negative thinking and learns many cognitive emotion-control methods, it may take many hours. Likewise, it will take much longer to deal with a 20-item hierarchy than to deal with one situation. The practicing of emotional control in fantasy may take 2 to 10 hours and about the same time for practicing in real life situations. Total= 6 to 25 hours or more spread over several weeks. Actually, it is unending because rational thinking and self-instructions will stay with you forever.

Common problems

Some people have great difficulty believing they are responsible for their emotions. Other people like to be emotional; they feel it is "real" and being controlled is phony. (No doubt many of us are loaded with intense, usually unreasonable emotions; yet, spewing our

vile emotions on others is not healthy or considerate, although it may be real.) Still other people can't imagine fantasies vivid enough to arouse the unwanted emotions. And some have trouble fantasizing how different techniques will work out.

If the emotions are too unpleasant to voluntarily experience, start with less intense emotions in an hierarchy or seek therapy.

Effectiveness, advantages and dangers

This method is only 20 years old or so. It is part of "Cognitive Behavioral Modification" and has been empirically tested several times. The results are promising, suggesting about the same effectiveness as desensitization. To the extent that our emotions are a product of how we think, this method seems reasonable. Remember, some theorists believe thoughts are independent of emotions. (I believe some emotions are generated by our thoughts and fantasies, but other emotions are automatic, conditioned responses and still others are socially learned or lead to a pay off. I further suspect that still other feelings are hormonal and genetic.) This method is well worth a try.

Any method that uses imagination has the advantage of being convenient--it's always available. It probably takes no more time to think positively about a problem than would be spent in the natural course of events thinking negatively about the situation.

A possible danger is strengthening the unwanted emotional response to the situation by producing the emotion over and over again using fantasy. Just as naturally occurs, we become obsessed with an upsetting or angering situation and the emotion grows as we think about it (see chapter 7). Yet, the use of cognitive methods and reasoning to reduce the emotions offers considerable hope for effective self-control.

Additional readings

Mahoney, M. (1974). *Cognition and behavior modification*. Cambridge, Mass: Ballinger Publishing Co.

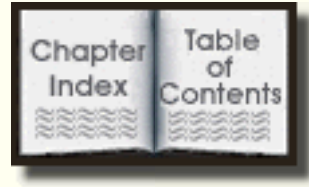
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[← Back a page](#)

[Forward a page →](#)



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GETTING IT OFF YOUR CHEST

One of Freud's great contributions was his emphasis on the unconscious. Today, it is generally accepted in clinical psychology and psychiatry that certain emotions and motives are so abhorrent or upsetting that we may suppress or repress these scary, disgusting, embarrassing feelings into our unconscious. Examples: murderous impulses, wanting every whim cared for like a baby, fear of being rejected or unloved, resentment of rivals, sexual thoughts and urges, etc. But, once repressed into the unconscious, these feelings are not dormant. These mean, nasty, crude urges and feelings (good feelings don't need to be repressed) are, according to Freud, continually trying to express themselves some way.

Many therapists believe that unconsciously repressed emotions cause a variety of major problems: neurotic and psychotic behaviors, interpersonal conflicts (see games and scripts in chapter 9), psychosomatic disorders (stomach trouble, headaches, hypertension, tiredness), defense mechanisms (chapters 5 and 15), distorted thinking (chapter 14), and many other unhealthy consequences. Perceptions can be distorted: if as a child you saw your father as cold, critical and unloving, you may throughout life expect male teachers or work supervisors to be that way too. Similarly, certain recent emotions may be so threatening that they get expressed indirectly, i.e. **displaced** from one person to another, such as anger from the boss to the spouse, from a spouse to a child, or from a parent to a little brother, etc. And a conscious emotion may be a substitute for an unconscious one, e.g. one may cry instead of showing anger, laugh excessively instead of expressing anxiety, feel tired instead of guilt, etc. We fool ourselves in all of these ways.

Some therapies hope to change the inner workings of the client, not just the behavior or the interpersonal relationships. There are two basic approaches to changing the inner person:

1. Freud and several of his followers believed patients need to uncover the unconscious--to gain insight into deeply hidden experiences, conflicts and urges, mostly from childhood. As a byproduct of gaining insight, patients often uncover repressed feelings which they pour out along with the memories, cleansing themselves of these pent up emotions and the associated guilt. This experience in

therapy was sometimes a vivid re-living of some traumatic event, called an abreaction. This "exorcising" of the forbidden memories and emotions was called catharsis. Many of the neo-Freudians take this approach. Therapy is probably better than self-help at uncovering unconscious material, but there are several self-analysis methods available in chapter 15.

2. A variety of other therapies focus on changing the inner person by concentrating more on becoming more aware and expressive of feelings, rather than on understanding the origin of one's hang-ups. These therapies concentrate on the release of pent up emotions for mental health. They include Client-centered (Carl Rogers), Gestalt (Fritz Perls), body-centered therapies by Wilhelm Reich and Alexander Lowen, Primal Scream (Arthur Janov), Re-evaluation (Harvey Jackins), Feeling-Expressive (Pierce & DuBrin) and others. These therapies view feelings as being the core of our lives or, at least, the repression of feelings is the crux of many problems. Thus, feelings are valuable and need to be expressed. Emotions represent tendencies to act and learning to express feelings makes us more alive--more sensitive and responsive, more free to know our true selves, and more free to act on our needs (Pierce, Nichols, & DuBrin, 1983). In contrast to Psychoanalysis, this kind of "expressive" therapy uses "catharsis" to enable the patient to handle strong emotions or to learn to freely express more and more emotions, not get rid of feelings. The next self-help method can serve both of these purposes.

Some people become overwhelmed by their emotions; others hold in their feelings and don't even know they are there. Some need to reduce the strength of their emotions; they need to "discharge" or release or vent the emotions so they can get the feelings under control. The classic examples are the crushed, jilted lover, and the person in a rage. Other people are over-controlled and need help in accepting and expressing their feelings. Examples here are "thinkers"--intellectualizers or obsessive-compulsives who are so busy thinking, acting, and analyzing they don't feel--or macho men who are too tough to be afraid and cry. They need self-help methods for internally experiencing more feelings, for understanding and appreciating their emotions, and for appropriately disclosing or sharing their feelings with others. It is probably easy for you to tell if you tend to be an "expresser" or a "repressor." Then, it will probably be clear how you can use the following techniques for your purposes.

If humans ever came to accept all their (and everyone's) thoughts and feelings as natural, normal, and harmless (only actions hurt), then perhaps we wouldn't have to repress any emotions. You could accept all your emotions and be aware of all your motives (but not act on all of them). There would be no sneaky tricks, no self-cons, no freaky urges by your unconscious. But that seems a long way off.

Catharsis... Venting... Discharging... Expressing Emotions...

Holding in our feelings causes mental and physical stress. And, stress can be very destructive. Often suppressing and hiding an "awful" thought actually results in uncontrollable obsessions about the very thing we are trying to hide. Sharing our secrets often provides relief. On the other hand, letting vile feelings spew out all over others is surely harmful too. Moreover, our own intense emotions can be very frightening to others and to us, so we often avoid dealing with them or pretend we don't feel so strongly and, thus, problems don't get resolved. For a variety of reasons, it can be helpful to learn we can control and reduce the strength of suppressed or repressed emotions. Methods for uncovering, venting, and reducing emotions are included in this method because once you accumulate intense emotions, then you may need to discharge those strong feelings harmlessly.

For some of us, expressing feelings is hard but we can learn to emote (feel our emotions) by encouraging ourselves to practice doing so, by gradually giving up our inhibitions or fears, and by finding out that it feels good to "let go" and to feel strongly. If you need additional encouragement try attending a self-help group, a 12-step program, or therapy.

It will become clear to you that the private venting or catharsis process described in this method is different from "telling your own story" in a therapeutic group. "Telling your story" is usually more consciously controlled than a catharsis, but a sterile, "clinical" description of some troublesome experience will not yield many, if any, benefits. You need to let go of your feelings, i.e. your heartfelt emotions must be expressed openly, not just described in well measured words. Also, to be therapeutic, your disclosure must be received by accepting, not critical people. Under therapeutic circumstances, there is growing scientific evidence that sharing your feelings and problems by talking or writing is helpful and healthy. Likewise, keeping traumas a secret is unhealthy (Pennebaker, 1995). This method describes a process that can be used when all alone.

Venting or discharging emotions involves vigorously expressing the emotion--fear, sadness, anger, dependency--so completely you feel "drained." Then, the strength of the emotion is markedly reduced or eliminated. Do this in a private place because strong emotions often offend and upset others. Expressing your emotions fully may be hard even when alone; this may be true for persons already expert at wailing or raging with people.

Purposes

- To learn it is healthy to express feelings, that it feels good to get them into awareness so you can deal with them.
- To learn or re-learn (we all knew how to throw a temper tantrum at age 3) how to fully and honestly express our feelings, at least to ourselves. You may have lost

touch with your body or your "gut" reactions, i.e. you may inhibit feelings so well that you have forgotten how to emote fully and spontaneously.

- To privately vent unwanted feelings--to get them out of your system--so that you feel more in control and able to take constructive, rational action. The most common feelings that need to be discharged are: anger, frustration, disappointment, depression, dependency, helplessness, fears, and child-like desires.
- To gain some insight into the original causes of your strong emotions that seem inappropriate responses to the current situation (this may occur but most insight-producing methods are described in chapter 15).
- To counteract the belief that we'll only hurt more if we attend to our feelings or that we'll find out we are really bad. To realize that we can cope better if we know what's going on inside us.
- To overcome your own fears of strong or taboo emotions, to learn that you can tolerate and control these feelings. (Example: one doesn't immediately seduce a person of the same sex just as soon as homosexual interests break into awareness.)

Steps

STEP ONE: **Becoming more aware of your feelings** (if you swallow your feelings)

If you are inclined to avoid feelings, here are some exercises to sharpen your awareness of feelings (Pierce, Nichols & DuBrin, 1983). Skip to step two if you do not need this, i.e. if you feel intensely and vent your feelings fully, perhaps too freely.

Find a quiet, private place to talk to yourself about feelings. This could be sitting in a favorite chair, alone in the woods, or doing exercise. Talk out loud. When you notice a feeling, stay with it and let it grow to its full strength. Often we shut off feelings so they won't get stronger but now let them grow or even exaggerate them. If you feel a little anxious, say you are terrified and try to feel it. If you are irritated, say you are really mad, shout, and pretend to hit something. If you feel bored, feel depressed and look for things you hate to do. Practice tuning in on your feelings and expressing them.

All forms of art express feelings. Indeed, many of us are more emotionally responsive to stories in books, movies, TV, paintings or music than we are to real life events. We can be touched by an unlucky character in a song but remain untouched by a classmate or co-worker who has a misfortune. Make use of your emotional responses to stories, films, and music for a better understanding of your emotions.

Make a list of what situations you respond to emotionally--what TV stories? What songs? What parts of novels? What art? What situations or interactions seem to generate what feelings? What common themes lead to joy? to commitment? to sadness? to anger? to crying? to loneliness? to self-criticism? to self-satisfaction? All of this helps you focus on your strongest or favorite feelings and become more aware of them. It helps you understand your feelings, e.g. suppose you especially enjoy movies where teenagers defy and outwit police and other authorities. What does this say about your relationship with parents or teachers and about your emotions?

After observing the specific connections between human events in movies, stories, music, etc. and your emotions, now try to figure out the factors in your past (and/or in your current situation) that contribute to these emotional responses. Does the divorce of your parents make you uncomfortable when a couple fight in a movie? Does a successful, beautiful older sister make you disinterested in or resentful of movie stars? Does a smart brother make you avoid hard classes? These are clear memories, what about less obvious connections?

Take an emotional reaction you have, say joy when someone is especially thoughtful of others, and go on a fantasy memory trip. Let your mind wander back to any associations this emotion takes you to. What kind of childhood events does this emotion remind you of? Talk out loud about these memories. Don't concern yourself with "Did this really happen?" or with "Don't be so critical." In fact, if no memories occur to you, make up what might have happened. This can remind you of real memories or bring out hidden wishes and fears and feelings about specific people. Also, you could ask your parents and older siblings where your emotional reactions, such as fears of authority or a quick temper, might have come from. The idea is to gain a greater interest in, awareness of, and understanding of your emotions. Keeping a diary (see chapter 15) and doing daily ratings that focus on feelings would be especially helpful.

Probably the best place to explore feelings is with a friend. It must be someone you like, trust, and have an agreement with about strict confidentiality. It should be someone who would choose you as a sounding board, because the two of you should reverse roles as needed. Meet in a private place where you can make noise. The person experiencing his/her feelings should say whatever comes to mind, but focus on feelings and express them strongly. The idea is: to feel more, you need to express more. If you feel like hitting something, hit a pillow. Lie on the floor and scream or cry or grunt if you feel like it. Or, just talk about your feelings.

The listener just listens. Being empathic is helpful (see chapter 13). But the crucial thing is to listen with concern, understanding that the other person needs to express his/her feelings. Avoid giving reassurance prematurely; don't give advice; don't ask about the details of the situation (When did this happen?) or the causes (Why did he/she do that?). If you provide any focus at all, encourage him/her to express his/her feelings. Remember, the

person probably wants to feel--to re-experience and vent--some emotion, even a very painful one, because it is so important to them. It feels good to share feelings. Give them plenty of time. A truly patient listening friend is not easy to find (that's why we pay psychologists).

STEP TWO: Learn how to overtly express overly inhibited or scary emotions

Re-learning to cry. There is a sermon in the Talmud that says that Adam complained to God about how hard life was after being kicked out of the Garden of Eden. God responded that he/she had given Adam and Eve two means of coping with hard times: a day of rest on the Sabbath and tears. Jewish mourners vent their grief by weeping loudly.

Crying is so important that techniques have been developed to re-learn how. Some people cry every day, not because they are suffering some great loss but because they feel better afterwards (more relaxed, fewer headaches, less eye strain). One method is by Luce (1979): Place one hand on your collarbone, right where your neck joins your chest. Breathe very shallowly, only as deeply as your hand. Breathe rapidly and make a whining or sobbing sound, like a baby crying. Try to get into feeling sad. Think of things that make you feel very distraught. If necessary imagine something very sad--leaving your family or friends or loss of a loved one. Let yourself sob until the need is met.

The emotionally inhibited (constipated) person has been called "intellectually honest, but emotionally a liar." One may be unable to feel angry or unable to act out the anger, or both. First, if you do not have many angry feelings, list some situations that you get angry or upset about. Often, these are not close to home but social problems--senseless bombings, rapes, racial discrimination, a show-off, nuclear war, etc. Take one of those situations and provide yourself with directions for imagining it in detail. Here is an example (Ramsay, 1978): "Now start thinking about the war in Vietnam, the women and children lying wounded and maimed in a hospital after being bombed. Imagine being able to get one of the generals from the Pentagon and take him through such a hospital ward. Clench your fists, clench your teeth, and imagine what you would like to say to him, 'You lousy bastard, you can sit in an office, completely safe, but look what your bombing orders have done. Look at these children, some without limbs, some burned, some blinded!' Imagine showing him around the ward and...get angry...call him all the names you can think of." Get mad verbally and physically; hit a pillow; kick a bean bag; shout. If you can't do these things, see the next suggestion, i.e. (3).

When you can experience anger to these social situations, the next step is to learn to get angry about everyday things in your life. Make a list of irritating situations. Describe some scenes in detail, like the war scene, and repeat them to yourself over and over and get mad. After you have learned to detect and internally experience your anger, then you can start learning to be assertive (see chapter 13). None of these exercises are ever intended to

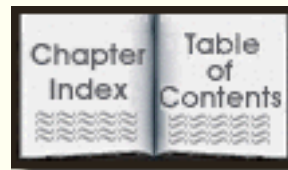
encourage actual hostility towards another person.

Some of us can feel angry but we can't express it, not to another person or even alone. You may feel too self-conscious to hit a pillow or scream in your car. You may know you would like to smash in a person's face, but you can't hit a punching bag.

You need a friend to give you "anger training." The idea is to express anger more thoroughly by getting your whole body into it. You need a coach--your friend. Make believe that your friend has your towel and you want it back, now! He/she teases you with a real towel and refuses to give it back. The objective is not to just get the towel, rather the purpose is to learn how to express strong physical anger (without hurting anyone). In a loud, gruff voice, demand your towel. Look him/her in the eye, no smiles. Your friend does two things--refuses to let you have the towel and coaches you on how to show anger. Get your whole body into it: arms, shoulders, back, brace your legs and pull hard, not just a little one handed tug. The friend might tell you to kick, growl, cuss, frown, and use whatever parts of your body that are not involved. Don't turn the exercise into a game. It is a hard, serious task. When you have practiced getting angry for a few times, you are ready for the next step.

[← Back a page](#)

[Forward a page →](#)



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GETTING IT OFF YOUR CHEST

STEP THREE: Vent the unwanted emotion full force until it is drained

You may find yourself in two conditions: (1) overwhelmed with intense emotions and needing to get them under control or (2) boiling with "bottled up" emotions inside and needing to express these feelings. The venting methods below work well with both conditions. Primarily we are talking about anger (frustration) and sadness. You may find it easier to gradually express stronger and stronger emotions until you feel safe to totally "let go."

If angry, find a private place where you can make noise (if necessary reassure the neighbors everything is okay). Obtain an object you can hit: a punching bag, a large pillow, a bean bag chair, a bed, a sofa. Be sure you will not hurt yourself as you hit the object. Some people prefer to hit with an object rather than their fists, using a tennis racket to hit a bed works well.

The idea is to drain out or use up the anger (or other emotion), so that in the end you are calm and more able to cope. So, go into a rage. Shout, scream, cry, snarl, growl, cuss, shake your fists, kick, bite, and above all hit and hit and hit, until you are exhausted--completely drained of hate. Do it again and again, after you catch your breath, if necessary to feel the anger has been completely discharged.

Another approach is to throw a temper tantrum. Lie on your back and kick the floor or the bed with your feet and hit the floor with your fists. Shake your head and yell, "No, no, no, hell no! I hate you, you SOB." Don't stop until you are drained.

Some people do hard physical work or play a sport, like tennis, when they are angry. If it works, that's fine. But many of us have to consciously express our anger while working or playing for it to do any good. Just hitting balls or smashing bricks with a sledge hammer or scrubbing a floor doesn't help. If we think of smashing the person's head we are mad at, as we pulverize bricks or scrub a floor, that might help. Remember: this is never to encourage violence to another person, it is to drain us of anger and, thus, prevent violence.

Other people, often women, aren't as comfortable with physical aggression as they are with verbal aggression. An alternative is to launch a vicious verbal attack on a cassette recorder. In a loud, screaming voice spew out all the hate you can: brutal threats, nasty name-calling, cussing, dirty words, suspicions, destructive wishes, or whatever you naturally say to yourself when you are mad (don't try to cuss if that isn't natural for you). The idea is to verbally aggress more vigorously and longer than usual, so you are emptied and ready to handle the situation more rationally. (It will be enlightening to listen to the recording a day or two later, looking for the irrational ideas underlying your anger).

If you are sad, disappointed, or have the "blahs," try crying it out. Find a quiet, private place. Start remembering everything that has gone wrong. Let yourself feel deeply disappointed and sad. Cry without holding back. Moan and breathe heavily; tell yourself how awful it is. Talk to yourself about how bad you feel, how crushed, how depressed, how gloomy. Cry until you are cried out.

A few people release their anger in writing or in humor. Abraham Lincoln recommended writing down your negative feelings--then throwing the paper away and in the process reducing your anger. Most of the time it would be a mistake to show your "poison pen letters" to anyone, certainly not to the target. On the other hand, I have found it helpful to write a poem or a note to someone when I was sad. If one is in the midst of a terrible personal trauma, like the breaking up of a relationship, it may be helpful to write out a detailed explanation of what happened--then file the "report" away and forget it.

Lincoln also used his sense of humor to handle anger, like the time when a heavy-set lady visitor to the White House sat on his high top hat, which he had left on a chair, and he said to her, "if you'd just asked me lady, I could have told you it wouldn't fit." A similar story is told about Winston Churchill when an irate woman was criticizing him and concluded, "if you were my husband, I'd poison your tea." Winston quickly responded, "Lady, if you were my wife, I'd drink it!"

STEP FOUR: Tell yourself the emotions have been reduced to manageable size and make plans to cope with the situation

After thoroughly discharging your feelings, shift your attention to considering reasonable, constructive action you can take (including forgetting the whole thing). Make specific plans and carry them out (look up "I" statements, method #4 in chapter 13). Most importantly, keep in mind that these exercises are to reduce unwanted emotions and control them in interaction with others. You may rage in private but remain rational and controlled with others, even with people who have done you wrong.

Time involved

If you are emotionally inhibited, it may take several hours and a few patient friends to become more aware and expressive of your feelings. If you can freely vent your feelings already, it may take only 30 minutes or an hour to discharge the emotions. Fifteen minutes of rage is a lot...and tiring. Keep venting (with rests as needed) until you feel drained.

Common problems

You may act mad or sad on the surface without feeling intensely in your gut. If so, this will not help you much; indeed, Zen Buddhists have criticized Lowen's (1976) Bioenergetics as not being "belly-centered" enough. The belly is thought to be the "seat of self-expression." Intense, complete expression is necessary.

You may not take the task seriously, especially when with a friend. Joking and playing around is a way to avoid a scary, serious task. Some people are terrified of their own anger; others fear an authority's disapproval. Some people are afraid or ashamed to cry. The idea of losing control is scary. You may want to have a supportive friend with you and you may want to approach an intense emotion gradually, i.e. experience some emotion, then relax, feel more emotion, relax again, express more and more intense anger or sadness but continue to feel "in control" and, at the same time, "let go."

Completely out of control, hysterical expression of intense emotions should be avoided, unless you are supervised by a professional. Occasionally, a disturbing thought or feeling may occur to you. Try to accept it (see chapter 15) and assume you are more able to cope with the feeling when you are aware of it, rather than unaware. Some people object to expressing emotions by using cuss words and obscenities. You should use whatever words are naturally expressive for you. On the other hand, don't let your desire to "be nice" inhibit your expression (in private) of your true thoughts and feelings, some of which are hostile (remember 2/3rds of us would wipe out someone if we could), evil, vulgar, and nasty.

Effectiveness, advantages, and dangers

We have two sources of data: (1) patients in insight therapy vent feelings and generally report feeling better, but (2) subjects in laboratories observe or experience and express aggression and become *more* aggressive (Bandura, 1973; Tavris, 1984). Unfortunately, there is little or no research about the effectiveness of self-induced discharging of emotions, as described in this self-help method. Tentatively, one might assume that *public* expressions of anger or sadness, like aggression or crying, which are reinforced (yield some payoff) by others, are likely to continue in the future. *Private* expressions of feelings, as in this self-help method where the intent is to reduce the unwanted emotions, should result in decreasing both internal emotional stress and overt expression. You will just have to try it and see how you respond. Much more research is

needed.

Remember, anger, fears, and sadness probably grow, if one obsesses about the situation. In fact, just talking about a highly emotional problem and expressing your feelings with a friend is not always helpful. If the focus is on how to stop the unwanted feeling, the talking may help. And, interestingly enough, talking about other things (not the upsetting problem) can be helpful. So, anything that distracts our attention or helps us forget the distressing situation should be helpful. See if venting your feelings helps you put the troubles aside or if it just reminds you more of the problem.

There are possible dangers. The emotional reaction could be unexpectedly intense. So, having a friend with you, who has plenty of time and knows what to expect, may be wise. Also, know someone to call or a crisis hot line or a hospital emergency service if it should become necessary (not likely). Remember, if your emotions are intense enough that harm could occur to yourself or others, you should seek professional help, not just rely on self-help.

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Converting Emotional Energy

Constructive Use of Energy.

Humans vary greatly in terms of their productivity under stress. As stress increases, some are super effective; others are incapacitated. Do you "fall apart" or "get going?" This approach involves developing a detailed plan, translating it into a daily schedule, and using the emotional energy to motivate us to do what needs to be done (which is what the super effective do).

Purposes

- To get yourself together while under pressure.

Many negative emotions--fears, embarrassments, inferiority, disappointments, anger--are a call to action, a signal that things need to be changed. The emotions are probably intended to motivate us.

Steps

STEP ONE: Avoid a defeatist attitude. Select a way of converting energy from unwanted emotions into productive drives.

Some people respond to frustration with an "I'll-show-you-attitude." Such a response can be very productive, if it is competitive and not hostile. Indeed, many outstanding people started with real handicaps or imagined weaknesses for which they compensated. Great runners had injuries to their legs. Body builders were skinny. Excellent students felt they were inferior. Great speakers stuttered. Some people work incredibly hard to overcome handicaps; others give up.

Sometimes resentment can become a motivator. The teacher or supervisor is critical or overly demanding. You might resolve to be near perfect. Another student or co-worker is a braggart or show-off. You might resolve to do better than they have done. If you experience success and develop some skills that are rewarding, you may become more invested in achieving even when no one irritates you.

Motivation in most school and work situations is based on fear, i.e. fear of being fired, fear of making a low grade, or fear of having a poor record. Many students say they work harder in college than high school because they have been warned about college being hard and because they are afraid of making C's and D's. Such fears can also be self-generated by setting demanding goals, such as straight A's or all A's and B's, and emphasizing to yourself the bad consequences of low grades.

A competitive spirit will help. Such an attitude comes from setting reachable goals for yourself and from giving yourself pep talks when motivation lags.

STEP TWO: A carefully planned approach to the problem is more likely to be facilitated by emotional energy.

Emotions increase the strength of the strongest response tendencies. Without careful planning, anger might prompt aggression, fear might lead to running away or procrastination, etc. But, with careful, detailed planning of your time, you can probably make constructive, tactful responses stronger (more likely to occur) than hurtful, self-defeating responses. Then, using emotions to increase your motivation should benefit

everyone. This means planning what to do each minute, each hour, each day in order to reach your goal. Example: if you feel inadequate, you need detailed plans for becoming adequate or even better than average. If you are aiming for all A's, you must have the self-discipline and motivation to study 30-40 hours per week beyond going to classes. That is six hours per day for studying. That means giving up TV, partying, goofing around, time with friends, etc. It means being considered a social nerd.

STEP THREE: Use your emotional drive to carry out your plan for coping.

Whenever you become emotional, think of your schedule and the plan you have for coping, and use the energy to accomplish your goals.

Time involved

Very little time is required, unless the planning is extensive.

Common problems with the method

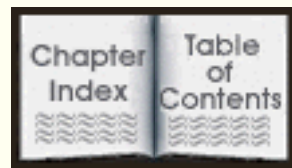
Many people become so absorbed in the emotions that they do not think to use the emotions constructively.

Effectiveness, advantages, and dangers

Obviously, some people are very effective in this process. There is no known research evaluating the procedure, however. An unlikely but possible danger is that unwanted emotions, such as anxiety, will be seen as helpful and, thus, reinforced in the process. If that happens, anxiety might reoccur with greater frequency.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

ADDITIONAL METHODS

Distractions

One of the most common strategies (and more useful) for controlling an emotion is to avoid paying attention to the feelings and the situation associated with the unwanted feelings. People resist temptations in a very simple way: by avoiding thinking about or attending to the temptations. Anger and depression are reduced by thinking about something else: read a good book, watch an interesting movie, etc. Keep in mind, this doesn't "cure" the problem, it just avoids it. That may be all you need to do.

Even eating and drinking (college favorites) can help you get out of a bad mood. Exercise, playing with the kids, doing nice things for yourself, and trying some self-improvement are all effective mood-changers.

Change the environment and use reinforcement

Depressed people focus on the negative happenings in their lives; they focus on immediate outcomes and lose their perspective of the future. They also blame themselves for failures and set difficult standards for themselves. They give themselves little praise and rewards but lots of self-criticism (see methods 1-9 in chapter 6; Rehm, 1981). This creation of depression involves biased self-observation, negative self-evaluation and self-punishment. Like depression, anxiety involves an expectation of helplessness and doom. Anger involves seeing someone else as intentionally causing you pain. Passive-dependency reflects self-putdowns relative to others. All these emotions involve a complex interaction between the environment and our own cognitive processes.

The environment can change feelings as well as behavior. Some situations make us happy, other situations stress us. We can **change our environment**, getting into a happier situation, or **change our emotional reaction to the environment**. Suppose you hate to study. By reinforcing studying with rewards, self-encouragement, self-praise, and reduced anxiety about exams and class participation, the self-helping student will enjoy studying more and more. His/her reaction to the learning environment becomes more pleasant. An

environment containing **reinforcement** can change emotions and behaviors.

Practice, practice, practice

We get better with practice. We feel better with practice (Leitenberg, et al, 1970). Example: we overcome stage fright by speaking. We overcome shyness by socializing. We come to like to study by studying successfully. This is essentially in vivo desensitization. William James said to feel a certain way, e.g. happy, act that way. It is called the "as if" technique. Virgil Thomson recommended practicing some desired trait over and over, at first to "get over the fear" of doing it, later to really "learn how to do it" well, and, finally, to "figure out if you like it."

Pleasant activities help us enjoy ourselves

People plan fun activities to spice up their life. Therapists cheer up depressed patients by increasing their pleasant activities, especially being with other people but avoiding dwelling on their problems (see chapter 6).

Massage

Massage is one of the more relaxing activities two people can do together. It takes no special skills, only gentleness, affection and time. Several books are helpful (e.g. Downing, 1972, 1992). Relaxing in a **warm bath** while reading a good book is another wonderful method. Field, T., et al, (1992) found that depressed and behavior-disordered adolescents benefited more from 10-minute massages each day for five days than from relaxing videotapes. It may be that relaxation and touching together are especially soothing.

Drugs

There are several mood-altering drugs: tobacco, alcohol, marijuana, tranquilizers, anti-depressive medicine, cocaine, mood-elevators, speed, etc. There is always some "new" illegal drug, e.g. ecstasy and LSD (Adler, 1985). Drugs--prescribed and street--are used in enormous quantities in our culture, and probably to some extent by more than half of the adult population. I haven't included drugs in psychological self-help because they aren't psychological--and because I have no expertise in that area. Furthermore, while drugs, legal and illegal, alter our emotions, the drugs do nothing to change the conditions that cause the unwanted feelings. Marijuana, cocaine, anti-depressants and speed will lift your depression momentarily but the drugs will not remove the causes of the depression. Thus, one might come to depend on drugs to cope with unwanted emotions. Removing the causes, if possible, would be a better solution. Many writers have suggested that there are a variety of better alternatives to the use of mood-altering drugs, e.g. travel, sports, fitness, relaxing, reading, movies, eating, good conversation, education, friendships, helping others, a social cause, etc.

Implosive and Rational-Emotive imagery therapy

Implosion was described in the last section of chapter 5 (method #7). The method is like flooding (method #6 in this chapter) except implosion only uses fantasy. You should know about this therapeutic approach, but it will be difficult for most people to apply implosion to themselves. For instance, surprising and shocking fantasies are needed (it is hard to surprise yourself); also, scenes of special significance to your unconscious are supposedly helpful. For example, Stampfl treated a man with a fear of driving by describing many scary driving and accident scenes. Naturally, the man became very frightened. Then he had the patient imagine driving a sports car down a highway faster and faster. The big engine roars and surges with power. The long, shiny hood of the powerful sports car grows longer and longer. Gradually the hood turns into a huge, throbbing penis, which crashes into a semi-truck and is completely crushed. A Freudian, of course, would assume that the fear of driving involves more fundamental fears, like fears of death and mutilation (castration anxiety), which also need to be reduced. In implosive treatment, the idea is to keep on imagining horrifying scenes for hours until the panic responses diminish; thus, breaking the stimulus (driving)-fear connection.

If a person had a fear of heights, an unconscious fear might be of death or there might be an unconscious wish for death. A few people could make up their own terrifying fantasies, but most of us would need help from a therapist. If you try this method, remember that at first you become *more* afraid and only after a few hours of terror do you start to overcome the fear. So be sure to continue imagining the horror stories until you have become used to them and are not responding with intense fear. Then you should be able to confront the real situation without serious emotional trauma.

Rational-Emotive and Cognitive-Behavioral therapists use a technique similar to implosion. First, the worrying client imagines the awful things that could happen. Example: a person facing divorce could imagine being alone, missing his/her children, having money problems, being unable to find another partner, etc. Then, the client imagines how each of those awful situations could be realistically dealt with and, thus, gains confidence that he/she can cope with divorce. A similar approach is taken by Wanderer & Ingram (1991). They explain the technique to the phobic person and then ask them to describe his/her most frightening situations and wildest fantasies about the feared situation. This description is recorded on a 3-minute endless loop tape and then played by the client over and over for 20 or 30 minutes until the fears subside. Several such scenes are taped and repeated over and over. Eventually, the person can face the real situation. You could do implosion therapy this way yourself.

The gradual toleration method

Classic example: giving a small puppy to a child who is afraid of big dogs. If a person is

afraid of approaching beautiful people of the opposite sex, he/she could start with average-looking persons and work up. If some activity is unpleasant, e.g. studying physics or looking at sexual parts, think about doing the activity increasingly while eating or doing something else enjoyable.

Biofeedback

We have more potential control over many bodily functions than we realized two decades ago. We can alter our own blood pressure, heart rate, skin temperature, acid secretion in the stomach, muscle tension, brain waves, etc. While equipment is not necessary, biofeedback instruments are the only way of knowing the results with any certainty. Good equipment is expensive; it is probably not worth buying but a local Mental Health Center may have equipment you could borrow. Some clinics specialize in pain, headaches, stress, burnout, etc. See the annual reader, *Biofeedback and Self-control*, published by Aldine-Atherton or *Plain Talk About Biofeedback* published by NIMH.

Skills

Obviously, learning better skills for handling stressful situations is a good way to cope with many emotions. Being assertive overcomes submissiveness. Describing your anger in "I feel _____ when _____" statements seems to reduce subsequent aggression and increase empathy from others (Gaines, Kirwin, & Gentry, 1977). See method #4 in chapter 13.

Cognitive approaches

Since many emotions are created by our thoughts and views or attitudes (see chapters 5, 6, 7 & 8), the reduction of those emotions depend on cognitive changes (see chapter 14). We can learn to tolerate unpleasant conditions and to accept not getting what we want. To be less depressed and hopeless, we can learn to see external but changeable factors as causing bad events and internal (we're responsible) and lasting factors as causing our successes. We can also correct our irrational ideas and errors in logic. Smith (1990) has described the cognitive-behavioral methods most thoroughly. Also see the other references below.

Note: trying to think through what caused us to be depressed or upset **doesn't help** relieve the emotions. Also, trying to suppress ("don't think about it") the thoughts and feelings often **doesn't work** well either. Mentally you have to get entirely away from the disturbing circumstances.

Remember: fears can be conquered by watching someone else overcome the same fear,

especially if the person will then help you get into and deal with the situation (see modeling in method #2 in chapter 11).

Values

Happiness and contentment with one's life is based, in part, on one's values and expectations and attitudes. For example, unconditional positive regard for self and others and the tolerant-accepting attitude of a determinist makes life run smoother (see method #3 and chapter 14). To love and to be loved is life's greatest joy. Having a worthwhile mission--a purpose--adds meaning and satisfaction to life. See chapter 3.

Paradoxical intentions

Emotions can be changed by doing the opposite of what you want. If a dirty house really bothers you, re-double your efforts or, the opposite, try for dirt, i.e. let the house cleaning go for a couple of weeks. If you are terribly upset by a "B" (since you usually make A's), you could try to get B's until you no longer considered it terrible. If you are afraid of rejection, you can keep asking for dates until you find out it isn't awful to be turned down. If there is some idea or thought that really upsets you (like someone being homosexual or your partner flirting with someone), have thoughts about that occurrence until you are no longer bothered. The process is like flooding (method #6) where one's attitude changes from "I can't stand that thought" to "OK, if I'm going to get up tight with that little thought, then I'm going to make up a fantastically disturbing story this time. I can take it." See chapter 14.

Express the emotions you want to have.

In 1872, Darwin suggested that free expression of an emotion intensifies it. Suppression of the outward signs of an emotion reduces the feelings. Thus, it may be helpful to replace an unwanted emotional expression with another more desired one: a frown with a smile, a bowed head with a raised one, down cast eyes with good eye contact, a slow gait with a quick, peppy walk, a stressed expression with a calm one, etc.

Although we have had 120 years to research this notion, we haven't done much and our knowledge is still not very useful. Obviously, the constant suppression (denial) of some stressful emotion may not be easy or healthy. Yet, there is ample evidence that many (most?) people are not consistent in their expression of their emotions, i.e. our verbalized feelings don't correspond well with our physiological state nor with our appearance (facial expression, body language, voice quality, and so on). Frankly, we're pretty damn dumb about the consequences of pitting one part of ourselves against another in order to change how we feel. Conventional wisdom would say a body in harmony is ideal, but perhaps these parts of ourselves are controlled by independent parts of our brain and consistency doesn't matter (and one part can't control another part). It is needed research and it isn't difficult.

You'll just have to try it out yourself.

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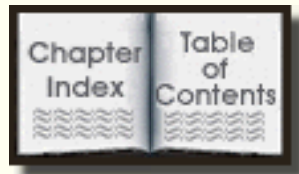
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METHODS FOR DEVELOPING SKILLS



Introduction

1. Role-playing and behavior rehearsal: for learning social skills
2. Listening and empathy responding: building helping relationships & friendships

Empathy, continued

3. Assertiveness training: standing up for your rights

Assertiveness, continued

4. "I" messages: accepting responsibility for your feelings
5. Expressing anger constructively ("fair fighting"): to settle hot issues
6. Self-disclosure and openness: to deepen relationships

Self-disclosure, continued

7. Checking out our interpersonal hunches: to be realistic in relations
8. Social, conversational, and dating skills: to relate better
9. Helping Skills: to relate in a more caring way
10. Conflict Resolution or Negotiation: to fairly resolve conflicts

Conflict Resolution, continued

11. Decision-making and problem-solving: (e.g. choosing a career)

Decision-making, continued

12. Time management: to optimally use your 24 hours per day

13. Study and reading methods: to learn and remember more

14. Personal finances and budgeting: to manage money well

15. Leadership skills: to serve others as a leader

16. Persuasion and winning cooperation: to convey ideas effectively



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INTRODUCTION

We all have hundreds, perhaps thousands of skills: communication skills, leadership skills, work skills, self-help skills, study skills, time management skills, sports and recreation skills, decision-making skills, conflict-resolution skills, reasoning skills and lots of others. Although aptitude for learning these many skills varies greatly, each of us must learn every skill we acquire. No one is born with them. Unfortunately, some people falsely believe they can't learn a particular skill, e.g. "I'm too old (or young) to learn to date." Other people believe they have already mastered a skill, e.g. I've heard hundreds of psychology students say, "Oh, I know how to be empathic," when, in reality, they (and all of us) could learn to be much more effective. The truth is that each of us could probably learn much more about each of these skills. The learning continues throughout old age. Thus, learning the skills we need isn't just spending an hour skimming a long, marginally interesting chapter; it is a life-time of learning the basics and sharpening useful skills.

Knowledge and skills are the mark of an effective, sophisticated, educated, capable, responsible person. The more skills you have, the better (so long as you are moral). You can simply select one of the skills below that you want to improve and get to work on it. Or, you can first read more about your major problem (see chapters 3 to 10); those chapters will help you decide which skills will benefit you the most. Many books elaborate on each of the following skills but only a few books cover a wide range of communication methods (McKay, et. al., 1996; Bolton, 1979; McKay, Davis & Fanning, 1983). Dorothy Rich (1991) provides exercises for teaching 4 to 12-year-olds a variety of skills, such as confidence, perseverance, empathy, problem-solving ability, etc. Elgin (1996) helps adults talk to kids.

Role-playing and behavior rehearsal

One of the best ways of learning how to handle a situation is to **practice** with a friend. The two of you pretend to be interacting in the troublesome situation. You try out different approaches and perfect your comments. Your helper shows you several ways the person (whoever he/she is pretending to be) might react to your statements. The friend also makes suggestions and gives encouragement. Your skill at handling almost any interaction could

be improved using this kind of practice and feedback. Several methods discussed in this chapter utilize role-playing to acquire other skills. General suggestions about role-playing will be given here and not repeated with each subsequent method.

Role-playing should not be confused with deception, being a phony, presenting a false front, impression management, conning someone, putting your best foot forward, etc. Role-playing is **learning how to best handle a situation**, usually that is honestly, skillfully and as you really are. We all must learn these skills by doing, by practicing new social skills over and over. Of course, some of us require more practice than others.

Purposes

- To figure out exactly what to say--when meeting a special person, when interviewing for a job, when asking parents for permission to do something, when asking the boss for a raise, etc.
- To gain general social skills--how to initiate conversations at a party, how to tell interesting stories, how to terminate conversations, how to express opinions about social issues, etc.
- To build self-confidence while interacting, reduce anxiety, etc.

Steps

STEP ONE: Overcome your reluctance, if any, to role-play.

Most people are hesitant to role-play. It exposes our weaknesses; it requires us to confront unpleasant situations; it puts us to repeated tests and that's embarrassing. Consequently, we are likely to come up with lots of excuses to avoid role-playing: It isn't real, so how can you learn anything? I feel so silly, this can't do me any good. Of course, learning a new way of interacting isn't "natural," it is stressful. But it needs to be done--and the new skills will become comfortable and part of the real you.

There are things you can do to help you get started: (1) Select a fairly easy situation to start with and prepare well before inviting a friend to work with you. (2) Role-play by yourself before working with others. Practice out loud and record your comments. Then listen to yourself and note your skills, don't tell yourself how awful it sounds, look for the good specific points--nice voice, loud enough, good grammar, cheerful, etc. Later, you can look for specific ways to improve your responses. (3) Use desensitization to reduce the fears associated with role-playing (see method #6 in chapter 12). (4) Some people find it easier if they pretend to be someone else--a successful person, a movie star, a smooth-operating friend or a psychologist who is helping shy people. (5) Occasionally, it is helpful

to begin by goofing around and exaggerating your weaknesses, e.g. act out all the terribly embarrassing dumb mistakes you could possibly make. This can "break the ice."

STEP TWO: Have in mind some desired way of interacting--probably a more effective or smoother approach--with a specific person in a specific situation.

Ordinarily, you know what outcome you want to achieve, e.g. to get a date or a promotion, to be funny and fun to be around, to sound as though you have a brain and so on. What you don't know is how to pull it off. So, you need to figure out exactly what to say and do that will be intelligent, smooth, clever, appealing, persuasive or whatever. There are several ways of acquiring ideas about how to approach a troublesome situation:

1. One of the best ways is observing a successful, skillful person. Carefully note what he/she does, such as phrasing, body language, tone of voice, timing and so on. Modify what he/she does to fit your own style.
2. Ask an "expert" to teach you. He/she can demonstrate what he/she does, explain the rationale, warn you of pitfalls, suggest modifications depending on the circumstances, help you develop your own approach, and so on.
3. Read how others have handled similar situations. Characters in novels are clever--learn from them. Watch successful persons on TV and in the movies. Throughout this chapter are references to many books about improving communications, they provide many ideas about how to handle a wide variety of situations. Highly useful skills in many social situations are empathy responding (method # 2), "I" statements (method #4), assertiveness (method #3), and self-disclosure (method #6).
4. It isn't necessary to have access to an expert or a book. In fact, one of the best ideas is to work with someone who also wants to improve in the same ways you do. Mutual helpers are more likely to be comfortable together, to devote the necessary time, and to be honest with each other. You don't have to be an expert to tell someone how he/she is coming across. One can even learn from bad examples.
5. You can do this step all alone, just by imagining what a skillful person would say and do. Be sure to think of several approaches, not just one clever comment. Think about how each approach should be modified, depending on the circumstances and what the other person says. Write down your ideas.

STEP THREE: Practice handling the specific problem situation. Get feedback. Practice until confident.

Make the role-play situation as similar to the real situation as possible. Examples:

Wear clothes similar to what you would be wearing in real life, talk into a telephone if you will be calling someone, practice in an environment similar to the real one. Tell the friend who is helping you what role to play, i.e. what kind of person you will be interacting with in the "problem situation." Your partner (helper) should play the role as realistically as possible. If you have no helper, you can simply practice in fantasy. This is quite effective (Gambrill & Richey, 1985) if your imagination is detailed and realistic.

Start with easy-to-handle situations and work up to more challenging ones. For instance, it may be easier for you to introduce yourself to someone your age and sex, than to someone older or of the opposite sex. So, first pretend walking up to a person your age and sex who is alone and looks like he/she may need help. Then practice more difficult situations: meeting an older person working in a bank, approaching an attractive person of the opposite sex at a party, etc. If you are practicing asking for a raise, first practice with an understanding, gentle boss, later with a gruff, nasty boss. The idea is to have some success experience and to build your confidence. Even when role-playing very difficult situations, your partner should not give you an unnecessary "hard time." We need reinforcement.

Use the ideas developed in step 2 and practice each scene over and over, maybe 5 to 10 times, improving your comments until you are comfortable and satisfied. Then practice handling a more difficult situation. Have your helper respond in a variety of ways, such as eagerly accepting your invitation, hesitantly considering it, postponing deciding and sharply rejecting your proposal, so you have practice coping with many different real-life interactions.

After a few attempts to handle a specific situation, get feedback from your helper and evaluate your own performance. Attend to what you did well and to your mistakes. Make a mental or written list of the things you need to improve. Be constructive, always looking for specific behaviors or comments that would improve your effectiveness. Don't move on to a more difficult situation or quit until you feel good about your performance.

Feedback from your friend is especially valuable if: (1) it is very specific, e.g. "you looked nervous" doesn't tell us much that is useful. On the other hand, "you didn't smile, your lips were tight and you never looked at me" makes it very clear what you need to practice. Likewise, "you turned me off" or "I felt threatened by you" is specific feedback (in terms of the helper's reaction but not the cause). It is crucial that he/she identify your specific behaviors that produced those responses, so you can try something different. (2) Generous praise should be mixed with constructive suggestions. No blame or criticism is needed. (3) The focus should be on how to improve. The suggestions must be do-able (with practice); we must accept our limitations.

Valuable feedback can also be gotten from recording your practice via audio or video.

Check out your overall manner of speaking. Note your good points as well as weaknesses. Do you speak loudly and clearly? Do you have good inflection or is your voice flat? Do you sound nervous and hesitant or calm and prepared? Do you look at the other person? Does your body language convey interest and positive feelings towards others? Of course, by listening and/or watching your interaction, you are likely to see many ways to improve your words and delivery.

As you get more skillful, you will feel more confident. As you overcome your anxieties, you will actually be more able to use all your skills, you will become more flexible, quicker, and more clever. Although you start off with easy-to-handle situations, eventually take on the really tough, challenging problem situations. Have some success there too.

STEP FOUR: Make use of your new skills in real life.

If you don't use it, you lose it. Don't say, "I'll try this sometime," rather say, "I will _____ in two hours." Have in mind specific actions you can take in specific situations that will be occurring in the near future. Place these assignments on your To-Be-Done-List or daily schedule. Otherwise, you may never find a chance to use the new skills. Pace yourself, not too slow nor too fast. Praise and reward your progress even though good skills produce their own rewards.

Start with the easier things to do. Work up to more difficult situations. If you have one or two experiences in which the other person doesn't react as you had hoped, keep on trying the same approach you worked out in role-playing. If, however, you have a string of four or five failures, you must reconsider what you are doing. Are you saying the wrong thing? Are you approaching the wrong people? Do you need different skills? Try a different approach. Learn from your mistakes, don't get down on yourself.

If you have practiced interacting in a certain situation and feel your skills are adequate, but you still won't use these skills in real life, you need to deal with the fear. Try desensitization or try covert rehearsal (practice in your fantasy) and imagine being successful. Either should reduce the anxiety.

Focus on how others are responding to you, rather than constantly observing and evaluating your own behavior. Example: rather than concentrating on your eye contact, note how much others disclose when you self-disclose, ask them questions, lean towards them, look in their eyes with interest and nod your head. You can lose your own self-consciousness by tuning into what the other person is saying--and into their moods and reactions. You can observe your impact on others. That will make you feel good.

Time involved

Developing skillful approaches to major problems, like interviewing for a job or learning to meet the opposite sex, may take several hours. You might observe others for 2 or 3 hours, then role-play with a friend for 2 or 3 hours, then fantasize about taking some real-life action for a couple of hours and, finally, try out your wings (another two or three hours).

Common problems

Most of us are reluctant to openly expose our weaknesses, so we avoid role-playing, as discussed above. Likewise, helpers are often reluctant to tell us our weaknesses, especially things like "your handshake is weak," "your voice is shaky," "your grammar is poor," "you need to brush your teeth," etc. Yet, honesty is important. Finally, some of us reject frank feedback about our weaknesses. That, of course, defeats the purpose of role-playing.

Effectiveness, advantages, and dangers

There is no doubt that role-playing is a direct, effective route to new behavior. It can be carried out with a friend or alone. With just a little imagination, a variety of circumstances can be created in our minds, then we can practice handling the situations. It works better with another person, however. It is a safe way to reduce our social anxieties. The feedback from a friend or an expert helps us see ourselves realistically. The emphasis on practical skills and success makes it a positive experience, although stressful at times. There is no known danger.

Case illustration

In a small mutual-helping group of college students, Harley talked about his difficulty getting a date. He said he was "scared to death of women." Yet, he was a senior, bright, tall, just a little over weight, good-looking, and seemed confident. The only indication of a problem in the group was his seriousness, formal language and big words. In fact, his part of a conversation sounded like a short lecture. The other students encouraged Harley to role-play asking for a date over the phone. It was scary, but he agreed. First, he pretended to call a girl in the group. He hardly introduced himself, then blurted out "would you go out with me?" The other students gave him several suggestions: take more time, make it clear who you are and say more about yourself, ask the girl questions, suggest something specific and fun to do on the date and so on. He got better as he practiced over and over.

Casual conversation was hard for Harley. Other men in the group showed him how they would ask for a date. He pretended to call several different girls a total of 10 or 12 times, then the group suggested he try it in real life. He did and reported back to the group that all three women had rejected him. The group asked lots of questions about what he said and who he called. They gave more suggestions, especially about selecting a person to

call, and asked him to try again. He did and this time he was successful. He and the date had a fairly good time, but he told the group that he realized there were lots of skills he still had to master beyond getting a date. The group felt good about helping Harley and he felt he was "on his way."

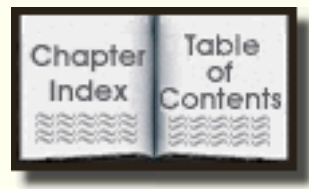
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LISTENING AND EMPATHY RESPONDING

Listening and empathy training

Listening and empathizing are essential skills when relating to others. Most of us spend 70% of the day communicating, 45% of that time listening. We all want to be listened to (but spouses talk only 10-20 minutes per day). It is insulting to be ignored or neglected. We all know what it means to listen, to really listen. It is more than hearing the words, it is **truly understanding and accepting** the other person's message and also his/her situation and feelings. Empathy means understanding another person so well that you identify with him/her, you feel like he/she does. The Indians expressed it as: "Walking a mile in another person's moccasins." It is listening so intently and identifying so closely that you experience the other person's situation, thoughts and emotions. Good therapists do this, so do good friends (Berger, 1987). How do good listening and accurate empathy help?

Purposes

- It shows you care and that you understood the other person. Thus, people will enjoy talking to you and will open up more.
- If you have misunderstood, the talker can immediately correct your impressions. You learn more about people.
- It usually directs the conversation towards important emotional topics.
- It lets the talker know that you (the listener) accept him/her and will welcome more intimate, personal topics. It invites him/her to tell his/her story and vent his/her feelings.
- Since it is safe to talk about "deep" subjects, the talker can express feelings and self-explore, carefully considering all his/her deep-seated emotions, the reasons for those feelings and his/her options. Thus, it is therapeutic.

- It reduces our irritation with others because we understand. To understand is to forgive.
- It may even reduce our prejudice or negative assumptions about others because we realize we now have a means of finding out what another person is really like. Furthermore, we discover everyone is "understandable."
- It fosters more meaningful, more helpful, closer friendships.

Empathy is one of the more important skills you will ever acquire. It is amazing how few people do it well.

Steps

STEP ONE: Learn to be a good, active listener.

Listening requires us to, first, really want to know the other person and, second, avoid the many **common barriers** to careful listening, such as (1) constantly *comparing* yourself to the speaker (Who is smarter? Who's had it rougher? This is too hard for me.), (2) trying to *mind read* what the talker really thinks (Suppose he really likes his wife? He probably thinks I'm stupid for saying that), (3) *planning* what argument or story to give next, (4) *filtering* so that one hears only certain topics or doesn't hear critical remarks, (5) *judging* a statement to be "crazy," "boring," "stupid," "immature," "hostile," etc. before it is completed, (6) going off on one's own *daydreams*, (7) *remembering* your own personal experiences instead of listening to the talker, (8) busily drafting your prescription or *advice* long before the talker has finished telling his/her woes, (9) considering every conversation an intellectual *debate* with the goal of putting down the opponent, (10) believing you are *always right* so no need to listen, (11) quickly *changing the topic* or laughing it off if the topic gets serious, and (12) *placating* the other person ("You're right...Of course...I agree...Really!") by automatically agreeing with everything (McKay, Davis & Fanning, 1983). Because of these barriers, we typically retain for a few minutes only 65% of what is said to us (recall 2 months later is 25%). There is much room for improvement.

It is not easy to listen actively all the time. Our concentration lasts only 15-20 minutes. All of us get distracted at times. But the good listener gets back on track and asks clarifying questions when things aren't clear. Above all we must guard against prejudices, closed-minded opinions, defenses, and fears of being wrong which prevent us from hearing what is said. Furthermore, we must check what we hear against our knowledge of the situation and human nature. We should ask: How is the talker feeling and thinking about him/herself? How does he/she see the world? Finally, we must "listen to" the facial expression and body language as well as the words. Listening is a complex task. Listening can be done at twice the rate of talking, so use the extra time to review what was said and to wonder what wasn't said.

If we were supposed to talk more than we listen, we would have two mouths and one ear
-Mark Twain

A good listener looks the talker in the eye, nods at and leans towards the speaker, encourages the talker with smiles and "uh-huh," carefully avoids distractions and the other barriers mentioned above, remains earnestly interested in understanding the talker and freely shares his/her own opinions and experiences when it is his/her turn to talk.

STEP TWO: Understand what is involved in empathy responding.

A good listener must respond, letting the talker know he/she was understood. This responding is empathy. It is even more complex than listening; no one is perfect. You don't have to be perfect, but the more accurate an empathizer you can become, the better. Often, when we are upset, we want to express and share our **feelings** with an understanding person. So, the good empathizer focuses on the talker's feelings, not on his/her actions or circumstances. Example: when talking with someone who has just been left by a lover, don't ask "What did he/she say?" or "When did you first suspect?" but instead attend to and reflect the feelings, "It really hurts" or "You feel abandoned and lost." This focus on feelings encourages the talker to explore the core of the problem--his/her emotions. When we are upset, we need to work through and handle our feelings before we can concentrate on solving the problems.

It is easy to see how the barriers to listening lead to poor empathy responses. The following scale will illustrate poor empathy responses and good ones (good responses include accurate reflection of what the talker just said and tentative comments that help the talker understand him/herself). You must have a clear conception of empathy before you can effectively use it, so study this scale well.

Levels of empathy responding

Level 1.0: Inaccurate reflection or distracting comments.

- **Changing-the-topic** responses--a friend is complaining about a school assignment and you say, "There was a good movie on channel 3 last night."
- **"I know better** than you" response--these are god-like pronouncements, such as "There's nothing wrong with you. You'll feel better tomorrow" or "The real problem is that your mother spoiled you" or "You are so in love, you can't see

what a jerk he is."

- **Judgmental** responses--a person tells you they had several beers last night and you say, "I hope you didn't drive afterwards--you could kill someone." (This may be a responsible reaction but it isn't empathic.)
- **Advising** response--a 35-year-old tells you they are scared to go back to school and you immediately tell them what college to go to, what courses to take, what notebook paper to buy, etc.
- **Discounting and premature reassurance** --a co-worker tells you that her husband didn't come home last night and you comment, "Oh, everybody has little spats, don't worry about it. He'll be home tonight." This is a little like saying, "Don't talk to me about it any more."
- **Psychoanalysis** --a male friend describes his fear of getting married and you explain to him that he was too emotionally involved with his mother and that he is scared that a wife would dominate and smother him like his mother did. This may be true, but let him self-explore and discover it on his own.
- **Questions** --a friend hints at some problem in his/her marriage and you start the inquisition, "Do you two talk?" "Do you go out?" "How is sex?" Questions control and guide the conversation (that's bad); let the talker tell his/her story in his/her own way. (On the other hand, questions that seek to clarify what the talker has just described are not controlling and encourage the talker to talk more.)
- **Telling your own story** --your friend's problem reminds you of a similar experience which you share (that's not so bad, unless you forget to return to your friend's concern).

Most of us are guilty of some of these unempathic responses. A few poor responses occasionally are no problem, but many of us are instant reassurers and constant questioners. Many others of us divert attention away from any serious problem as soon as we detect it (that's fine for us to do with strangers, but it is terrible thing to do to a friend). Others of us seem to see every earthly problem to be a challenge to our intellect; thus, we dispose of our friends' problems in 5 minutes or, at least, during the coffee break. If the talker has a significant problem, it may take two or three hours--or much more--to help him/her.

Level 2.0: Correct understanding of some of the other person's feelings and circumstances, but other significant factors are misunderstood or overlooked.

Examples: at this level, the listener doesn't entirely understand the talker's feelings. This may discourage the speaker from expressing more feelings unless the listener clearly indicates an interest in clarifying exactly what the talker is experiencing. Suppose a colleague tells you how mad he is at the boss and you respond, "You feel like going in and telling her off" but he responds, "Oh, no, I'm mad but not stupid!" You failed to understand that the talker was also feeling helpless and afraid to disclose his true feelings to the boss. If you had been right and he had responded, "Boy, would I love to do that!," it would have been a 3.0 response.

Nichols (1995) says it is usually our emotional reactions to what has been said that causes our misunderstandings. Example: the talker says something that triggers our anger, insecurity, hurt, defensiveness, or other emotion (not necessarily related to the speaker), which distracts us.

Level 3.0: An accurate empathy response captures the essence of the talker's feelings.

You have put yourself "in their shoes." Your comments reflect exactly what the talker has told you. Be brief. Use simple words and your own words, called paraphrasing; otherwise, it may sound like you are thoughtlessly "parroting" him/her. In this way, the talker knows you are attending closely and that you care. It is important to realize that no one can be an accurate empathizer every time he/she responds. Thus, even the best therapists will average 2.5 or 2.7 on this scale. Be tentative, because empathy statements are really questions. For example, when you say, "You are feeling down" you are really asking "You are feeling sad, right?" When you are slightly off the mark, it isn't awful, it gives the talker a chance to immediately "set the record straight" and get you precisely in tune with him/her. So, it is important to make frequent comments reflecting your understanding of what has just been said. If the talker gets no comment from you for two or three minutes, he/she doesn't know "where you are at" and may conclude that you have lost interest, disapprove of what he/she is saying, or don't understand.

Example: if a friend calls and blurts out what a terrible day she has had--the car wouldn't start, co-workers were talking about her, she heard a rumor that her company was going broke, and she found out she has herpes--and you respond, "You really feel overwhelmed, like everything is out of control and going against you." If she says, "That's exactly how I feel," your comment was a 3.0 empathy response. If she says, "Well, frankly, I was pissed off all day and I'm still steaming," you get a 2.0 or a 2.2 rating although you made a good guess.

Level 4.0: Adding to the talker's self-understanding.

It is possible for an astute empathizer to understand (guess) what the talker is

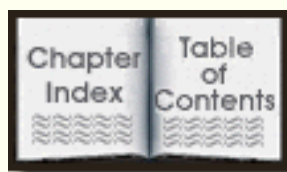
feeling even before the talker has recognized and/or expressed his/her own emotion. As soon as the empathizer questions if the talker might be feeling a certain way, the talker may readily recognize the underlying emotion and accept the interpretation. This can add greatly to the talker's insight, awareness or understanding of his/her feelings and the situation. It takes a while to know anyone well enough to give an insightful response. If you give an interpretation too soon it may seem too personal or critical and turn the talker off. Interpretations are always guesses, so be tentative: "Could it be..." or "I'm wondering if...."

Example: when a friend says, "I thought marriage would solve all my problems. I was so happy for a while but now everything is going wrong," you might respond, "Right now your marriage is causing you a lot of pain but marriage is so important to you that I'm wondering if it isn't really scary to think it might end?" The friend might tearfully respond, "You're so right. I remember what a terrible time it was for me when my parents divorced." (So, you made a 3.5 or a 3.8 response.) But he/she might say, "Oh, what a terrible thought. I don't want to think about that, so don't say something like that again." (Well, I really was off the track there, maybe a 1.5 or a 2.0 response.)

Level 5.0: Fantastic insight.

After knowing a person well for a long time, one may be able to provide some brilliant insight occasionally. Great insight is a rare event, however. Even highly skilled therapists spout profound, creative insights only infrequently. A 4.5+ response requires both an open-minded talker and a creative empathizer.

Example: if your roommate has had a series of love relationships which end about the time they are getting intimate and serious, you may have observed that all of the boyfriends have a striking similarity to her father who divorced her mother when she was 5. You might suggest that her association of her boyfriends with her father and rejection may make intimacy especially scary to her. If she agrees and decides to select a different kind of boyfriend or to recognize that this is an irrational association which she can deal with, you may have given a 5.0 empathy response. If she tells you to forget that "stupid psychology crap," you have a 1.5 response and some work to do to rebuild the relationship.



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LISTENING AND EMPATHY RESPONDING

STEP THREE: Practice giving empathic responses.

Use role-playing (method #1) with two friends. Take turns being (1) the listener giving empathic responses, (2) the talker pretending to have a variety of problems and (3) the rater giving feedback to the empathizer using the 5-point empathy scale. The rater must rate every response given by the empathizer. Stop the interaction after 4 or 5 empathic responses have been rated. All three can discuss the good responses and how certain comments could have been more effective.

With experience you will learn to develop better and better guesses about the talker's feelings. These hunches come from three major sources:

1. Listen to and watch the talker:
 - a. Hear the talker's words and tone of voice, but, also, observe his/her facial expression and other non-verbal messages. Read "between the lines" for subtle suggestions of feelings (Fast & Fast, 1980).
 - b. Remember any hints about possible causes of the talker's feelings, e.g. a talker might comment that his father was reluctant to play father-son softball with him when he was 12 or 13 because he was such a poor player. This information may be helpful when discussing the talker's lack of confidence.
2. Listen to your own gut reactions:
 - a. Place yourself mentally in the talker's situation; then imagine what you would do and notice how you are feeling. This is one of the most powerful techniques for generating "intuition" about the talker's emotions.
 - b. If you have had experiences similar to the talker's, then you can recall and mentally re-create the feelings you had. It is reasonable to assume that the talker may be

feeling the same way you did in the same situation.

3. Make use of your memory:

a. You have a general notion about how persons similar to the talker would respond in certain circumstances. This accumulated wisdom grows as you study psychology, especially case studies, and have more life experience, *if* you store the memories away.

b. You may have known others who have had the same problem as the talker. If so, remember how they acted and felt. This may suggest what the talker is experiencing.



Make use of all three sources of insight.



STEP FOUR: Practice giving empathy responses in real-life situations.

Life is filled with opportunities to be empathic. Try it with all your friends, with new acquaintances, with your lover, with co-workers and supervisors, and it will absolutely flabbergast your parents. Also, don't forget to be empathic with people you dislike or with whom you are having a conflict. Empathy not only calms the other person but you will discover that every human being, even the very worst, is understandable when you see the world the way he/she does.

Watch out for the barriers to good, active listening. Guard against advising, questioning, analyzing, judging, interrupting, etc. Be accepting of all feelings; private feelings don't hurt anyone. Remember empathy is a *brief* response aimed at the gut (or heart--feelings), like "it's really upsetting," "you can't figure out what to do," "it seems like there is no way to win," and "it really seems unfair." It is also important to build your "feelings" vocabulary so you can use words different from those the talker has used, but which connote the same meaning. That's another special skill. When you think you understand the other person's emotions very well, then give an empathy response that aids the talker's self-understanding, perhaps in this form: "You feel _____ because _____ ." Practice, practice, practice. It might also be neat to keep a diary of your experiences establishing deeper, helping relationships with others.



A true friend is a person to whom you can pore out your heart, grain and chaff together, into his/her patient hands and know that he/she will faithfully and gently blow the chaff away, then see clearly the essence of what you meant to say.



Time involved

Probably a few hours role-playing with friends would be enough to get the hang of empathy responding and to become aware of your old established habits of interacting by using questions, judging the goodness or badness of the talker, focusing on what you can say next, thinking of a good argument against the point being made, etc. However, it is hard to give up the old attitudes and social habits. That's why so much practice in real life is necessary. In fact, it is hard to estimate how much time is involved in becoming a good empathizer because sharpening this skill is a never-ending task. But, if you practice every day, you will certainly notice significant changes in your intimate interactions in a week or two. We can never reach perfection because human behavior is so complex, individuals so different, relationships so intricate, and psychological knowledge so extensive. The more you know, the better you get.

Common problems

Although this is an excellent way to respond when someone has a problem, there are pitfalls when using the method and misconceptions about the method:

1. When you empathize, you are inviting a person to "spill his/her guts." Don't do that unless you are *genuinely* interested in helping this person and are willing to spend hours dealing with his/her problems. If you only have 10 or 15 minutes, let the talker know exactly how much time you have.
2. There is a possibility that the talker will feel worse after talking about and reviewing his/her problems. This is especially true of depressed and angry people. The hope is that the sadness or hatred can be vented (by talking) and that the talker can then move on to find solutions or, at least, to realize the crisis will pass. But sometimes the talker stays (after 2 or 3 hours) focused on increasing sadness or anger, in spite of excellent empathy responses by the listener. Most empathizers eventually nudge the topic towards the consideration of possible solutions, but this may not work. Most of the time, if you let the talker get all the hurt out, he/she will start looking for solutions on his/her own.
3. Sometimes empathy works so well that a person starts to use the response excessively, turning every casual conversation into a deep therapeutic session. Skills as a light conversationalist are also needed.
4. The talker may erroneously assume that your accurate reflection of his/her feelings means that you agree with his/her opinions or morals. Occasionally (not always), you may feel the need to correct his/her misunderstanding. This can and should be done

briefly, then let the talker know you accept him/her being different from you and return to empathizing. Example: if a person tells you about selling pot to his/her friends and being concerned about being caught, you might say, "I would feel guilty about doing that but I understand your interest in it."

5. As a therapist, you would give a lot of empathy responses and, perhaps, few self-disclosures. As a friend, however, it is important to share your feelings and disclose your problems just as much as your friend does...or more. Otherwise, you turn an equal friendship into a one-sided therapy interaction.
6. When the talker is telling the details of a problem, you may feel you should be saying more. This is needless worry, as long as you show you are interested. A few words reflecting his/her feelings is all that is needed to show the person you are emotionally with him/her.
7. Many beginners think it easy to empathize--all you have to do is sympathize. This is not true. You have to detect the unspoken feelings, communicate your understanding, and provide new insights. In addition, there may be behaviors and circumstances that you feel strongly are so wrong, so immoral, or so disgusting, you may not be able to empathize (see determinism, method #4 in chapter 14).
8. At first you may think there is only one accurate empathy response but, in fact, there are likely to be several. Example: a friend says, "It is so frustrating to have so much to do--I've got three exams, two papers due, 250 pages to read, and band practice! Besides, I want to party!" You might respond, "It's so *irritating* because it's impossible to do it all" or "It really is *stressful* to have so much to do" or "You are *scared* you won't do well" or "It is *disappointing* that school work isn't nearly as interesting as partying" or "It is *hard to decide* what to do." All these responses and others might be accurate.
9. The accuracy of an empathy response can't be judged until the talker responds, indicating if he/she thinks the empathizer has understood. The talker is always right! Your comment may be correct according to all the psychology textbooks, but if the talker doesn't agree with your observation or interpretation, you get a low empathy rating. This approach is called "non-directive" or "client-centered," meaning it attempts to free the other person to explore his/her own feelings. Such therapists wait until the client discovers "the truth" for him/herself and develops his/her own plan of attack. It is assumed that the troubled person will profit more from learning he/she can handle his/her own problems than from believing the therapist is a clever analyst and problem solver. Have faith in the person to solve his/her own problem, if you can help them feel safe enough to explore their situation, their history, and their feelings.

Effectiveness, advantages and dangers

Empathy responding is one of the better researched treatment methods. It has been demonstrated to be an effective way for therapists to respond (Egan, 1979). If it works in therapy, it should in friendships. Often there are a cluster of therapeutic traits associated with being empathic, such as having unconditional positive regard, being genuine, warm, open, specific and concrete, self-disclosing and so on. It isn't just that empathy is helpful but these various responses replace less sensitive or harmful responses. There are no dangers, except for the few minor pitfalls mentioned above.

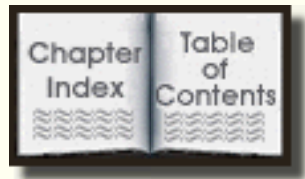
Additional readings and reference

Nichols, M. P. (1995). *The lost art of listening*. San Luis Obispo, CA: Impact Publishers.

CareerTrack (1-800-334-1018) offers an expensive listening skills training program (audio or video) and also communications training tapes for teams in the work place.

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ASSERTIVENESS TRAINING

All of us should insist on being treated fairly; we have to stand up for our rights without violating the rights of others. This means tactfully, justly, and effectively expressing our preferences, needs, opinions and feelings. Psychologists call that being "assertive," as distinguished from being unassertive (weak, passive, compliant, self-sacrificing) or aggressive (self-centered, inconsiderate, hostile, arrogantly demanding). As mentioned in chapter 8, the Women's Movement since the 1960's has been a powerful influence on millions of women: women have gotten better career opportunities, more rights to control their bodies, more help from husbands with child care and housework, and so on. These changes happened because women assertively stood up for their rights.

Because some people want to be "nice" and "not cause trouble," they "suffer in silence," "turn the other cheek," and assume nothing can be done to change their situation or "it is our cross to bear." The rest of us appreciate pleasant, accommodating people but whenever a "nice" person permits a greedy, dominant person to take advantage of him/her, the passive person is not only cheating him/herself but also reinforcing unfair, self-centered behavior in the aggressive person. That's how chauvinists are created.

Purposes

Assertiveness is an antidote to fear, shyness, passivity, and even anger, so there is an astonishingly wide range of situations in which this training is appropriate. Factor analysis of several assertiveness scales (Schimmel, 1976) has suggested several kinds of behavior are involved.

- To speak up, make requests, ask for favors and generally insist that your rights be respected as a significant, equal human being. To overcome the fears and self-depreciation that keep you from doing these things.
- To express negative emotions (complaints, resentment, criticism, disagreement, intimidation, the desire to be left alone) and to refuse requests. See "I" statements in method #4.

- To show positive emotions (joy, pride, liking someone, attraction) and to give compliments. Accept compliments with "Thank you."
- To ask why and question authority or tradition, not to rebel but to assume responsibility for asserting your share of control of the situation--and to make things better. You are no one's slave.
- To initiate, carry on, change and terminate conversations comfortably. Share your feelings, opinions and experiences with others. See method #8.
- To deal with minor irritations before your anger builds into intense resentment and explosive aggression. See method #5.

Steps

STEP ONE: Realize where changes are needed and believe in your rights.

Many people recognize they are being taken advantage of and/or have difficulty saying "no." Others do not see themselves as unassertive but do feel depressed or unfulfilled, have lots of physical ailments, have complaints about work but assume the boss or teacher has the right to demand whatever he/she wants, etc. Nothing will change until the victim recognizes his/her rights are being denied and he/she decides to correct the situation. Keeping a diary may help you assess how intimidated, compliant, passive or timid you are or how demanding, whiny, bitchy or aggressive others are.

Almost everyone can cite instances or circumstances in which he/she has been outspoken or aggressive. These instances may be used to deny we are unassertive in any way. However, many of us are weak in some ways--we can't say "no" to a friend asking a favor, we can't give or take a compliment, we let a spouse or children control our lives, we won't speak up in class or disagree with others in a public meeting, we are ashamed to ask for help, we are afraid of offending others, and so on. Ask yourself if you want to continue being weak.

One may need to deal with the anxiety associated with changing, to reconcile the conflicts within your value system, to assess the repercussions of being assertive, and to prepare others for the changes they will see in your behavior or attitude. Talk to others about the appropriateness of being assertive in a specific situation that concerns you. If you are still scared even though it is appropriate, use desensitization or role-playing to reduce the anxiety.

Consider where your values--your "shoulds"--come from. Children are bombarded

with rules: Don't be selfish, don't make mistakes, don't be emotional, don't tell people if you don't like them, don't be so unreasonable, don't question people, don't interrupt, don't trouble others with your problems, don't complain, don't upset others, don't brag, don't be anti-social, do what people ask you to do, help people who need help, and on and on. Do any of these instructions sound familiar? They help produce submissive children--and adults. There are probably good reasons for many of these rules-for-kids but as adults we need not blindly follow rules. Indeed, every one of these injunctions should be broken under certain conditions: You have a right to be first (sometimes), to make mistakes, to be emotional, to express your feelings, to have your own reasons, to stop others and ask questions, to ask for help, to ask for reasonable changes, to have your work acknowledged, to be alone, to say "no" or "I don't have time," and so on. The old feelings deep inside of us may still have powerful control over us (see chapter 8). We can change, however.

Besides recognizing we have outgrown our unthinking submissiveness, we can further reduce our ambivalence about being assertive by recognizing the harm done by unassertiveness: (1) you cheat yourself and lose self-respect because you are dominated and can't change things, (2) you are forced to be dishonest, concealing your true feelings, (3) inequality and submissiveness threatens, if not destroys, love and respect, (4) a relationship based on your being a doormat, a slave, a "yes-person," a cute show piece or a source of income is oppressive and immoral, (5) since you must hide your true feeling, you may resort to subtle manipulation to get what you want and this creates resentment, and (6) your compliance rewards your oppressor. On the positive side, assertiveness leads to more self-respect and happiness. Build up your courage by reviewing all the reasons for changing.

Finally, there are obviously situations in which demanding immediate justice may not be wise, e.g. if you can get fired, if it would cause an unwanted divorce, if you might be assaulted, etc. Even in these more extreme cases, perhaps well planned or very gradual changes would be tolerated. Under any circumstances, discuss the reasons for becoming assertive with the other people involved so they will understand and approve (if possible) or at least respect you for being considerate of them, others, and yourself.

STEP TWO: Figure out appropriate ways of asserting yourself in each specific situation that concerns you.

There are many ways to devise effective, tactful, fair assertive responses. Watch a good model. Discuss the problem situation with a friend, a parent, a supervisor, a counselor or other person. Carefully note how others respond to situations similar to yours and consider if they are being unassertive, assertive or aggressive. Read some of the books listed at the end of this method. Most assertiveness trainers recommend that an effective assertive response contain several parts:

1. Describe (to the other person involved) the troublesome situation as you see it. Be very specific about time and actions, don't make general accusations like "you're always hostile...upset...busy." Be objective, don't suggest the other person is a total jerk. Focus on his/her behavior, not on his/her apparent motives.
2. Describe your feelings, using an "I" statement which shows you take responsibility for your feelings. Be firm and strong, look at them, be sure of yourself, don't get emotional. Focus on positive feelings related to your goals if you can, not on your resentment of the other person. Sometimes it is helpful to explain why you feel as you do, so your statement becomes "I feel _____ because _____." (see the next method).
3. Describe the changes you'd like made, be specific about what action should stop and what should start. Be sure the requested changes are reasonable, consider the other person's needs too, and be willing to make changes yourself in return. In some cases, you may already have explicit consequences in mind if the other person makes the desired changes and if he/she doesn't. If so, these should be clearly described too. Don't make dire threats, if you can't or won't carry out them out.

Example assertiveness responses:

Situation: Your wife or girlfriend comes home from work and talks during dinner about office politics and rivalry.

Response: "Every night this week we have spent the dinner hour talking about the personality conflicts at your office. I'm glad we can talk, but I get fed up with the pettiness, as I see it, of the people you work with. I miss talking about the news, my work, our new house plans, and how we are getting along."

Poor responses: An unassertive person would suppress his anger and say nothing or pretend to be really interested. An aggressive person would blow his top, calling his wife's co-workers names and telling her how boring and petty she is.

Situation: Your husband or boyfriend looks (excessively) at attractive women.

Response: "You used to be subtle about it, but lately you ogle every well built woman you see. I feel irritated that you aren't more concerned about my feelings and I feel unsure that you would be faithful if you had a chance to have an affair. I really feel hurt. If you would change, I'd feel a lot better, I will promise I won't flirt, and I will really work on making our sex good."

Poor responses: Pretending not to notice his looking and either turning off sexually or starting to flirt (in anticipation of his having an affair). Of course, the aggressive reaction would be to call him a sex maniac and to refuse to have sex for several days.

Situation: A friend repeatedly makes plans with you and then cancels at the last minute.

Response: "When we make plans and you change your mind at the last minute--you've done that two out of the last three times, I feel frustrated because it's too late to make plans with someone else. Besides, I start to think that you don't really want to be with me if you can find anything else to do. In the future, I'd like for you to tell me at least an hour in advance if you have to change plans. Would you do that?"

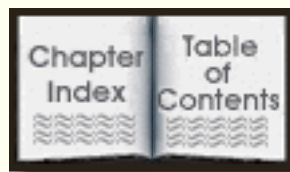
Poor responses: Let it go, fearing the friend will get mad. Or: tell the friend how inconsiderate she is and that it is amazing she has any friends at all.

Situation: You have just been introduced to someone, but you did not learn his/her name.

Response: As soon as appropriate, ask, "What is your name again?" Use it the first chance you get, so you won't forget it again.

Poor responses: Let it go and try to avoid situations where you need to use his/her name. An aggressive response would be to blame him/her, "You don't speak up very well, what's your name again?"

Following these guidelines, write out in rough form some ways of responding in your problem situations.



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ASSERTIVENESS TRAINING

STEP THREE: Practice giving assertive responses.

Using the responses you have just developed, role-play (method #1) the problem situations with a friend or, if that isn't possible, simply imagine interacting assertively. As recommended in method #1, start with real life but easy to handle situations and work up to more challenging ones expected in the future. Use the many other suggestions given in method #1.

You will quickly discover, if your friend plays the role realistically, that you need to do more than simply rehearse the assertiveness responses. You will realize that no matter how calm and tactful you are, how much you use "I" statements, and how much you play down a desire for change, it will still sometimes come out smelling like a personal assault to the other person. The other person may not be aggressive (since you have been tactful) but you should realize that strong reactions are possible, e.g. getting mad and calling you names, counter-attacking and criticizing you, seeking revenge, becoming threatening or ill, or suddenly being contrite and overly apologetic or submissive. Your friend helping you by role-playing can act out the more likely reactions. In most cases, simply explaining your behavior and standing your ground will handle the situation. But, there are helpful special techniques for responding to criticism and when the interaction is not going well.

When we are criticized, there are various ways of attacking back. We may be sarcastic, get mad, or criticize back. We assume "I count, you don't." That's aggressive. We may cry, be quiet, or get away. We imply "You count, I don't." That's passive. We may pretend to forget but get even by procrastinating, being late or slow, being silent or whiny, bad mouthing the critic, or doing any thing that drives him/her up a wall ("Oh, I didn't know that was bothering you"). That's passive-aggressive. Instead of these kinds of reactions to criticism, McKay, Davis & Fanning (1983) recommend using one of these approaches reflecting a "We both count equally" attitude:

1. Acknowledge that the criticism is true, if it is. Don't make flimsy excuses but do give honest explanations (if you have a valid one). Examples: "Yes, I have put off

doing the report." "Yes, I was late this morning but my car wouldn't start."

2. Even if you don't agree with most of the criticism, you can single out some part that you do agree with and indicate where you agree, disregarding all the disagreements. Examples: "You could be right about..." "I understand how you feel about..." This is really ducking the issue but that may be what you want to do.
3. Listen carefully and ask for clarification until the person's views are understood. Focus on his/her main point and ask, "What is it that bothers you about...?"

In most interactions, it is not just one person assertively asking for changes, but rather two people wanting to express their feelings, opinions or wishes (and maybe get their way). So, each of you must take turns being assertive and then listen empathetically...that's good communication if it results in satisfactory compromises.

Finally, assertiveness is used to confront difficult situations and people. Some people just won't take "no" for an answer; some kids continue arguing and arguing; some people don't realize how determined you are until you repeat the message many times. One technique is called *the broken record*: you calmly and firmly repeat a short, clear statement over and over until the other person gets the message. Examples: "I want you to be home by midnight," "I don't like the product and I want my money back," "No, I don't want to go drinking, I want to study." Repeat the same statement in exactly the same way until the other person "gets off your back," regardless of the excuses, diversions, or arguments given by the other person.

There are other techniques to use when the communication is breaking down, for instance the topic may have gotten changed, one or both people may be losing control of their emotions, or the interaction may be at an impasse: (1) shift the focus from the issue at hand to what is happening between you and the other person. "We are both getting upset, let's try to stay reasonable," "We have drifted off the topic, can we go back to ____?" (2) If you need time to think or to calm down or if no progress is being made, consider taking a break: "That's important, let me think about it. Can we take a 10-minute break?" "I need to sleep on that before making a decision," "I'm too upset right now to discuss it, I'll be ready to deal with it at 3:00 tomorrow afternoon."

STEP FOUR: Try being assertive in real life situations.

Start with the easier, less stressful situations. Build some confidence. Make adjustments in your approach as needed.

Look for or devise ways of sharpening your assertiveness skills. Examples: Ask a friend to lend you a piece of clothing, a record album, or a book. Ask a stranger for

directions, change for a dollar, or a pen or pencil. Ask a store manager to reduce the price of a soiled or slightly damaged article, to demonstrate a product, or exchange a purchase. Ask an instructor to help you understand a point, find extra reading, or go over items you missed on an exam. Practice speaking and making small talk, give compliments to friends and strangers, call up a city official when you see something unreasonable or inefficient, praise others when they have done well, tell friends or co-workers experiences you have had, and on and on. Keep a diary of your interactions.

Time involved

Perhaps as little as a couple hours is needed, if you only have one or two situations in which you want to improve. If you are generally submissive, count on several hours for understanding, preparing, practicing and actually changing.

Common problems

Several problems have been mentioned above. Some people refuse to admit their submissiveness. Some are afraid to change. If you do change, some of your friends, relatives and/or co-workers may have difficulty accepting such a basic change in personality. Tell them why you want to be different; most will support you. If you ask for changes in others, you are likely to be resisted and maybe resented. Appeal to their sense of fairness.

It is not uncommon for a formerly passive person to be so successful in changing that he/she becomes overly demanding. Perhaps the new found power goes to his/her head and he/she becomes aggressive and obnoxious. If you can remain just as sensitive to other people's rights as you are to your own, this isn't likely to happen.

Effectiveness, advantages and dangers

Assertiveness training has been used with shy, anxious, depressed, stressed, aggressive and other kinds of persons. There is "relatively convincing evidence" that assertiveness training is effective, i.e. it changes the trainee's behavior, at least in situations similar to those used for practice during the training sessions (Rimm & Masters, 1974). It is not certain that assertiveness generalizes to "novel" situations, i.e. ones you haven't practiced or thought about.

Furthermore, considering the hundreds of articles and the 15-20 major books proclaiming the usefulness of assertiveness training, it may surprise you that there is very little scientific evidence that the trainees' marriage, work place, friendships and family relations are improved after learning to be assertive in a seminar (Eisler, Miller, Hersen & Alford, 1974). Amazing, isn't it? In fact, there are hints that an untrained spouse of a

trainee may become *less assertive*, more socially anxious, and less sure of his/her social skills (Kolotkin & Wielkiewicz, 1982). So it may be wise for married couples or friends or work groups to take assertiveness training together, emphasizing cooperation and congeniality.

All the research observations referred to in the last paragraph apply to formal training provided by graduate students or professionals. There is almost no data about the effectiveness of reading about assertiveness on one's own and practicing with a friend. Certainly the impact of self-taught assertiveness on friends and loved ones is unknown; it sounds convincing that a pleasant, considerate, fair but assertive person would make a good partner, but perhaps what seems considerate and fair to one person may seem aggressive to another person. As we change, we should be alert to the possibility of making life worse for others. Much research is needed.

Alberti and Emmons (1978, 1986), who were the original writers in this area, believe that assertive training works only with people who are not entirely passive or continuously aggressive. For the extremes, they recommend psychotherapy. Likewise, if the people around you will react hostilely to your being graciously assertive, perhaps you should see a lawyer. Refusing to make the coffee may result in losing your job or a promotion, so move cautiously. It may be wise to postpone a confrontation until the time is right.

There is no known danger, although some research has suggested that certain men believe that sexual aggression, such as kissing, fondling, and even intercourse, is a little more justified, if the woman has initiated the date, gone to the male's apartment, let the man pay for everything, etc. A female being assertive or unassertive is not going to cause a rape (that is a male sickness), but all of our behavior has implications in other people's minds--and some of those minds are chauvinistic, weird, inconsiderate, etc. In general, you are surely much safer being assertively honest, rather than overly shy, needy and dependent, afraid of hurting someone's feelings, uncertain of what to say, and so on.

Additional readings

Mental health professionals consider Alberti & Emmons two books to be the best in this area (Santrock, Minnett & Campbell, 1994). Books that justify aggressiveness, the use of intimidation, and self-centered looking out for #1 are not recommended by professionals. Elgin (1980) and Piaget (1991) offer help countering a "control freak" or a verbally aggressive person (see references below). Video and audio tapes about assertiveness and dealing with difficult people are available from CareerTrack (1-800-334-1018).

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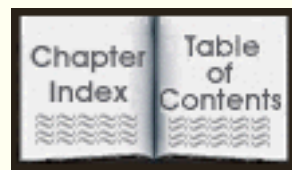
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[← Back a page](#)

[Forward a page →](#)



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"I" MESSAGES

"I" messages for expressing feelings. Accepting responsibility for your feelings.

This is one of the most important skills you can acquire. A good rule of thumb is: "If you have a problem, make an 'I' statement. If you are helping someone with a problem, make empathy responses." An "I" statement consists of a description of how you feel and an indication of the conditions under which you feel that way. It takes this form: "I feel (*your emotions*) when (*under what conditions*)."

It will be helpful if you recognize how many decisions *you* have made in the process of becoming emotional or upset. We have already discussed how feelings develop in great detail in chapters 5, 6, 7 and 8. Also chapter 12 reviews how emotions develop and explains how we understand (make sense out of) our own internal emotional reactions by observing the circumstances we are in, i.e. "I am mad because you seem to be neglecting me" or "I am scared (or excited) in front of a large audience." Building on this cognitive approach, David Johnson (1981) says several things must happen--your decisions--before feelings get communicated: (1) we must perceive what is going on, (2) we interpret, rightly or wrongly, the situation (what is motivating the other person's actions, are those causes good or bad?), (3) we use our view of the situation--our interpretation of why the other person did whatever he/she did--to decide exactly what it is we are feeling, (4) our feelings prompt us to take some kind of action, but (5) our intentions (to hurt, to avoid, to help, etc.) determine how our feelings actually get expressed or handled. (6) Finally, as discussed in chapter 12, we may decide to conceal our feelings, deny them, repress them, convert them into physical symptoms, blame others and demand that others change, or express them inappropriately or appropriately, as in self-disclosure or "I" statements. Or, of course, if we don't like our feelings, we can try to change them (see chapters 12 and 14). There are lots of places in this getting-upset process where we alone are responsible for the choices we make (although we are often tempted to blame someone else for upsetting us).

In short, from the cognitive viewpoint, how we handle our feelings is based on *our*

perceptions, *our* attributions, *our* understanding of what we are feeling, and *our* intentions. Thus, as humanistic-existentialistic therapists have also contended for a long time, *we are responsible* for our feelings, because *we have chosen*, through each of 5 or 6 steps, to feel whatever we feel (no matter how miserable), so we must "own" our feelings. In short, no one can *make* us feel any way; we decide. (Note: Freudians, learning theorists, sociobiologists, drug-oriented psychiatrists, physiologists with interests in hormones, genes and neurotransmitters, and many others may not agree with this highly conscious, cognitive explanation of emotions.)

Regardless of the etiology of feelings, suppressing or denying our feelings may lead to several problems: (1) increased irritability and conflicts with others, (2) difficulty resolving interpersonal problems (being "logical" doesn't mean ignoring feelings, but dealing with them), (3) distorted perception and blind spots (like seeing only the bad parts of a person we are mad at) in a relationship, and (4) other people may suspect we have feelings and ask us to be honest with them (which is hard to do if we are being dishonest with ourselves-or unaware). These are good reasons for expressing our feelings in a tactful, constructive manner. "I" statements serve this purpose.

"I" statements do not judge, blame, threaten, put down or try to control others; they simply report how you feel, which is rarely challengeable by anyone else. When you make an "I" statement, you are taking responsibility for your emotions. "I" statements inform others about your feelings and, thus, may lead to change, but they do not demand change or direct others. They leave the other person responsible and free to decide if he/she will change to accommodate your needs.

Purposes

Consider using "I" statements:

- any time you want to share your feelings or desires in a frank, unthreatening, undemanding way. When you are trying to disclose more about yourself to build a relationship.
- any time stress is experienced in a relationship, especially if you are feeling angry or dissatisfied or if the other person is resistive to changing in response to your requests or demands.
- if both parties have problems, i.e. both of you can take turns giving "I" statements and giving empathy responses.
- if the other person is using a lot of "you" (blaming, critical) statements, try to translate them into "I" statements and empathize with the accuser's feelings.

Steps

STEP ONE: Understand when to use and how to use "I" statements in place of "you" statements and other harmful statements.

In order to communicate our feelings clearly, we must, of course, be aware of them, comfortable or at least accepting of them, and able to accurately express the feelings in words. When we lack this awareness, acceptance, or verbal skill, our feelings are likely to be expressed indirectly and ineffectively, as in these "you" statements (adapted partly from Johnson, 1981):

You statements

Blaming: "You make me so mad."

Judging or labeling: "You are an inconsiderate, hostile, arrogant creep."

Accusing: "You don't give a damn about me!"

Ordering: "You shut up!"

Questioning: "Are you always this flirtatious?" or "Why did you do that? I feel like slapping your face."

Arguing: "You don't know what you are talking about."

Sarcasm: "Of course, you are an expert!"

Approving: "You are wonderful."
"You are attractive."

Disapproval: "You are terrible."

Threatening: "You had better..."

"I" statements

"I feel angry when you _____. " Or, "I have chosen to let it bother me when you _____."

"I feel betrayed when you criticize me in front of others."

"I feel neglected when you avoid me."

"I feel annoyed when you call me names and make fun of me."

"I really feel insecure about our relationship when you flirt."

"I feel convinced it is this way."

"I would like you a lot more if you were a bit more humble."

"I really am impressed with your _____ and besides I like you. I am attracted to you."

"I feel crushed when you seem only interested in spending my money."

"I'd like it if you'd ..."

<i>Moralizing</i> : "You ought to ..."	"I think it would be fair for you to..."
<i>Treating</i> : "You need to rest and..."	"I'd like to be helpful to you."
<i>Supporting</i> : "It will get better."	"I'm sorry you feel ..."
<i>Analyzing</i> : "You can't stand to leave your mother!"	"I'm disappointed that you are so reluctant to leave..."

Note that many of the "you" statements are intended to exert power, to control, to intimidate, or to put down the other person. They are not statements made by non-judgmental, mutually respecting equals. They are authoritarian statements made by manipulators. That's why Gordon (1975) recommended "I" statements to parents when talking to children. Watch out for "you" statements.

Personal responsibility is avoided in other ways too: we use "we," "it" or "they" when we are trying to depersonalize our comment and/or vaguely conceal our feelings or opinions. Sometimes we use "we" when trying to make it sound like a lot of people agree with us, while in reality no one has authorized us to speak for them. We should take responsibility for expressing our own opinions or feelings.

Examples:

We, it, they statements

"Most people would have an affair if they wouldn't get caught."

"The group isn't interested in ..."

"The glass slipped out of my hand."

"People have a hard time with math."

"The group is trying to help you."

"This weather is depressing."

"This class is boring."

"I" statements

"I would have an affair if..."

"I don't think the group cares..."

"I dropped the glass."

"I am ashamed of my math score."

"I want to understand you but I'm having a hard time."

"I feel depressed."

"I feel bored."

The last example above, shows how our language also causes us problems. It is important to be aware that *personal opinions sound like facts* when one uses a form of "am" or "is," such as "you are...", "I am...", "it is..." and so on. Furthermore, in addition to sounding factual, such statements imply the whole person is a certain way and will be forever. Example: "You are selfish" is a pronouncement which implies that there are no

unselfish traits anywhere in the person's personality--and that the entire person will stay that way forever. This is probably untrue; it is an over-generalization. It would be much more accurate and effective to say, "I resent it when you make plans for the entire family without asking what the rest of us want to do."

When personal opinions are stated as facts, it is no wonder that arguments arise. Note the use of "is" in this example:

Person A: "This class *is* a lot of work but it contains useful information."

Person B: "This class *is* a complete waste of time."

These two people could debate the merits and faults of the class for an hour. It could degenerate into a personal conflict, like "You're the teacher's pet" and "You wouldn't like anything that required a brain" and go on and on. On the other hand, if A and B had made "I" statements there would have been no argument.

Person A: "I really like the self-help class, especially the group."

Person B: "I'm disappointed in that class because I'm not getting anything out of my group or those ridiculously long readings."

In this case, A and B can see that they have responded very differently to the same class. There can be no argument about that. The class isn't inevitably great or terrible; it meets many peoples' needs but not everyone's. After the "I" statements, A and B could discuss their differences and learn more about themselves, each other, their groups, and the class.

In summary,

- An "I" statement may have 2 to 4 parts: (a) it is a self-disclosure, referring to "I," "me" or "my," (b) it expresses a feeling, urge or impulse, (c) it may describe the other person's behavior which is related to your feelings, and (d) it may indicate what you would like to see changed, much like an assertive statement.
- Assume responsibility for your feelings and opinions, don't hide behind the "it" or the editorial "we."
- Avoid stating personal opinions as facts and avoid the over-generalizations sometimes implied by forms of the verb "to be," like "are," "is," "am" and so on..

Clearly, giving an "I" statement is more constructive than giving an order, an

accusation, a moral judgment, and so on. However, this is not an easy concept to grasp. The pronoun "you" is used all the time, many uses are not bad. Try to become aware of the undesirable ways you use "you."

STEP TWO: Look for opportunities to use "I" statements.

Review the examples of "you" and "we" statements above and see if any remind you of possible situations in your life. If so, make some notes on how you could handle such situations differently in the future and perhaps plan to arrange an opportunity to try out "I" statements.

Pay special attention to stressful relationships or when you want to communicate in sensitive areas, such as sex, anger, submissiveness and others.

Look over the purposes mentioned above. Do any apply to you? If so, give some thought to how you can handle the situations better.

STEP THREE: Practice giving "I" messages in your daily conversations.

Most of us (me too!) find it hard to change our speech patterns. We feel awkward. "I" statements seem counter to what we have been taught in English classes, "Don't say I, I, I." We are self-conscious about focusing on ourselves. It takes practice to get comfortable with "I" statements. Role-playing (method #1) may be a good way to start seeing how well they work.

Keep watching for opportunities in casual conversations to express a feeling or an opinion tactfully. Act quickly, as soon as you are aware of a feeling say, "I am feeling..." Most people are interested in genuine feelings, especially if the feelings involve them. It is nourishment for growing friendships.

Tell yourself that one of the best ways to resolve a conflict is for all relevant factors to be considered in arriving at a "no-lose" solution (see method #10). Your feelings, needs, and preferences are important factors! So are the other person's. Feelings have to be shared, diplomatically.

Time involved

The idea of an "I" statement is easy, monitoring your thinking and speech to catch blaming, judging, controlling "you" statements is not easy. This takes time. If you have a problem in this area and carefully concentrated on it for a week, you would be expressing yourself differently.

Common problems

Many of us experience such strong (unexpressed) needs to be blameless, to blame the circumstances or others, to change others and so on, that it is difficult to avoid using whatever "power" we think we have to control others. "You" statements seem to come naturally.

If you decide to openly disclose some strong feelings, many people will quickly urge you to suppress your feelings. For example, if you tell a person, "I'm really depressed," the person is likely to say, "Cheer up!" or, in other words, "Don't talk about it." Strong emotions make some people uncomfortable; disclose slowly with them.

It is quite common for a beginning psychology student to become so obsessed with what words he/she is using that the concern with how-to-say-it is inhibiting. A learner can lose his/her emotional spontaneity for a while, until the new skill is well learned. Later, you will be a better communicator of feelings than ever before--at least more clear and tactful. Another confusion is that empathy responses (method #2) are often "you" statements. However, "you feel..." in empathy is a tentative, inquiring statement, whereas "you are..." statements are dogmatic oversimplifications. There is a big difference in intent, if not in actual words.

In some cases, depending in part on your tone of voice and demeanor, an "I" statement may not differ greatly from a "you" statement. If a parent yells, "I feel furious and want to beat the hell out of you when you don't do your work and get smartalecky," this is similar to "You are a smart-mouthed, defiant little punk." Blame is clearly indicated in this angry "I" statement, and it certainly makes demands on the child. This can become a power struggle. A no-lose approach would work better (see method #10).

Effectiveness, advantages and dangers

There is little or no research assessing the effectiveness of this method, although several writers praise it, as I do.

There are certain apparent advantages as mentioned above. "I" statements do not offend as much; they may reduce defiance and encourage compliance. Also, as you formulate "I" statements in your own head, you become more aware of your true feelings. Likewise, explaining yourself to another person often clears up your own thinking and views about a troublesome situation.

"I" statements are more likely to improve a relationship, certainly better than demanding, whining, asking accusatory questions, manipulating, accusing, and criticizing will do. There are no known dangers, except the problems mentioned in e above.

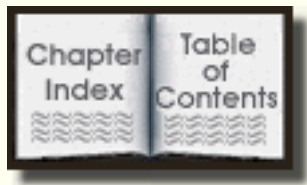
Additional readings

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[← Back a page](#)

[Forward a page →](#)



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EXPRESSING ANGER CONSTRUCTIVELY

Expressing anger constructively; Fair fighting.

Anger has been discussed in great detail in chapter 7, and some in chapters 9 and 10. It is an emotion of tremendous importance; it is perhaps the underlying cause for the most serious human problems, such as heart attacks, neglect, abuse, divorce, violence, prejudice, war, and others. Certainly, anger is a clear signal that something is wrong in a relationship; if uncorrected, it destroys love.

Most long-term relationships encounter conflicts, irritation or anger occasionally. Anger is a hard emotion to handle, partly because many of us have been taught that we shouldn't get mad. Also, most of us have had no training or good models for coping with anger. On the other hand, our society provides many examples of violent fighters, including sport heroes, war heroes, movie and TV stars, criminals, and others. Not all aggression is expressed openly, as a sin of commission; some disdain is surely expressed by the lack of action, i.e. a sin of omission (letting children starve and die from preventable diseases, providing 16 years of education to some people and none to others, etc.).

In chapter 7, two basic types of aggressive people were described: passive-underhanded people and aggressive-nasty people. The passive person, a "swallower," who is mad, will give you the silent treatment and say, "nothing's wrong." He/she will promise to help but will just not be there when you need them. He/she will seem friendly but talk behind your back. He/she will spy on you, then suddenly dump on you.

The aggressive person, a "spewer," will openly raise hell with you, complaining or nagging to your face. He/she will work him/herself into a rage telling you your shortcomings. He/she relishes catching you in another mistake. He/she demands to know what you are doing and provides a free psychoanalysis for everything you do. He/she will make a nasty remark just before leaving, apparently enjoying the thought of you being upset while he/she is gone. Are you a swallower (passive-aggressive) or a spewer (openly hostile)?

There are different professional opinions (and, as yet, little scientific evidence) about how to handle one's anger towards a spouse (see chapter 7). Some therapists are against fighting and say to wait until you have cooled down, then discuss it calmly and ask the partner for help with the problem. Others say that all couples should fight, only **fight fairly**. Bach and Wyden (1968) in *The Intimate Enemy* say that fair fighting opens lines of communication, lets us blow off steam, helps us know ourselves, lets us be our real (sometimes angry) selves, leads to greater security because we know what is really going on in the relationship, enables us to change things (have equal power) in the relationship, and produces a more alive, honest and intimate love relationship.

There are ways to express anger constructively, involving assertiveness and "I" statements and other rules for fair fighting. Because you don't attack the other person in a vicious, win-at-all-cost, dirty way, the conflict doesn't escalate into a destructive battle. Yet, you express your feelings without losing control (rage or total bitterness) and you "fight for change" that is fair to him/her and you. For some people, greater love can be the outcome of a fair fight. We all have different ways of coping.

Purposes

- To express your anger clearly and directly without hurting your partner or yourself or the relationship. In a non-threatening way, let a lover (or friend) know why you are upset.
- To avoid being a swallower or an uncontrolled spewer, yet be able to express your honest feelings. This method can be like venting (method #10 in chapter 12), if the feelings are fully expressed.
- To respond to the signals that something is wrong and make changes in a relationship so the love can grow.

Steps

STEP ONE: Learn the steps and rules for fair fighting.

The following steps include the basic "rules" designed to increase the effectiveness of fair fighting. You must learn the procedures and have some practice with this skill (see role-playing, method #1) prior to getting angry. It is human nature to fight unfairly; therefore, we need to think in advance and rehearse in advance how to fight fairly, so we won't get nasty when we get angry.

Furthermore, your partner must also understand these procedures for fair fighting. If your partner is not aware of the rationale and steps in this method, he/she might interrupt,

walk out, or counter-attack before you get started with fair fighting. It doesn't work for one partner to be spewing vile hatred while the other partner is trying to make "I" statements.

Both people must know what is happening and why. Only one person at a time can use this method, both shouldn't be mad at the same time. Within a relationship, however, each partner should initiate the use of this method equally often--anger should not be a monopoly of one partner. If one person is much more angry than the other for several months, see chapter 10 for achieving more flexibility of roles in the marriage--or seek counseling.

STEP TWO: Make sure you want to fight about this issue.

When you get mad, you must decide if this specific incident is worth fighting about. Ask yourself several questions: What behavior do I want changed? Is that what I am *really* mad about? If not, what is really bugging me? Even if I'm right about what is bothering me, am I over-reacting? Is the desired change of significance? Or do I just want to upset and hurt my partner? If you decide that the issue is worth dealing with, then do it soon and don't "try to forget it," complain to others, pretend to give in, take the blame, or promise to change when you don't mean it.

STEP THREE: Arrange a specific time for a "fight for change."

Obviously, this method is a radical departure from the usual fights that erupt when you are very angry. For fair fighting you have to control the spontaneous outbursts. You even have to *schedule* an hour or so.

After you have decided to fight, set a specific time in a private place. Just say, "I want to vent my feelings about ____ and see if we can make some changes. How about right after work?" Schedule enough time, don't say "for a minute or two" when you know it will take an hour or two. Fight often, if necessary. Deal with problems early. Don't swallow your anger until you are about to explode. You need to maintain enough control to follow the rules.

STEP FOUR: Clearly state what behaviors you don't like.

Be objective but brief in your description of the partner's disliked behavior, don't exaggerate. Examples: "I expected you home at 5:30, as usual, not 6:30." "I want to discuss this bill for \$200 of clothes." Don't let your angry feelings (next step) interfere with a clear statement of the problem. Your partner has a right to know exactly what you are angry about *before* he/she is exposed to your emotional tirade.

STEP FIVE: Make "I" statements to express your feelings.

Now, you can get mad. Go straight to the point. Share your feelings openly and honestly. But, use "I" statements (see method #4), making it clear that you accept responsibility for your feelings. Avoid blaming, name-calling, and denouncing the whole person, such as "You are unbelievably stupid." Stay on the immediate topic, focus on the here and now, i.e. express your anger towards only the person you are talking to, don't confuse this with your anger towards other people or institutions. Also, deal with your current feelings, don't bring up old hurts and mistakes committed by the person you are talking to. In an intense fight, we are tempted use every insult and every fault we can think of to hurt the other person and put him/her on the defensive. These cruel verbal assaults intensify your anger and they inflict irreversible damage to the relationship. Don't "go for the jugular."

Perhaps the most important rule for fair fighting is: **"Know your partner's emotional limits and stay within those limits."** For each of us, certain accusations or negative opinions are tolerable, but other critical comments are "below the belt," i.e. so painful that we cry, counter-attack, stop listening, slink away, hate, etc. We must not "hit below the belt," that is fighting dirty. When expressing anger, we might ask the partner to signal when we are touching "a raw nerve." To disregard his/her feelings would be cruel and foolish. The person on the receiving end must agree to honestly indicate, perhaps by raising his/her hand, when the comments are starting to seriously upset or permanently hurt him/her.

The partner being attacked should listen, empathize (see method #2), and learn to take it. As you get more experienced, you can recognize your partner's style of venting frustration and anger, e.g. he/she may get loud, swear, cry, and repeat his/her accusations over and over. If you can view the emotional outburst as therapeutic or as a prelude to solving a problem and making up, then the partner's verbal barrage becomes easier to tolerate. One can develop a "thick skin" and still remain interested in resolving the conflict. Don't stonewall and pretend to not care.

Each couple develops their own style of fighting. It may range from a very rational, controlled interaction (perhaps they vent their strong feelings privately first, as in chapter 12) to an intense emotional discharge (still following the rules). In some instances, the angry partner simply needs a few minutes to voice a complaint and, thus, may ask for a five minute "gripe session." When this is done (instead of fair fighting), agree to a time limit (make it short), only the angry partner can say anything, and neither should talk about the topic for 30 minutes after the gripe session.

STEP SIX: State what specific behavioral changes you would like to see made.

Ask for practical, possible and fair changes, avoid making outrageous demands. Don't just think about yourself. Don't express disgust with aspects of the partner which he/she

can not change, e.g. body build, intelligence, basic personality, etc. Don't ask for changes in feelings or attitude, e.g. "don't be so hostile" or "be more considerate." This is too vague. Instead ask for specific behaviors, e.g. "don't call me names" or "don't be late when we have made plans to meet."

STEP SEVEN: Indicate the reasons and consequences for the requested changes.

Give your arguments for the changes you proposed. Also indicate how you will feel and what you will do if the changes are made and if they are not made. Remember rewards work better than punishment.

STEP EIGHT: Negotiate a compromise; make sure the agreement is understood.

The angry partner has done most of the talking up to now. The other partner participates equally at this point; there should be no advantage going to the angry one. The listening partner should *not* discount the problem or criticize the angry person's feelings, e.g. "this is bull, what are you really mad about?," "you are making a mountain out of a mole hill" or "God, you're filled with hostility, aren't you?" If the partner is resistive, your best response is an "I" statement. Examples: "I feel very disappointed when you don't seem to take me seriously." "I feel insulted when you pat me on the head and treat me like a child." If the feelings are too intense for a rational discussion, schedule the negotiating for later. Don't just drop the issue and fight over it again a few weeks later.

The listening partner can, of course, propose his/her own changes or conditions. Both partners should avoid demands, no "shoulds" or "musts" or "you gotta." With the anger out of the way and both people working seriously, hopefully a fair, workable agreement can be reached. Also, agree on a trial period for trying out the agreement. The final compromise should be written down, dated and signed by both people. A few conflicts have no solution; sometimes a couple can agree to disagree in these instances.

STEP NINE: Put the incident behind you. Forgive each other. Show appreciation.

Each person should clarify where he/she stands now: "Am I out of the doghouse yet?" or "Are you satisfied with this agreement?" or "I'm grateful that you are willing to work through these problems with me."

STEP TEN: Try to understand the "cause" or dynamics of your anger.

Using chapter 7 on anger, consider how your anger developed. Is your anger producing some pay offs? Have you had previous experiences that cause a strong reaction to the partner's behavior? Do you have irrational ideas that produce the anger? Are there unconscious motives or hidden frustrations that create anger? Is the partner really a SOB?

If so, why? Every fight is an opportunity to understand yourself better.

Time involved

It will take an hour or two to familiarize yourself and your partner with fair fighting. You may need to practice "I" statements in casual conversations or role-playing so they seem more natural when "fighting for change." Every conflict will take 15 minutes to an hour or two, unless you simply have a time-limited "grip session." Even if a couple fights once a week, it might take 6 months to work out a fighting style acceptable to both.

Common problems

Swallowers are likely to skip over this method, continuing to avoid anger. Spewers are likely to continue lashing out, rather than carefully controlling and scheduling anger, as recommended in this method. There are many pitfalls whenever one is dealing with a compelling, explosive emotion like anger. Several cautions (the don'ts) are scattered throughout this method, each reflects a common problem with "fair fighting."

Effectiveness, advantages and dangers

George Bach (and Wyden, 1968) developed this method and reported on treating 122 cases in *The Intimate Enemy*. With these well-selected couples, 85% were judged by Bach to benefit from the fair fighting training. Bach concluded that certain types of couples were not well suited for fighting: those who can't be honest with each other; those dependent on drugs or alcohol and, thus, aren't in touch with feelings; those scared of intense emotions; and those who are continually angry. Although many writers have recommended "fair fighting," there is no well controlled research of the method. The recommendations are based on theory and, I assume, on testimony from clients who have tried the method.

The advantages claimed by Bach are listed in section a above. The greatest danger is "hitting below the belt" and setting off a brutal, harmful battle. As mentioned in chapter 7, once lingering bitterness preoccupies one partner, the relationship is often doomed or, at best, headed for hard times. It is possible that the method would be used excessively, either with insoluble problems or in situations where professional help is required.

Additional readings

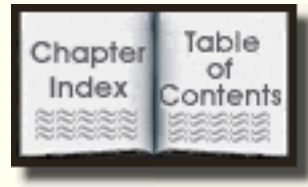
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SELF-DISCLOSURE AND OPENNESS

Self-disclosure, emotional openness, and effective communication

Self-disclosure is telling others about yourself (see chapter 9). It includes all kinds of information: life experiences, personal circumstances, feelings, dreams, opinions and so on. But most importantly, self-disclosure is sharing how you are reacting to the other person and the current situation. It is telling the truth, not just presenting your good side or your social mask.

Why tell others about yourself? There is a wholesome cycle involving self-disclosure, friendships, and self-acceptance. First, it is usually helpful to tell the person you are interacting with how he/she is affecting you because sharing your intimate feelings and thoughts usually deepens friendships. Secondly, acceptance by friends and others increases your self-acceptance. Thirdly, as you feel better about yourself, you can self-disclose even more of yourself, leading to closer, more enjoyable relationships. Fourthly, with more feedback, greater security and self-acceptance, you are able to look deeper into yourself and solve more problems.

If, on the other hand, you don't like yourself, you won't share much with others, and you can't get feedback that you are OK. Hiding your real self from others can contribute to a downward spiral of shame, more hiding of feelings from yourself, and a growing inability to cope with your problems (Jourard, 1971).

To like me, to trust me, to be committed to our relationship, to facilitate my personal growth and self-understanding, and to be my friend, you must know me.

-David Johnson, *Reaching Out*

Self-disclosure is, at times, both important and hard. Even expressing a positive feeling or a compliment is difficult for some people (see assertiveness training). Why is sharing our

true selves so hard? Some families just don't talk about personal feelings, so self-disclosure is for some a scary new way of interacting. Some people fear rejection or criticism, some fear intimacy, some are ashamed of their thoughts and feelings, some don't want to think about their own feelings or to change.

How can you help a reluctant person disclose? Jourard found that the best way to encourage others to disclose to you was by disclosing to them. For most people, it is great relief, almost an emotional necessity, to share feelings and daily happenings with friends, especially when feeling stressed. We need to talk. If we don't reveal ourselves, we won't get close to others; we won't be valued or loved. If the person we disclose to feels we especially respect and trust them, he/she is complimented and probably likes us. So, we need to know how to communicate effectively.

Self-disclosure (done appropriately) is a sign of mental health. Research has shown that self-disclosers are more self-content, more adaptive and competent, more perceptive, more extroverted, more trusting and positive towards others than non-disclosing persons. Appropriate disclosing leads to liking; liking leads to disclosing (Johnson, 1981).

Self-disclosure of our true feelings increases our mental and physical health. Overwhelming data from therapy, self-help groups, and research labs suggests that sharing our emotions improves our health, helps prevent disease, and lessens our psychological-interpersonal problems. It is an important skill.

Purposes

- To increase your self-awareness. In the process of describing yourself to others, you get a clearer view of your needs, feelings, and inner workings. Also, your friend will help you understand yourself even better, especially if he/she responds empathically (see method #2) and gives honest feedback.
- To develop closer, deeper, more helpful and more meaningful relationships. Disclosing is reciprocal, as you disclose so does your friend. As trust develops, both can disclose more and more. Honest sharing is the basis of true friendship and love (Bach & Deutsch, 1970; Powell, 1969, 1974).
- To develop communication skills that allow us to clearly and completely inform others about how we see a situation, what we believe is happening, how we feel about it, and what we hope or expect to happen.
- To reduce a sense of shame or guilt and to increase self-acceptance. If others can accept you, you will be less harsh on yourself. If you have done wrong, you may work out a way to atone.

- To resolve conflicts and interpersonal problems. See methods 3, 4, 5, and 7. When others realize your needs, fears, frustrations and so on, they are more likely to empathize and to meet your needs.
- To get more energy and to be more spontaneous. It takes energy to keep secrets; you become grouchy, sullen, quiet, and no fun; this energy could be used in better ways. McKay, Davis and Fanning (1983) suggest that whenever a conversation becomes boring, trivial and hard to keep going, look carefully to see if you are spending your energy suppressing feelings or other topics.

Steps

STEP ONE: Ask yourself: How disclosing am I? About what? With whom?

Jourard (1971) used questionnaires for rating how disclosing you are with different people (lover, parents, best friend, casual friends, children, co-workers, etc.) on different topics:

- personal interests--social activities, what you do for fun, food preferences, favorite music, TV shows, books, etc.
- relationships--how you are getting along with your spouse or children, who you socialize with, your good or bad relations at work, etc.
- attitudes and opinions--religious views, political opinions, sexual morals, values, kind of people you like and dislike, etc.
- work--career ambitions, stresses, likes and dislikes, failures and successes, etc.
- money--how much you make, owe, waste, want, etc.
- personality--your desirable and undesirable traits, personal problems, upsetting emotions and moods, sexual activities, etc.
- physical concerns--health problems, feeling unattractive or attractive, feelings about body parts, etc.

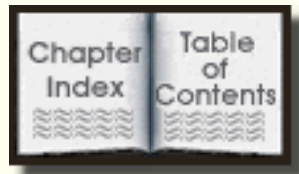
What topics do you disclose? To whom? What information do you hide? From whom? Why? What topics would you talk about, but it just never comes up? To whom would you like to share new topics? Perhaps you need to make specific plans for talking about specific topics with specific people.

All of us have secrets. That is appropriate, many things are best left unsaid. But we conceal so much unnecessarily--because we think others might not respect or like us, when in reality they probably would like us better. Perhaps your first task is to overcome the fear of self-disclosing.

STEP TWO: Prepare for disclosing. Handle the anxiety.

There are several approaches to take if you want to self-disclose more but feel uncomfortable doing so. You can use desensitization (chapter 12) or role-playing (method #1). You can gradually work up to being more open, starting with telling a friend some facts about your work or classes or car. Don't express any opinions or feelings at this stage. When you feel OK doing this, select a trusted friend and tell him/her what you think and how you feel about a movie, a political candidate, your boss, your parents, your occupation, etc. Try this with several people. Lastly, practice "here and now" talk with friends, i.e. disclose what you are feeling towards and needing right now from the friend. This is the hardest but most gratifying kind of communication. Stevens (1973) suggested a delightful little exercise for self-disclosing with a new friend, old friend, parent or anyone: (take turns going first to complete each sentence)

1. If you really knew me
2. I'm trying to give the impression that
3. I'm afraid you'll think I'm
4. If I took a risk with you, I'd
5. I'm avoiding
6. I'd like for you to
7. I want to tell you
8. If I touched you
9. I keep you away by



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SELF-DISCLOSURE AND OPENNESS

STEP THREE: Gradually develop more skill at disclosing. Learn to express yourself clearly and to give useful feedback.

There are many **guidelines** for improving your communication, your disclosures. It is important to understand that self-disclosure is merely a part of intimate, genuine, frank communication in a mutually accepting, empathic, caring relationship. It isn't like therapy where the patient does all the disclosing and the therapist mostly listens. You must be just as interested in the other person's feelings, problems and opinions as you are in expressing your views, emotions and needs. Self-disclosure is not primarily disclosing old family secrets, old affairs, embarrassing psychopathology or pulling other skeletons out of the closet; it is openly but discreetly revealing to your friend **what you are thinking and feeling right now**, often how you are responding to his/her actions. Thus, much of your self-disclosure consists of **giving feedback** to the other person. Because you value the relationship, you are naturally concerned about the effect your disclosures will have on your friend and on your relationship. You don't disclose everything, especially not hurtful, upsetting or useless feedback. But his/her feedback to you is vital for your growth, and your feedback is helpful to your friend. Johnson (1981) lists several general rules for giving feedback:

- (a) Your feedback should be **non-threatening**. So, describe the friend's behavior, not his/her personality or motives. Example: "You talked a lot at the meeting" is better than "You're a very dominant person" or "You crave attention."
- (b) **Focus on the specific situation here and now**, don't make broad generalizations or focus on the past. Example: "You seemed preoccupied or uninterested when I was just talking" is better than "You never pay attention to me."
- (c) Do not give feedback if it isn't requested, if it can't be accepted, if it isn't usable, and if it isn't likely to result in the person feeling better about him/herself and about you. Good feedback to another person focuses on his/her **strengths, not faults**. Constructive comments help people grow, reach out, feel good and try new things.

Critical, judgmental comments inhibit others. Avoid psychologizing and analyzing (see chapter 9).

McKay, Davis and Fanning (1983) say a complete disclosure includes your observations, your opinions, your feelings and your needs. Without complete disclosure people can't know the real you. Often only part of the message is expressed and other parts are implied; this may cause confusion or ill feelings. Example: "Do you have to be so wild at parties?" This vague question actually means several things: (a) "I saw you drinking a lot and hugging all the men/women." (b) "I think you look like you are on the make even though you came with me to the party." (c) "I feel embarrassed and angry when you neglect me while you are flattering the other men/women." (d) "When we go to parties, I want you to spend some time with me, don't drink so much, and stop coming on to everyone." In summary, don't hint around, every disclosure should include four clear statements: **I see the situation this way... I conclude... I feel... I prefer...** (see method #4).

Make your disclosures clear: (a) don't ask a question when you really want to express an opinion, a feeling or a need. Examples: A right-to-lifer asks, "How can you support abortions?" A irate spouse asks, "How did you spend that much money?" A dedicated party-goer asks, "Should we take the time to go out this weekend?" (b) Don't give double messages. Examples: "Of course, I'd like to be with you, but you wouldn't like the crowd I'm going out with." Or, a parent says to a teenager, "Well, I guess you can take the car tonight, but what about those 'C's' on your report card?" (c) **Avoid** hidden agendas and **dishonesty**. Examples: Don't use self-disclosure to impress others or to get sympathy or to provide excuses for your behavior. Don't act like you care if you really aren't very interested. Don't pretend to be a juicy plum when you are really a banana. Don't play games (see chapters 9 and 10). Deceiving and manipulating others eventually hurts or drives them away.

Don't assume that others understand what you think, feel and want, without your saying anything. We must repeatedly say and show "I love you." We must tell our parents and our children "I appreciate your help" and thousands of other feelings, views and needs. Once in one of my groups, a handsome, all-American-looking student confessed that he had been selling drugs for months and was busted the day before. His night had been terrible, coping with the police, his parents, and his own anxiety. The group was stunned by the disclosure; most members said nothing. The student assumed, because of their silence, that the group hated him which wasn't true. At the next session, he confronted the group with his assumptions about their thoughts and feelings. The group suddenly realized that they were misunderstood and should have expressed their shock as well as their own attitudes about selling marijuana, their sympathy and empathy for him, their need to help him get through the ordeal, etc. The group did open up and was very helpful to him (and his problems offered many dilemmas for group discussion).

Remember: **no one can read your mind!** In fact, without communication, we

frequently misread others and are misunderstood. Holding in hurts and wants, called "gunnysacking," results in your feeling worse, nothing changing, and your mishandling the situation when you eventually explode. It is particularly sad when someone, who *is* loved, concludes, "If he/she really loved me, he/she would send flowers...make future plans...be more affectionate in public (or in bed)." Being the strong silent type worked well for John Wayne, but frequent, clear, honest, unthreatening communication is superior to the silent treatment.

It is important that **impressions** (assumptions) **be checked out** soon (see next method). You need to know the truth; worrying about how someone might be feeling doesn't help. We often operate on false assumptions, why not ask?

STEP FOUR: Self-disclose appropriately in well chosen situations. Encourage mutual disclosure.

How do you know what is appropriate disclosure? First of all, you should **have a reason to disclose**. See section b above. Secondly, you should consider (1) how much you have already disclosed, (2) *who* you are talking to--your best friend? a new acquaintance? a parent? a boss? a mutual helping group?--and (3) how much can the disclosure hurt you? When these three factors are considered, most of us have a feel for what is appropriate. Persons who are very inexperienced in self-disclosing are most likely to over-disclose or under-disclose. As under-disclosers, we bore others; as over-disclosers, we scare people off. Look carefully for a reaction in others; hopefully, they will show interest and self-disclose in return.

If your conversation is superficial because that is your habit (not fear), make an effort to find personal experiences, opinions and feelings to discuss. Be careful not to talk only about your problems or weaknesses. If you are prone to accentuate the negative, try modestly exploring your strengths and blessings with others. Keep the conversation balanced; both people should disclose about equally.

Women can disclose more to strangers or new acquaintances than men can and still be liked. For example, a woman is, in general, liked if she reveals that her mother or father recently committed suicide or that she has certain sexual preferences (not homosexuality though). A man is not liked if he discloses the same information. However, neither a woman nor a man is liked if he/she discloses being highly competitive. So, women are liked if they disclose quite a lot. Are men liked if they disclose anything? Yes, but... Men are liked only if they disclose a little personal information but not too much. Neither women nor men are liked if they share nothing about themselves (Kleinke, 1986).

It would be helpful and interesting to **keep a diary** of your experiences disclosing. Note which concerns you get the most help with and from whom. Note what feelings and

needs you don't disclose. Note which friendships grow the most. Note if certain of your disclosures turn people off? If so, go slower. Are you uncomfortable discussing certain things? That isn't all bad, being too smooth makes you seem less genuine. Even if you feel your self-disclosure is something awful, don't be surprised if the other person thinks it's pretty ordinary. Note if it is hard for you to empathize with certain problems? See method #2. Note if there are people you avoid interacting with--perhaps people with different views, older people, or people with special skills? If so, ask yourself if you are threatened? Reward your friends and your efforts to disclose.

Time involved

It may take a couple of hours to plan what to disclose first, to whom, what later, and how. An hour a week is needed to think about your progress, to make more plans and write in the diary. Actually, self-disclosing means interacting differently, not necessarily more.

Common problems

People who are **aloof and intellectual**, especially males, may think of feelings as being unimportant nuisances. Such people could profit most from these new skills, but they must first see the advantages of being real and open. (And, lacking practice, they must learn what kind of disclosures are most appropriate, to whom, and under what circumstances. This isn't easy, but it is worth it.) I think it is sad that schools believe a teacher shouldn't reveal he/she is having problems with a son/daughter or is going through a divorce. Likewise, men are much more likely than women to work 8 hours a day for 20 years with co-workers and never disclose being distraught over an angry, rebellious son or a retarded daughter. It isn't hard to gradually open up but one has to overcome the inhibitions mentioned above and the childhood beliefs that "it isn't nice to talk about yourself" or to tell personal things to persons outside the family.

Research has shown that moderately intimate disclosures facilitate a relationship, whereas disclosing too much or too little is harmful. However, some people assume that practicing self-disclosure gives them a license to blurt out everything--their sexual needs, their suicidal thoughts, their criticism of others, their family secrets, etc. It takes social skill and experience to know what is an acceptable moderate disclosure and when a friend is ready for our deepest feelings.

Some writers suggest that disclosure, especially in encounter groups, is emphasized because one person's misery "makes" others feel good. Gene Stanford (n. d.) described his experience of talking within a group about his accomplishments, strengths and virtues. He was not warmly accepted. However, when he decided to give them what they seemed to want to hear--he made up a serious problem, he praised the group exercises, he hugged the others--the group warmed up to him and the leader said he was being "very real," although

he was pretending completely. Many people seem to listen better to weaknesses than to strengths (most of us would welcome a combination of both).

Effectiveness, advantages and dangers

As mentioned, research has found that moderate disclosures enrich friendships and are associated with good mental health (Johnson, 1981; Jourard, 1971). Clearly, the purposes and values facilitated by self-disclosure are commendable. However, achieving an intimate relationship involves more than being skillful at disclosing. If a couple has an abiding commitment to deepening their love, that is more important than self-disclosure skills. If bitterness develops between two people, frank disclosure may be harmful (that's one reason why there are "empty shell" marriages). Every professional has seen colleagues who teach interpersonal skills but are aloof in their personal lives, are self-serving, or can't get along with each other. There is a difference between being *open with* another person and being *open to* a good relationship. It takes more than skills to be a friend--unselfish motivation, genuine concern for others, a need for a relationship, etc.

There are some dangers with self-disclosing. You can upset people resulting in their avoiding you. You can try to convert a casual relationship into a more intimate friendship and, if the other person does not want this, you may lose a friend. On rare occasions, the other person may respond so negatively or judgmentally (giving you a sermon) that you experience more shame or guilt. In this case, see a professional. In general, there are few dangers, especially if you disclose gradually, observing the friend's reactions as you progress.

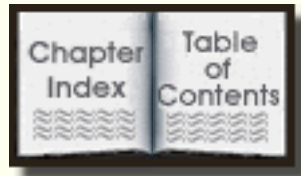
Of course, there is always a risk that your disclosures will be used against you by a former "friend." There can be no guarantees. Disclosing is something like loving: there are risks but you can't afford not to take a chance.

Additional reading

Pennebaker, J. W. (1991). *Opening up: The healing power of confiding in others*. New York: Morrow.

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CHECKING OUT OUR INTERPERSONAL HUNCHES

Checking out our assumptions

"What I think you think of me" and "what I think you think I think of you" are powerful determinants of how I act with you. Consider this example: Suppose boy B meets girl G. Further suppose B likes G *and* G likes B, but he doesn't know she likes him. Also, suppose B knows that G knows that he likes her, but B does not know that G does not know that he does not know that she likes him too. You see, it gets complicated--but that is exactly the way we interact with others. Now, if G thinks (wrongly) that B knows she likes him, B's shy, hesitant behavior may be misunderstood, "He doesn't care for me." If G correctly assumes that B doesn't know she likes him, G will understand his shyness and she can become more friendly. If, on the other hand, B assumes (erroneously) that G doesn't like him, he will probably never approach her. If B assumes (correctly) that G likes him, he will be more bold and things will be "lovely." Since B isn't sure of how G feels, he may be cautious, asking a mutual friend or looking for signs as they talk casually.

I ASSUME: Every time I assume what you are thinking, feeling or doing, I make an ASS out of U and ME.

R. D. Laing (Laing, Phillipson & Lee, 1972; Laing, 1972) has made the point that we must learn to live in the real world, not a world of false assumptions. To do this we must check out our assumptions about others. Most of our interpersonal relations are based on our interpretations of what the other person is thinking, feeling and trying to do. The following is an example adapted from Laing:

Jane's Thoughts & Words

Joe's Thoughts & Words

- | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1. I'm upset! "I had a terrible day." | 1. I see Jane is unhappy. "Sorry, let's have a nice evening." |
| 2. He doesn't understand. I'll tell him all that happened. | 2. She needs to forget about work. I'll get her mind off work. |
| 3. Joe's so unconcerned about my problems. | 3. I'll help Jane by staying calm. |
| 4. If Joe cared, he'd get upset too. | 4. She's getting more upset. I'll stay <i>very</i> calm. |
| 5. He knows I'm very upset! "Hey, Joe, why are you so uncaring?" | 5. Hey, is Jane accusing me of hurting her? What's going on? |
| 6. He knows his being calm upsets me; Joe must want to hurt me. | 6. I'm only trying to help. "Why are you on my case?" |
| 7. No real friend would be so unconcerned. "Joe, you are mean; I hate talking to you!" | 7. Jane is really mad at me; what's wrong with her? "Jane, you are neurotic! I give up." |

How many problems are caused by these kinds of misunderstandings? Lots. The more people understand each other's point of view and inner experience, the better they can accept and adjust to each other. See chapter 9 for more discussion.

Purposes

- To discover how another person is feeling about you. Then you have the choice to change or remain the same.
- To compare how you are seen by others with how you view yourself. For example, I may feel I am being helpful, but you may see me as being controlling. You may think we are having a stimulating discussion, while I think you are lecturing me. We may both feel we are being friendly but both think the other is being seductive.
- To consider whether or not you are being your real self or attempting to please others (or live up to some ideal).
- To change one's self-concept by getting feedback from others.
- The basic purpose is to "share where we are coming from" but there are many ways to use the information that is exchanged. Thus, this method is merely an extension of self-disclosure (method #6). However, it is a very extensive and highly structured

method, not just giving feedback about the here and now interaction.

STEP ONE: Consider the following list and decide on topics to explore.

Together with the other person make up a list of traits or actions or topics about which the two of you want to share views. Laing used these traits:

- | | | |
|--------------------|-------------------------------|------------------------|
| 1. Understands | 14. Takes responsibility for | 27. Lets me down |
| 2. Dominates | 15. Finds fault with | 28. Expects too much |
| 3. Involved in | 16. Accepts | 29. Worries about |
| 4. Depends on | 17. Pities | 30. Blames |
| 5. Disagrees with | 18. Doubts | 31. Deceives |
| 6. Takes seriously | 19. Spoils | 32. Lost hope for |
| 7. Can't stand | 20. Owes everything to | 33. Likes |
| 8. Takes care of | 21. Kind to | 34. Forgives |
| 9. Afraid of | 22. Misunderstands | 35. Puts on a pedestal |
| 10. Torments | 23. Makes conflicting demands | 36. Bewilders |
| 11. Loves | 24. Gets on nerves | 37. Creates stress for |
| 12. Try to out do | 25. Honest with | 38. Believes in |
| 13. Fights with | 26. Analyzes | 39. Enjoys sexually |

STEP TWO: Each topic is inserted into 12 statements. Each statement is separately rated by you and by the other person as true or not true.

Each topic selected in step one is used to make 12 statements (see i to xii on the form below) which, when rated as true or untrue by both people, provide feedback in three areas: (1) How we perceive ourselves and the other person, (2) how we think he/she rated us and his/herself and (3) how we think he/she thinks we did the ratings. You can make two copies of this form for every topic you want to discuss and get feedback about.

When you first look over the form, the ratings might be more clear if you think of a topic, such as "understand(s)," being inserted in each of the blanks.

STEP THREE: Share your ratings. Note the agreement, discuss your differences.

Taking one topic at a time, carefully look at (1) what kind of person does each of us think we are? (See ii and iv.) (2) What kind of person does each of us think the other person is? (See i and iii.) (3) Do the two of us agree as to what I am like and he/she is like? (Compare your answers to i, ii, iii, iv with his/her answers to ii, i, iv, iii, respectively.) (4) How accurate are our assumptions about each other's views? (Compare v-viii by one person to i-iv by the other person.) (5) How accurately do we understand the impression each of us has of the other? (Compare ix-xii of one person to v-viii by the other person.) (6) What are the implications of the misunderstandings we have in (4) and (5)?

A Form for Completing Laing's Ratings

(Two of these forms are needed for every topic, one for each rater)

Rater: _____ Date: _____

The topic being rated: _____
 (fill in this topic in the 12 blanks below)

(1) **Your perceptions:** How do I see myself? How do I see the other person?

A. How true are the following statements?

*Ratings

++ + - --

- i. She/he _____ me. ___ ___ ___ ___
- ii. I _____ her/him. ___ ___ ___ ___
- iii. She/he _____ her/himself. ___ ___ ___ ___
- iv. I _____ myself. ___ ___ ___ ___

(2) **Your assumptions about the other person's perceptions:** How do you think the other person will rate him/herself? And, how do you think he/she will rate you?

B. How will she/he (the partner) rate the statements i-iv above?
(That is, how will he/she rate i to iv on his/her form?)

	++	+	-	--
v. She/he _____ me.(rating you)	___	___	___	___
vi. I _____ her/him.(rating himself)	___	___	___	___
vii. She/he _____ her/himself.(you)	___	___	___	___
viii. I _____ myself.(rating him/herself)	___	___	___	___

(3) **Your assumptions about his/her understanding of you:** How do you think the other person thinks you will rate the items?

C. How will she/he think you have answered the following?
(That is, how will he/she rate v to vii on his/her form?)

	++	+	-	--
ix. She/he _____ me.	___	___	___	___
x. I _____ her/him.	___	___	___	___
xi. She/he _____ her/himself.	___	___	___	___
xii. I _____ myself.	___	___	___	___

*The ratings are ++ for very true, + for slightly true, - for slightly untrue, and -- for very untrue.

The complete 35-page test is available in Laing (1972).

STEP FOUR: Use the feedback to increase your understanding of yourself, of the other person, and to improve the relationship.

We should be able to learn about ourselves by carefully probing another person's views of what we are like (as distinguished from basing our self-concept on inaccurate guesses about what he/she thinks of us). Likewise, we can help someone else understand him/herself better. And, with better understanding of each other, we should be able to relate to each other better.

This emphasis on the role of our assumptions about other people adds a new, important dimension to social interaction. We must continuously check out the accuracy of our assumptions, however. It is easy to misread others, sometimes our fantasy runs wild.

What are some of the changes that might occur after sharing ideas and feelings with each other--as this method is designed to do? (1) If you and the other person disagree about what you or he/she is like, both of you can reserve judgment and make more observations. (2) If you feel misunderstood, try to change the other person's experience with you, i.e. let him/her see another side of you. (3) Try to change your behavior. (4) Try to change the other person and/or help him/her make desired changes. (5) Try to change your views of the other person. (6) Become more aware of your needs and wants. Example: a person may not need to be affectionate with his/her partner every day but such a person may be highly invested in knowing that the partner loves and needs him/her. This latter need may not be shown openly (or even known to the needy one). (7) Start a campaign to be better understood by others.

Obviously, this method of getting and giving feedback is complex. But much more is involved than just going through these 12 statements for several topics every year or two. In daily interaction you have to remember to check out your assumptions about the other person's views and intentions: "What did you think I wanted?" or "You seem to be forgetting that I need the car tonight, is that right?" or "You seem to think that I am worrying too much about you, do I read you correctly?" With the human mind so busy trying to read minds, it is hard to stay in touch with the real world. Read some of Laing's books.

Time involved

It will take several hours to discuss your relationship with one person. You may want to do this exercise with several people. Eventually, you will become more aware of the underlying assumptions in all of your relationships. Some couples will want to periodically "check out" their assumptions, but in due time this "confirming procedure" becomes a part of your style of interacting, not a separate exercise.

Common problems

It is time consuming and so difficult to grasp the implications of seeing each other differently that many people will not have the patience to use this method. Disclosing always involves some risks, arguments can arise, some disclosures may be upsetting, and so on.

Effectiveness, advantages and dangers

There is no known research of the effectiveness of this method. Perhaps simple, unstructured disclosure would be just as effective as this highly structured method. The advantages of self-disclosure were discussed under the last method. As is true of many other theorists, Laing derived his views of human behavior from emotionally disturbed people; yet, he assumes his theories explain the behavior of all people. Clearly, more and more evidence is accumulating that supports the notion that cognitions (interpretation of the situation, attributions, expectations and so on) have a powerful influence on behavior. We

(psychologists and everyone) are going to have to deal with mental events.

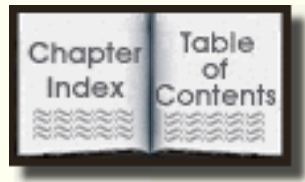
Recommended readings

Laing, R. D., Phillipson, H. and Lee, A. R. (1972). *Interpersonal perception*. New York: Perennial.

Laing, R. D. (1972). *Knots*. New York: Vintage Books.

[← Back a page](#)

[Forward a page →](#)



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SOCIAL, CONVERSATIONAL, AND DATING SKILLS

Overcoming shyness and loneliness

New worlds open up to you when you get to know new people. Shyness and loneliness are common problems, however (see chapters 5 and 6). No one needs to be lonely; almost certainly within a few blocks there is another lonely person. The task is to reach out, to take a risk. Many of the skills involved in socializing and dating have already been discussed, including overcoming fears and shyness (chapters 5 and 12), self-disclosure (method #6), and listening and empathy (method #2). Other skills are also needed: Knowing where to meet people, how to start a conversation, how to keep up the conversation, how to make future dates and how to have a good time and develop a good relationship. Only a summary of these skills will be given here but several references will be cited.

Lonely people are often physically alone but even more important are their feelings of being left out, disliked, not being understood and emotionally removed from others, even when physically with others. Also, how people view their loneliness influences how they think it can be overcome, if at all. For example, if a person thinks he/she is lonely because he/she is ugly, unlikable, or recently lost a spouse, he/she is likely to feel helpless. If he/she thinks his/her loneliness is caused by shyness, lack of social skills, or limited opportunities, he/she may feel able to change. Understanding one's shyness (e.g. that we are labeling ourselves as shy and expecting to be judged negatively) helps a person change. Social skills training groups result in less shyness and more self-confidence (Eisler & Frederiksen, 1980). In short, loneliness and shyness are cognitive problems as well as a behavioral, emotional, and skills problems too.

Purposes

- To feel more comfortable approaching others in a social setting, to reduce shyness.
- To be able to converse with others and establish a good relationship, to reduce

loneliness.

Steps

STEP ONE: **Deciding where to meet people.**

Chapter 9 mentions finding new friends nearby and among people with similar interests and attitudes. Chapter 10 discusses several problems involved in searching for a mate: how we attract others and are attracted, how there is a conflict between physical attraction or "falling in love" and intelligently selecting a compatible life-long companion, how deception complicates mate selection, how there are different kinds of love and lovers and so on.

Several books go into great detail about where and how to meet people. The main point is getting out of your ordinary routine--go new places and interact with the people there. There are hundreds of possibilities: sports events, exercise programs, parties, bars, church, clubs, classes, travel, politics, concerts, museums, shows and on and on. Talk to new people wherever you are, in the grocery, laundromat, at work, shopping, etc. Ask friends to recommend possible friends or dates, get their number and call them up. Put a personal ad in a paper or magazine. Try a computer dating service. Do something, don't stay lonely and feel helpless.

Our initial attraction to someone is strongly influenced by his/her physical appearance. This has several implications: look your best for others, but in your searching don't forget that the exterior tells us very little about the personality, values, moods, brains, common-sense, love and hate that is hidden within. These other factors are so much more important than looks; yet, we overlook these factors at first. Many people are lonely because they are waiting for a pretty/handsome "shell" to come along. It takes hours (maybe months) before you get more than a peek at the whole package.

Once you have found someone you would like to meet, guard against making assumptions about how he/she will feel about being approached by you (e.g. offended, embarrassed or thrilled). You can't know. Just approach him/her and see what reaction you get. If you are a caring, loving, harmless (innocent), enjoyable person and he/she is not in need of a friend at the moment, what is lost? Don't procrastinate.

STEP TWO: **Starting a conversation.**

In chapter 9, I suggest that it is self-doubts, childish resentment, and irrational embarrassment that keeps us from approaching others, rather than the fear of rejection. Regardless of the reasons for our fears, initiating a conversation is hard for many of us. If it is for you, reduce the inhibiting anxieties (see the next step) and practice interacting with

lots of people. The best advice is to be serious (genuine) and straight-forward but friendly, don't be loud, critical or flippant. A sense of humor helps but it isn't necessary. Don't be a clown and don't grandstand (make loud remarks so bystanders can hear you "making a move"). Think out, in advance, what you can say, don't "wing it." There are new books coming out all the time in this area (e.g. see Kahn,1996; Gaber, 1992; Martinet, 1991, and others listed below or in your library).

Like acquiring most skills, it is helpful to observe good models and then practice by role-playing. A small group can be formed to help each other. Feedback and encouragement from the group or by video recordings is very beneficial. Pay particular attention to the non-verbal interaction that usually takes place before words are spoken. It is important to first establish eye contact, this lets him/her know you are interested. Remember to smile, how else will he/she know that you are friendly and not an IRS agent? Then maneuver yourself close enough to talk comfortably. This may be a special problem if either of you are with a group. If you want to meet new people, you probably need to leave your group and circulate alone for a while.

Perhaps the best opening comment gets straight to the point, "Hi, I'm Clay. I've seen you at... and I'd like to get to know you better. How about coffee or....?" Another example might be: "Hi. Doing the laundry wouldn't be so bad if they served popcorn and beer while you wait, right? (Wait for a response.) Would you like to have a beer or a coke?" Attractive males *and females* can take this **direct** approach. It is honest and, thus, appealing to both women *and men*. But if personality and sincerity are your strong suits (not your looks), then you may need a chance to display your strengths first before asking for a "date."

Zunin and Zunin (1988) illustrate several **indirect** approaches, i.e. you want to get acquainted first and then consider asking for a date. Women usually prefer to take this safer approach. One can start a conversation by asking questions (What do you think of the concert...tax reform...the new cars? What happened in class today?), giving compliments (You made a really good point.), exploring common interests (Do you play tennis?), making funny comments (Did you know recent research shows that standing in long lines increases your libido?), being courteous (Can I help?), or giving a common "line" (Haven't we met before?). In general, make a comment about the situation or about what the other person is doing, give a brief reason for your comment (do some self-disclosing) and ask the other person his/her opinion (Gambrill & Richey, 1985). Be modest, don't come on too strong. If the conversation continues, later you can propose doing more things together. Try both direct and indirect approaches. See what works best for you.

Have some idea of where the conversation might go. Don't start a conversation and then have nothing to say. Become practiced at "small talk," it gives people time to check each other out and to figure out what future activities can be proposed together, if any. Also, practice making people smile and feel good. Give compliments (not obvious

flattery). Be friendly and develop a sense of humor. If you can speak to and approach people in general, naturally you will be better prepared to approach someone who really interests you.

STEP THREE: **Handle the anxiety.**

In many cases, fears are more of a problem than lack of social skills. A lack of confidence may have to be overcome before we can have the successes that build confidence. There are three basic approaches to the emotional (anxiety) aspect of this problem. If the tension threatens to disrupt the conversation, you can use (1) desensitization or **relaxation** techniques before and during the interaction (see chapter 12). At the first sign of disruptive anxiety, take a few deep breaths and tell yourself to relax. Maybe even leave the situation for a moment to regain your composure. (2) A useful cognitive restructuring method is called "**adaptive relabeling**." Rather than saying to yourself "I'm going to panic, I can't do it, they will think I'm weird," you might think, "I'm excited about meeting him/her, it is a challenge but I can do it, it's good practice." Remember, the important thing is not to avoid anxiety but to continue interacting smoothly. So, tell yourself, "Think about the conversation, not the silly fear." (3) Other similar methods, such as self-change instructions (method #2, chapter 11), stress inoculation (method #9, chapter 12), and challenging irrational ideas (method #3, chapter 14), are helpful in reducing tension, guiding your behavior, and keeping your perspective realistic. It is *not* awful if someone turns you down. It doesn't mean you will be unloved forever. It means you should keep trying.

STEP FOUR: **Continuing the conversation and arranging a future date.**

There are so many things to talk about. Have a few possible topics in mind and a few questions. Ask open-ended questions requiring an explanation, not just yes or no. Do both--ask questions and talk yourself. Try to talk about half of the time; people will like you better if you do. Talking too little looks passive and insecure; talking too much looks dominant and self-centered (Kleinke, 1986). Don't worry if your comments aren't brilliant. It is important to keep up the conversation, what you say is less important. It helps to recognize that conversations with friends serve many purposes: having fun, passing the time, finding out what has been happening in each other's life, getting help or information, sharing entertaining stories, having serious discussions, getting to know each other, discussing your relationship and future plans. When meeting someone, you are mostly "selling" yourself, seeing if the other person is "buying," and looking for a way to continue the interaction, if both are interested.

At this point, several skills can be used, especially listening and empathizing (method #2) and self-disclosure (method #6). Try to be upbeat, confident and enthusiastic, not pessimistic and self-depreciating. Smile, nod, give encouragement ("I agree," "right,"

"that's great"), and keep good eye contact. Being warmly attentive is more important than talking about yourself. If you share a little personal information, the other person is likely to also.

After a few or several minutes, you may have to decide if you want to continue the relationship. And, you have to decide if the other person is interested or not. Chapter 9 discusses looking for a partner: how to show we are attracted, women's problems with approaching men, the conflict between "being in love" and evaluating a potential partner, the problem of pretending with a new date, and remaining able to disengage. If you and he/she seem interested, it is important to arrange a future meeting (or at least exchange phone numbers), otherwise the opportunity is lost.

Suggest doing something interesting together. Be specific about the activity and the time. Don't make it too demanding (e.g. a whole day) nor too intimate (e.g. a R rated movie). Describe how much fun the activity should be. If he/she can't make it or rejects your first suggestion, have an alternative to propose. If both invitations are rejected (pleasantly, not violently), tell him/her that you are disappointed because you were really hoping to get to know him/her better, give him/her your phone number, and suggest that they call you at a later time. On the other hand, if he/she accepts your invitation, let them know you are happy, ask if he/she would like to invite a friend to come along, and make specific arrangements regarding meeting time and place.

Women over-estimate how many males dislike being approached by women. In fact, over 90% of college students (men and women) say it is OK for women to approach men (Kleinke, 1986). Because of this misunderstanding, however, many women drop hints, e.g. "I have no plans for the weekend" or "I'd like to see the new movie," instead of asking a man out directly. Unfortunately, males don't take hints very well. If a male likes a woman, he will go out with her regardless of whether she hints (and he catches it) or asks directly. If he doesn't like her, he probably won't go out with her (Muehlenhard & McFall, 1981). So women are much better off being direct. Besides, about 80-90% of my male students say they would be flattered by a specific invitation. In chapter 10 we also learned that intelligent women, in particular, are not disrespected for directly asking a male to do something with them, i.e. males, in general, won't assume it is a sexual invitation. In some cases, men may misinterpret friendliness as a possible sexual come on (Abbey, 1982). When this happens, women need to make their interests and intentions very clear to the men, don't let their fantasies run away with them.

STEP FIVE: Have a good time.

If you are truly interested in people and sympathetic, you will probably be considerate and enjoy interacting with almost anyone. Otherwise, you will get along with only specific types of people. Show your interest. Give compliments and positive feedback. Make more

positive comments than negative, a constant critic drives people away. Focus on helping others enjoy themselves. Be warm and caring. Ask open-ended and personal questions. Continue to listen, empathize (method #2), self-disclose (method #6) more and share intimate feelings. Tell stories, exchange information and opinions, bring up interesting topics, tell jokes, keep on planning fun activities. Carrying on a conversation is discussed in chapter 9.

Time involved

You may want to do some reading and some role-playing. This might take a couple of hours. Otherwise, take about 15 minutes to plan what you might say when you have an opportunity and then give it a try. Most of the time will involve actual interacting.

Common problems

Fear is the greatest obstacle. If it is your problem, you must face it or reduce it (see chapter 5). Rather obviously, even if you can start practicing right away, there is a learning period. You don't instantly become a "smooth operator;" there is a certain anxious, awkward period to go through.

There is a common belief that one shouldn't have to study to be a good socializer, it should just come naturally. One shouldn't have to plan what he/she will say, it should just flow out. Sorry, but for many of us, it just doesn't happen that easily. It's only intelligent to learn the skills, if you don't already have them. Advanced planning doesn't reduce your goodness as a person nor imply that you are a conniving predator (if you are, stay away from everyone and get therapy right away).

Obviously, others may be concerned that a self-helper interested in gaining social skills will misuse these skills, e.g. taking advantage of friends or deceiving others. That is a possibility; almost any knowledge can be used to serve an evil purpose. It is unknown how often newly acquired social skills are used unethically. But, I'll bet it occurs much less often than deception by "natural born" smooth talkers.

Effectiveness, advantages and dangers

Social skills training blossomed in the 1970's. It seems to have slowed in the late 1980's and 1990's. Inter-gender communication caught the spotlight but that is more descriptive than skills training. Researchers concluded that the training was generally beneficial to certain kinds of people, such as non-dating college students, students unable to speak up in class, and persons with emotional problems. Kleinke (1986) cites several studies showing therapy and social skills training, especially in groups, to be effective. The training does not help everybody, however. Very little is known about the effects of

written material on socializing. As with assertiveness, we also do not know much about the long-term effects of the social skills training. Many of the books about social interaction do not cite research but some do; they all say about the same things.

The risk of someone using social skills for self-serving purposes is mentioned above. The rule must be: buyers beware. Trust is discussed in chapter 7; the best policy is to "Trust a person with caution, until he/she shows he/she is untrustworthy."

Additional readings

Mental health professionals consider Tannen's two books wonderful aids to improving conversations (Tannen, 1986, 1990). Another book by communication specialists (Goodman & Esterly, 1988) is lengthy and solid (Santrock, Minnett & Campbell, 1994). Several publishers are producing a variety of communication skills tapes and videos (see New Harbinger Publishers and Research Press).

Carnegie, D. (1936, 1983). *How to win friends and influence people*. New York: Pocket Books. This is a classic but no longer the best advice.

Carter, J. M. & Wyse, L. (1976). *How to be outrageously successful with women*. New York: Ballantine.

Coleman, E. (1972). *Making friends with the opposite sex*. Los Angeles: Nash Publishing.

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Eisler, R. M. & Frederiksen, L. W. (1980). *Perfecting Social Skills: A guide to interpersonal behavior*. New York: Plenum.

Gaber, D. (1992). *How to start a conversation and make friends*. New York: Simon & Schuster.

Kahn, M. (1995). *The tao of conversation*. San Luis Obispo, CA: New Harbinger Publishing.

Kleinke, C. L. (1986). *Meeting and understanding people*. New York: W. H. Freeman and Company.

Martinet, J. (1991). *The art of mingling*. New York: St. Martin's Press.

McKay, M., Davis, M. & Fanning, P. (1995). *Messages: The communication skills book* (2nd ed.). San Luis Obispo, CA: New Harbinger Publishing.

Morris, J. A. (1986). *The art of conversation: Magic key to personal and social popularity*. New York: Simon & Schuster.

100 great opening lines. (1976). Tenafly, NJ: Symphony Press.

Peplau, L. A. & Perlman, D. (1982). *Loneliness: A sourcebook of current research, theory and therapy*. New York: Wiley.

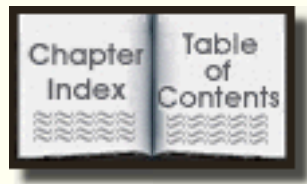
Weber, E. (1976). *How to pick up girls*. Tenafly, NJ: Symphony Press.

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[← Back a page](#)

[Forward a page →](#)



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HELPING SKILLS

Basic helping skills

Many skills needed to help another person are the same or similar to the skills needed to help yourself. The skills of a professional are the skills of a helpful friend. Furthermore, the process of helping others is one of the most therapeutic and enjoyable things anyone can do. Thus, learning to be a good helper is a way of helping yourself, sometimes called "helper therapy." This can be done by taking paraprofessional training, by becoming a peer counselor, or by participating in a support group (Chapter 5). There are several effective training programs (Danish & Hauer, 1973; Ivey & Gluckstern, 1976; Egan, 1979; Samuels & Samuels, 1975). You can acquire many of these skills by reading the books, but to become a certified paraprofessional helper you must, of course, be observed and supervised extensively in real life situations by a qualified trainer. The first rule is "I shall do no harm."

Conflict resolution: the "win-win" or "no lose" method of settling disagreements.

Every relationship has conflicts. However, conflicts do not have to end with someone losing and with both parties hating each other. Many do end this way. That is why we have so many wars, political fights, divorces, lawsuits, business breakups, time and money-wasting arguments at work, etc. Wise persons are able to resolve disagreements with both parties satisfied and respecting each other. It takes real skill.

The Society of Friends (Quakers) have many great ideas. Two are pacifism (don't settle conflicts with violence) and consensus (don't settle issues without *getting agreement from every person involved*). We live in a society, however, that believes voting is the best way of settling disputes. Unfortunately, election winners tend to become insensitive to the preferences, needs, and values of the losers, and often almost 50% of us are losers. Any system of decision-making that says "to hell with you, I've got 51% of the votes" can not be considered humans' highest level of evolution. Of course, pleasing over 50% is better

than pleasing only the elite. This method is about trying to achieve a resolution that meets each person's needs as much as possible. This is called a win-win system, in contrast to our court system where one side wins and the other side loses.

Begin by understanding that we each have our own way of dealing with conflicts in our lives. Knowing your own style and motives as well as the style and motives of the person you are in conflict with will help you handle the situation. Also it is obvious that self-serving and hostile underlying emotions are often the cause of disputes. The conflict may be a power struggle, a need to prove you are right, a superior attitude, a desire to hurt or "get even," or some other motive.

Current thinking is that people have these conflict resolution styles:

1. **Avoiding** or denying the **conflict**. Such a person hopes the problem will go away. Usually it doesn't. So, this is a bad approach. But many people take it. Do you?
2. Many prefer to **give in** rather than fight. Why? Sometimes they are being a martyr, sometimes scared, sometimes seeking appreciation, etc. In any case, this is another bad approach, because it is unfair, it generates no creative solutions, and usually such an accommodator remains very unhappy.
3. Some people **get mad and blame** the other person. " You ignored my authority" or "You are totally unfair" or "You've hurt me and I want to get even," etc. Such a conflict becomes an ugly battle in which they must "get their way" and win at any cost (like in a divorce settlement). This is also a terrible approach because it stops all constructive thinking, is unfair (deceitful, threatening, chauvinistic), and produces lasting hostility. Kottler (1994) helps such people learn to avoid blaming.
4. Other people appear to seek a **compromise**, i.e. find some middle ground and "work out an agreement." That would be wonderful, if it were entirely true, but sometimes a part of this approach is subtle but deftly trying to win more ground than your opponent. The objective becomes trying to prove you are clever or slick. Thus, political or social pressure, misrepresentation, threats-with-a-smile, and so on may slip in, rather than simply seeking an optimal solution for both sides.
5. A few people can control their anger, competitive, and I-give-up feelings and genuinely seek an innovative, fair, optimal solution for both parties. Take this creative, **integrative** approach if you can.

It isn't easy to be rational during a conflict. Moreover, it may seem very unlikely that an aggressive person would give up a chance to take advantage of an avoider (style 1) or an accommodating person (style 2). Yet, in the long-run, the aggressive person would

probably be better off if he/she worked out a fair arrangement, especially if they had an ongoing relationship. In many situations, where there will be a continuing relationship, you can find better solutions to today's specific conflict and also build much better long-lasting working and loving relationships by learning the principles of constructive conflict resolution.

Of course, there are many conflicts in which openness, empathy, and creativity are just not part of the process, such as buying a car, returning an unsatisfactory purchase, or win-lose labor-management negotiations. The salesperson wants a high price and you want a low price; the two of you bargain and compromise, then you may never see each other again. The union wants high wages, the company wants low wages, a settlement is reached and the negotiators never see each other again. Many times the two people or groups are too hurt or too angry to interact without rancor. This kind of tough, unsympathetic, self-centered, often manipulative, deceptive and hostile negotiating involves great skills, much like a lawyer's work. But they are not the skills I want to teach you. Table 13.1 summarizes a list of guidelines for tough "win-lose" bargaining, i.e. for maximizing your gain and "ripping off" the other person (and then trying to make the victim feel okay about the outcome). Many people will say, perhaps accurately, that those rules are common and useful in the real world. Use the rules if you have to, but I prefer to encourage another approach.

"Win-win" negotiating is a complex process for resolving conflicts, a way of fairly settling a disagreement. It isn't getting the best deal for *me*; it is finding the best solution for *us*. The conflict could involve a lover, your own children, a parent, a friend, a co-worker, a teacher, a boss, or almost anyone. This involves respectfully discussing *as equals* the general situation with the other person, so you can understand his/her situation and interests. You must suspend your judgment and needs; you must "hold your fire" and listen to the other side; you must see their viewpoint and know their needs. **Integrative solutions** require both sides to carefully identify how their preferences are different and how they are similar. Then a solution is built on the similarities--similar ways of doing things, similar values, and similar desired outcomes. Both parties must view the conflict as a problem to be solved *by them* in the best way possible, not just fairly but optimally, even creatively. You both should be open and honest, not deceptive and manipulative. Trust must be built. You both work hard together to develop a wise, workable, "win-win" solution. It is not easy.

If an attempt to find a cooperative, integrative solution fails, you could seek professional help with the mediation, as in marital mediation. In some cases, you will have no choice except to confront an aggressive opponent. Win-win solutions (integrative) are fair, optimal solutions between reasonable people; tough bargaining is with an untrustworthy, self-serving opponent. In some cases, perhaps win-win negotiating can be combined with tough bargaining methods, but most of the time they are *very different processes*. It is probably important to know both methods, however, and to be willing to

get tough (or empathic) if the situation calls for it.

Purpose

- To resolve disagreements as fairly and peacefully as possible. This may involve parent-child or marital conflicts, disagreements at work, business transactions and many other situations.

Steps

STEP ONE: Start with the right frame of mind.

As Thomas Gordon (1975) emphasizes, referring to parents in conflict with children, it is better to view the situation as "two equals trying together to solve our problems" than to think "you will do it my way because I say so." Being in conflict doesn't necessarily mean being mad at each other. It *can* mean an opportunity to show your wisdom, to create a better situation, to help both of you be winners. Having a negative, distrustful attitude is detrimental to this process; believing you must "win" the argument or otherwise you lose face is a bad attitude; feeling superior or being "hard-nosed" and feeling inferior or being a "soft-touch" are both problems. Start by seeing your opponent as a decent, reasonable person who wants to arrive at a fair solution (until proven otherwise). Deal with him/her with respect. Just as you would separate the person from his/her behavior, separate the person from the conflict the two of you are having.

In this fair and cooperative spirit, invite the other person to sit down and talk it over with you. Even with warring spouses, marriage mediation has proven to be far superior to settling disputes in divorce courts. Lawyers in court do not take a cooperative, integrative problem-solving approach; they take an adversarial, get all you can, let's-prove-who's-wrong approach. If we can control our emotions just a little, however, we can usually work out good solutions.

The cooperative, integrative solution approach is not appropriate in all cases (you are not going to invite the used car salesperson over for coffee). In these cases, go to Table 13.1.

STEP TWO: Have a discussion to understand both sides' problems, conflicts, needs, and preferred outcomes (separating "positions" from "interests"). Be empathic.

It is important to make this first meeting as cordial as possible while being honest and open. Persuading the other person to take the "win-win" approach may take time (see method #16), especially if the other person is angry. Admit there is a conflict; acknowledge that both of you have legitimate needs and goals. Be respectful and, as much

as possible, empathize with each other. Indicate that you are willing to be flexible and open-minded; ask them to be. See if both of you are willing to make a sincere effort to work out an optimal solution, recognizing that neither can have everything he/she wants. If so, arrange to take the time necessary to understand both sides.

Start by clarifying to each other exactly what the conflict or problem involves. Find out what they want. Get all the information the other person has to offer. Ask for all the additional information you need. Don't try to offer solutions now. First, just listen to their side, get all the facts, and give the situation some thought (solutions come next time). Don't try to assess blame but point out anything that seems unfair. Be honest and cordial. Keep on maintaining a good relationship, talk over coffee or take a walk together. Be as understanding, empathic, and sympathetic as you can be (considering that you may be viewed as the villain).

It is important to use "I" statements and avoid blaming "you" statements (see method #4). Be especially aware of offensive language or attitudes, e.g. don't assume that unions only care about pay increases, don't use sexist language, don't act as if all females are secretaries, etc. (Elfin, 1993). When describing your hopes for the future, don't just express the benefits you want, describe the benefits you hope the other person (or other side) receives too.

Special attention must be given to the causes (try to avoid blaming) of the conflict, as seen by both people. List the things each of you do that has not helped to resolve the conflict. Consider what attempts have been made to resolve the issue before. Also, very specific behavioral descriptions of the desired outcomes should be gotten from both people. At the end of this discussion, both people should understand the exact nature of the disagreements. Be sure you do much more listening than defending or "explaining." Do not, at this point, disagree with the other person's ideas and certainly don't attack or insult them. Listen carefully, and especially listen for *points of agreement and for similar goals*. It is these agreements that will form the basis for a cooperative plan.

Special attention must also be given to the possible distinction between what changes the other person says they need (their "position") and what they really want (their "interest"). Some examples will help: suppose an employee asks for a higher salary (his/her "position") but the company can't pay it. If you found out that the employee liked the job but his/her "interest" was primarily to get some transportation for his/her family, the company may be able to find extra work or a vehicle for the employee. Suppose a principal wanted to fire a poor teacher ("position") but couldn't because of tenure. If the principal's "interest" (and the poor teacher's goal) was to improve the instruction in the teacher's classroom, there may be many solutions, such as hiring a skillful teaching assistant to help out, co-teaching with a superior teacher, helping the teacher get more training, transferring the teacher to another kind of work, etc. Stating different demands or "positions" does not mean that your basic "interests" are irreconcilable.

Recognize that there are probably *many possible solutions* that would meet both your "interests" and the other person's "interests." Talk about your shared interests. It helps you avoid thinking you will accept only one solution. Also, avoid feeling competitive and that you must come out on top or get some concession to save face. All of this takes time.

STEP THREE: Gather all the additional information you need and think of several options or plans for resolving the conflict and satisfying shared interests. Try brainstorming.

Drawing upon the things you both agree on and upon your shared goals and interests, draft some plans for changing things and for greater cooperation which will maximize the desired outcome for both of you. Have several plans or ideas (to demonstrate your flexibility).

One person, say a parent or a child, may simply ask the other to join in a rational, adult-like effort to resolve a difficulty between them. They are respectful of each other as equals; both contribute to the solution. There is no force, no threats, no crying or whining or other pressure to get one's way, just logic, respect, and consideration of each other. Both accept in advance that the final "solution" must be acceptable to both. No one is put down; everyone wins as much as possible.

If the problem involves a relationship, think about the changes desired by both of you. Also, try to describe the behavior you want very specifically (see method #3). Avoid vague comments, e.g. don't just say, "I want to be closer." Instead, say, "I want to have at least 30 minutes together every night so we can share our days...and smooch. If we do that, then I think we will have intercourse more often, which you and I both want." The idea is to solicit the other party's ideas and cooperation in planning a better future. So, don't throw in insults and criticism ("you are so uncommunicative") and don't bargain for changes that are very difficult or impossible for the other person to grant, such as a change of feelings ("accept my watching sports").

If you are negotiating for a promotion or trying to sell an idea, obviously you must amass all the evidence supporting your points. For the promotion, list all of the strengths you bring to the company, what extra responsibilities you will shoulder, how your salary can be made contingent on your productivity, how much support you have from colleagues, etc. Put together your best arguments and present them well. Don't just assume the decision-makers will "consider your merits," even if you say nothing.

If you can't think of good solutions to the conflict, try **brainstorming** with friends, colleagues, or with the person with whom you are in conflict (see method #11). Both of you are looking for ways you both can win. Do some reading. Try to be creative.

STEP FOUR: Both of you present your plans for resolving the conflict; try to integrate the best of both plans. Or, make a fair offer or express a request. Negotiate the differences.

Don't present your ideas as the "ideal solution," be tentative and honestly welcome different or better ideas. Nevertheless, clearly state the logical reasons for the plans or offer you are proposing. Make it obvious that you have considered the other person's needs and preferences. When indicating the outcomes you want, don't just say you want something because it is to your advantage, e.g. "I need a raise because I bought a new car" or "I have to have more time to do the paper because I'm social chairman in my fraternity." Word your proposals so they seem well justified and are easy to agree with, for example:

"If I check with you first and then make all the arrangements, wouldn't you like to take one night off each week so we can have some fun time together?" (Rather than: "It's so boring around here, can't we do something?")

"We are overdrawn again this month, can we cut down on your beer and my junk food or is there something else you would rather cut?" (Rather than: "Do you realize you drink up \$15 or \$20 a week in alcohol?")

It may be wise to present your two best alternatives and then ask the other person which he/she likes best or if he/she can see ways to improve on your proposals. This shows your flexibility. If the other person seems unhappy with your suggestions, ask: "What would you do in my shoes?" or "What don't you like about my suggestion?" These kinds of discussions may disclose the other person's interests and motives, which can perhaps be integrated.

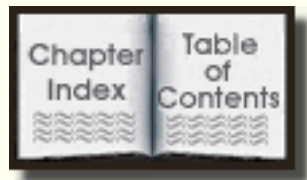
It is often to your advantage to consider what your alternatives are *if* you do not get your "interests" met through this negotiation process. If you have other acceptable options (besides the one you are negotiating for), that gives you some security and some power because you can always walk away from these negotiations. Also, not always but sometimes you might be wise to reveal to the other person that you have other choices. Example: "My father wants me to take over his Personnel Office but I'd rather work with you." Don't lie, the employer may just wish you luck in personnel work. If you have no good alternative (like another job opportunity), present your best case, appeal to the other person's sense of fairness, and use the opinion of others or factual information to support your proposals.

Normally, the other person will have his/her own plan or will make a counter-proposal. Don't immediately attack the plan. Instead, earnestly ask "why" and "how" these changes will help them *and you* (you are looking for a mutually beneficial solution); this discussion will uncover his/her basic "interests." Give the other person support and

encouragement when he/she proposes solutions that address your shared interests. Then the best of both plans can be integrated. And, the remaining disagreements can be discussed and compromises sought.

[← Back a page](#)

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CONFLICT RESOLUTION OR NEGOTIATION

STEP FIVE: Watch out for these common pitfalls in negotiations.

One of the most common mistakes is assuming that one proposal (usually yours) will solve all the problems. So, *forget about finding "the best single answer."* In most situations, a good compromise is made up of several changes that benefit you the most (and the other person a little) and an equal number of changes that benefit the other person. So, *don't argue over every proposal made*; the task is to find the best combination of changes. That is why *brainstorming* is so helpful.

Perhaps the most serious pitfall is failing to agree about how to make decisions. If this is left unclear, naturally people will start using all the power they have to get their way, including threats, power, withdrawal, crying, personal attacks, amassing personal support from friends, saying "Take it or leave it," and so on. This is destructive. In "win-win," the two people must agree on *the basis for deciding*, e.g. the proposed change is fair, it hurts no one else, it is reasonable, it is likely to produce the desired outcome (meet our "interests"), etc. *Use reason, not emotions* (such as a determination to get one's way). Thus, decisions are based on principles of justice and logic, and on rational expectations about effectiveness, if that is what both parties agree on.

Occasionally, you may misjudge the type of person you are dealing with, e.g. you may assume the opponent is a congenial, dependable person willing to do "win-win" negotiation but find out in the final stages that he/she is really a determined, hostile barracuda. That is a risk. However, win-win negotiating is based on the assumption that most people will see the wisdom of being fair and seeking an optimal solution for both sides. It certainly would be a mistake to assume that every adversary will be inconsiderate, unyielding, and hostile. Sometimes, though, tough and even mean negotiations can't be avoided.

Max Bazerman (June, 1986) describes **five common mistakes** while trying to resolve more competitive negotiations: (1) as mentioned before, believing the other person must lose for you to win. (2) Discovering too late that more information was needed, e.g. "Gosh, I should have had the valves checked before I bought the car." (3) Making extreme demands, investing too much in getting your way, and, thus, becoming reluctant to back down (and, in

the end, not getting the promotion or the improved relationship). It should be a warning sign to you when you start to use anger or try to make your opponent look bad or weak. (4) There is a consistent human tendency to believe that we are right and are being reasonable. Much more often than we realize, other people disagree with what we think is fair. Therefore, get an unbiased outside opinion. Negotiators, who are realistic and willing to see other views of justice, are more successful compromisers. (5) If you are thinking mostly in terms of what you could lose, you are likely to hold out for more--and lose everything. For some reason, most people will take a sure small gain over a risky greater gain but not a sure small loss over a possible larger loss. We hate to lose, even by a little. The wise negotiator facing big losses may quickly "cut his/her losses." However, when you have accepted a small loss, emphasize to your opponent what he/she has to gain by your cooperativeness.

Lastly, watch out for deceptive, mean, and selfish techniques (see Table 13.1). Not all the strategies in the Table are bad (indeed, some are quite good) but they are basically "win-lose" ploys used between adversaries who do not trust or care much for each other.

Table 13.1

Guidelines for tough bargaining

1. "If you don't ask, you don't get." Don't be shy about asking for what you want and working to get it.
2. Start by getting all the information you need. Example: if buying a used car, have the car tested by a good mechanic and find out what repairs are needed now or in the near future. Also, find out what similar cars are selling for, how much the bank will loan you on such a car, what insurance will cost, the repair record of similar cars, the resale value, and so on. Decide what your initial offer should be and how high you will go.
3. It may be wise to first negotiate for something you don't want, e.g. a car that isn't your preference, in order to get information about the sales methods of the salesperson and the agency, to establish yourself as a serious negotiator, to get them to invest more of their time so they will feel more pressure to make a sale, and for you to get more practice at bargaining.
4. Try to avoid making the first offer. If you do, always give yourself room to negotiate (and let the other person "win"). Example: If you want to sell your house for \$100,000, you must ask for \$110,000 or so. Before bargaining, know the "top price you will give" or the "lowest price you will take" and stick to it.
5. Always know the difference between what a person needs (must have) and what

he/she wants (would like); put priority on getting what you need, not on getting everything you want. On the other hand, the other person may only mention what he/she needs and not what he/she wants; thus, discovering and meeting his/her wants may be very helpful. Example: a job applicant may be negotiating for a higher salary but really wants more status, different title, more responsibility, bigger office, less stress, etc.

6. After the "opening positions"--asking price and first offer--are established, you should make concessions very slowly and in small, *decreasing* amounts. Give a concession only when the other person won't give you any more and only when you can get something in return.
7. If possible, offer a concession that doesn't cost you anything but seems valuable to the other party, then ask for another significant concession from him/her. It may be possible to make up a big issue or problem, discuss it at length, make it seem important to you, and pretend to make concessions in this area if the other side will make additional concessions to you.
8. Shake your head and frown at the other person's offers. The silent treatment makes most people uncomfortable. In some situations, it is beneficial to keep the opponent mildly threatened and uncertain, e.g. you might threaten to sue rather than continue negotiating, the union might threaten to strike, one spouse might threaten to divorce the other if changes aren't made, etc.
9. Information is power, so get as much information as you can about the object for sale, about the market, about the seller, and give as little information as you can about yourself. Example: if you know exactly what the car cost the dealer, you can bargain up from that price, making the dealer justify each additional cost, rather than your trying to get the dealer to come down from the list price. And on the other side, don't tell them that Daddy is buying the car for you and he is a well known lawyer (unless he is the agency's lawyer). Use power when you have it; otherwise, delay and stall
10. Sales people know that little decisions are made quickly and without much thought after a big decision is made, thus the car agency will hastily sell you expensive accessories, an unneeded extended warranty, a high interest rate financing arrangement, etc. after the car price is agreed upon. Watch out for that.
11. Use your spouse (partner) to give you more time, e.g. "I have to check with my wife/husband" (just as car sales reps use the "manager"), or as a way to take an offer back.
12. A tough bargainer is willing to take risks. He/she must be willing to say "I'd like to talk to the manager to see if he/she won't make a better offer" or to say "no deal" and

walk away.

13. Communicate that you are at your bottom line by making smaller and smaller concessions up to that point, actually taking back (reneging) some concession you have already made ("Oh, I went too far--I can't do that"), or by saying "I'm not going to give any more."
 14. If necessary to come out on top, many people may think "dirty tricks" are acceptable--or even a sign of cleverness. These would include deception, falsely citing some authority, personal attacks, making the other person feel uncomfortable, using threats, etc.
 15. In the end, help the other person look good, believe that you are at your rock bottom price (the best deal possible), and feel that he/she has "won." Thus, a "win-win" settlement (in appearance only) is frequently possible. Announce that the other party is the winner!
-

STEP SIX: What to do if and when the going gets tough.

Keep in mind a saying by Jandt and Gillette (1985, see below): "The relationship is much more important than the conflict." Stress to the other person the importance of a positive future. Look for the opponent's real reasons. Ask him/her why he/she is resisting giving in on some issue. Maybe the other person will start talking about his/her needs ("interests") and reveal his/her underlying motives. If it is a marital conflict, perhaps the histories of both partners need to be considered: What happened in the last marriage? Are childhood experiences still producing fears and insecurities? (See chapters 10 and 15.)

If the opponent attacks your position or you personally, listen politely and then try to divert his/her thinking into the constructive development of a workable option by saying, "That's interesting, what other ideas do you have that would improve this plan?" Stick with the win-win philosophy.

On the other hand, it would be foolish not to even consider the possibility that the negotiations might fail to produce a wonderful solution. Do all that you can to plan or even develop good alternatives for your life in case this effort is disappointing.

When the discussion continues to be heated and opponents seem impossibly at odds, it may be helpful to take a break. If there is a stalemate, it may be fruitful to call in a mediator. In marriage counseling and divorce settlements, mediators are especially helpful. Labor disputes profit from a negotiator. When the animosity is so intense that it blocks all progress, someone else has to intervene. When President Carter invited Egypt and Israel to Camp

David, the two countries couldn't negotiate face to face, instead the United States drafted a written proposal and had each side respond to it, i.e. tell why they didn't like it. Then the United States drafted another proposal. Eventually, 21 drafts later, the Camp David Accord was signed.

STEP SEVEN: Agree upon the best compromise solution available. Try it out.

Consider the pros and cons of each possible solution, based on the criteria you have agreed to use. Do this cooperatively without either person dominating the decision-making process. No solution is possible that will completely satisfy both parties but both parties can be equally satisfied. It takes time to achieve this balance and still have a solution that both parties see as a definite "win," not over the opponent but over the problems.

Work out the details of how to carry out the solution. Who does what when? Be specific. What responsibilities does each person have? Decide how to determine if the agreement is working well.

Try out the solution for a week or so, then re-evaluate it. Set a date to discuss your progress. Praise each other for making contributions to the solution. Make more changes as needed.

Time involved

The essence of negotiation is being well informed, patient and tolerant. All these things take time. Yet, the better deals, the fairer agreements, and the more cordial relations should make it worth your time. In many cases, it may be much faster to have cordial, informed negotiations than to have prolonged struggles to "win" and put down the other person.

Common problems

The obvious problem is losing your patience. Once you start attacking the other person--putting him/her down, attributing evil motives to him/her, calling him/her names--you are hardly in a position to ask for cooperative and respectful decision-making. Parents and supervisors often feel they can demand obedience, "do it because I'm the boss," but in the long run, this kind of compliance with an authority is not either a productive or a happy arrangement. The recommendations in this method are opinions of several experts (see references) in conflict resolution, not research-proven techniques. They are the best ideas we have at this time.



Several problems and common misconceptions are mentioned within the steps above.



Effectiveness, advantages and dangers

Thomas Gordon claims that the "no-lose" method of settling parent-child disputes has many advantages: both are more motivated to abide by the mutually decided upon solution, better solutions are created in this cooperative atmosphere, the child learns responsibility and problem-solving skills, the egalitarian relationship yields more love and less hate, and each person is trusted and respected as an individual. Obviously, the situation is not so cordial with a used car salesperson or a gruff boss.

Any method which reduces the animosity and stress in a conflict situation is worthwhile. One danger is not taking the time to negotiate well. Another danger is the outbreak of animosity, regardless of how well win-win negotiation is attempted.

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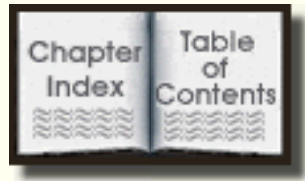
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CareerTrack (1-800-334-1018) produces an expensive conflict resolution training program.

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DECISION-MAKING AND PROBLEM-SOLVING

Life can be viewed as a constant series of decisions. Only by making rational decisions do we "take charge" of our lives. Some decisions seem unimportant but are important. For example, every minute or two we answer, by our behavior, the question: What is the best use of my time right now? (See next method.) Any one decision about the next couple of minutes of our lives may be trivial but taken altogether the cumulative effect of conscientiously making those millions of decisions determines the outcome of our lives. Likewise, some admittedly important decisions, such as mate selection, career choice, when and if to have children, and values, are often impulsively or casually made. And, some unimportant decisions (because there aren't significant differences among the choices), such as what car or appliance to buy, are carefully made, based on precise technical data. Some decisions are made alone and others are made under tremendous social pressure, such as when to have sex, what religion to accept, and what to do socially with peers. Nevertheless, all good decision-making or problem solving methods follow the same process:

1. Understand the problem and goals clearly, so you can consider a wide variety of alternative courses of action.
2. The creation of many possible solutions to the problem. You can't use an inventive solution unless it has been thought of.
3. Collect all the conveniently available information about the probable outcome of each course of action. See if there aren't synergistic ways of combining several promising solutions into potent solutions.
4. Weigh the pros and cons of each course of action (solution), then decide on one that you can commit yourself to fully.

Some writers emphasize the cognitive processes of generating creative solutions, gathering expert opinions, assessing the probable outcomes of each alternative, etc. Other writers emphasize (a) the barriers to good decision-making, such as impatience with

gathering data, (b) the consequences of feeling inadequate, dependent, or scared, (c) the restrictions imposed by wanting to be admired or loved, and so on. Both the right steps and the emotional pitfalls are important. I'll summarize both.

Several types of decisions are discussed, but choosing a career serves as my example of a complex, important decision. Several useful books about career choice are cited at the end of this section, especially note the most recent Bolles (1995+) and Sinetar(1987). If you have a history of mental/emotional problems, Lavine (1996) addresses the special problems you will face.

Purposes

- To make decisions more rationally and wisely.
- To recognize that we really do have a choice about many important things in our lives.
- To avoid making decisions sloppily or by default.
- To avoid a variety of irrational ideas, false assumptions, fears, needs, and other emotions that block good decision-making.

Steps

STEP ONE: Decide if there is a problem. If so, describe and understand the problem, see some solutions, and accept the challenge to tackle the problem.

A problem well stated is half solved, according to an old adage. Perhaps the first question is: Is there a problem? No need to worry about something that never happens. Perhaps you should also ask: Am I exaggerating or minimizing the problem? If in doubt, better ask someone else. But if there are likely to be serious difficulties, then ask yourself: Are there solutions to this problem? Do I have time to do something about the problem? In short, is it a manageable, solvable problem? And, am I overly optimistic or pessimistic?

The situation may be an opportunity rather than a problem. Am I willing to accept the challenge with enthusiasm?

In chapter two, the second and third steps in self-help are designed to clarify the problem: observe how serious it is and try to understand the problem by analyzing it into five parts--behavior, emotions, skills, cognitive, and unconscious factors. Understanding the problem helps us find a solution.

Some writers have suggested that you list the forces pushing you in the desired direction and the forces restraining you from reaching your goals.

Example:

<u>Goal</u>	<u>Helpful forces</u>	<u>Harmful forces</u>
Making a 3.75 GPA	Future career plans	Wanting to be in a fraternity
	Parents' encouragement	Alcohol & drug use every night
	Girlfriend's studying	Procrastination
	Interesting instructors	Lack of organization & drive
	Good intellectual ability	Not wanting to test ability

It is clear that the problem of making a 3.75 or better can not be understood without considering many variables. Most problems are equally complex. The solutions will surely involve trying to strengthen the helpful forces and weaken the harmful forces. So, there are many, many decisions to be made in solving any problem, many of these decisions are hidden or avoided.

STEP TWO: If you know what the problem is, now decide what you want in the future. What do you value? Set major goals in terms of specific behaviors.

Suppose you are trying to decide on a career. Obviously, your major purpose in life is critical here. Do you want to make lots of money and have lots of things? Is that more important than having a gratifying job in which you help people with problems? Is status and self-satisfaction more important than money to you? Are you willing or even eager to work 60-70 hours a week instead of socializing? Is money, status, and things more important to you than having a good time with friends and your family? Different jobs offer different payoffs and demand different things from us; the best career for us depends on what we want to get and what we want to give, which depends on our values, our abilities, and our motivation.

If you have decided on a philosophy of life (chapter 3), most other decisions are made much easier. What does and/or should take priority in your life? Socializing, work, romance, sex, family, money, health, children, being alone and comfortable, status, looks, education, religion, playing, thinking, art or music, excitement or pleasure, being good or what? If you don't know your priorities, you can't decide where to go in life.

Don't cop out by saying you "want it all." It is rarely possible. You can't become a

doctor, lawyer, psychologist, etc. and spend three or four hours every school night listening to music or TV or being with friends. You probably can't be outstanding in your corporation and be the "world's greatest father or mother" too. You have to set priorities, either consciously or simply by how you spend your time.

STEP THREE: After deciding to deal with the problem and deciding on goals, it is crucial to think of as many solutions or courses of action as you can. A final decision can not be better than the possibilities considered.

A common difficulty at this stage is the defeatist notion, "I can't find any good solutions." Such a person may be able to learn to go to the opposite extreme, i.e. create as many possible approaches as possible without being concerned, at first, with how well the idea will work. It may be wise to gather ideas from experts or experienced people or from groups, as in "brainstorming." **Brainstorming** in a group is based on three principles: (1) the more solutions generated the better, (2) initially suspend your judgment about the quality of the ideas, i.e. judgment inhibits imagination, so don't inhibit yourself or your group by saying "Oh, that's a silly idea" or "that would never be approved," and (3) the greater variety of ideas the more likely you are to find a good solution. Therefore, brainstorming follows these rules in the first stage: no criticism of any idea, all comments are "off the record" (no one will be criticized for a bad idea or given credit for a good idea), encourage far out and original ideas, and record all suggestions so everyone can see them altogether. In the second stage of brainstorming, the group identifies the most promising ideas, combines solutions and improves each alternative until it has a list of possible approaches to the problem.

Robert Epstein has found that it is much better take half of the brainstorming time, say 20 minutes, for two 5-minute individual sessions, because creativity is an individual process. He says brainstorming is better for selecting and combining good ideas than it is for generating ideas.

In group or alone, it is important that no good idea or compromise be overlooked. Take notes, new ideas evaporate quickly. If you are working on a tough problem, solutions will not flow easily. Practice trying to generate solutions to impossible problems, e.g. how to generate world peace. Give yourself time, don't obsess about the problem all the time, let your unconscious work on the problem too (such as, during sleep or while showering). Acquiring more knowledge helps create solutions and frequently change your work environment. Finally, build your confidence in your ability to eventually find good solutions and cope well by being creative.

Be sure to avoid thinking in terms of either-or, e.g. either I go to college or I don't, either I get married or I don't, either I buy a car or I travel and so on. Actually, there should be several intermediate alternatives: going to classes part-time, postponing marriage or

living together or dating around for a while, buying a cheap car and taking a shorter trip, and so on.

STEP FOUR: Every decision-maker needs to know the psychological forces that block intelligent decisions in order to guard against the pitfalls.

Rubin (1986) describes several unconscious barriers to decision-making: (1) Being **out of touch with** our (painful) **feelings** and (stressful) values will block clear thinking. This also leads to accepting the way things are. People become resigned or detached and say "I don't care" but, more accurately, they are paralyzed, i.e. unfeeling, unmotivated, uninvolved, and indecisive. (2) **Self-doubt**, anxiety, depression, suppressed anger, and a lack of hope interfere with decisions and may even lead to self-defeating acts. (3) An **exaggerated notion of oneself** may also lead to bad decisions, e.g. unwise decisions may be made just because they make us look important or "successful" for the moment. (4) Being **overly dependent** (desperate to agree with someone, wanting to be liked, wanting glory for self-sacrifice, or just being afraid to make waves) handicaps the decision-maker. (5) **Wishful thinking** in many forms (perfectionism, wanting it all, wanting simple solutions, hoping something better will come along) messes up decision-making. (6) If we abuse ourselves after making a poor decision, we will **avoid making decisions** in the future. (7) If certain outcomes scare us, we may not seriously consider these alternatives although they are good ones. (8) Sometimes our emotions cause us to **rush decisions** ("I have to decide right now about getting married" or "having sex") or **drag them out** ("I'll think about it later"). Both can be disastrous. Chapter 14 has an extensive section about straight thinking which is clearly related to good decision-making.

If a group is making a decision, it should be aware of "**groupthink**" (Janis & Mann, 1977). There is evidence that groups can sometimes solve problems better than individuals alone ("two heads are better than one"), but at other times groups are very ineffective or unreasonable ("a camel is a horse made by committee"). Groups make good decisions if the majority of members are competent and work well together. When do groups not work well? Group members may be inhibited by (1) an insulated, overly positive group spirit ("we're the greatest," "we are running the show," "don't be a pessimist"), such as being eager to agree with and please "the boss," *and* by (2) a negative atmosphere, such as internal fighting and nasty criticism among members. How can you avoid foolish decisions by groups? Be sure the group follows the steps in this method: be sure all reasonable alternatives are carefully and objectively considered. New ideas must be supported and refined first, then they, like all the other solutions, must be rationally challenged ("playing devil's advocate"). Sometimes it is important to ask each individual to express his/her opinion on a specific issue in a private way, e.g. by written comments, because groups can inhibit even the most secure among us. In any case, group decision-making is slow but it is usually much better than one-person, private decision-making, *if* the group follows the rules of good decision-making.

Obviously, many of these emotional barriers to decision-making are hidden, especially from the person him/herself, and difficult to handle, e.g. denial of feelings, depression, or dependency. In some cases, where you know there are blind spots, the decision may need to be postponed until the barrier is reduced. If the decisions can't wait and if you are aware of serious psychological barriers interfering with the decisions, you should get professional help.

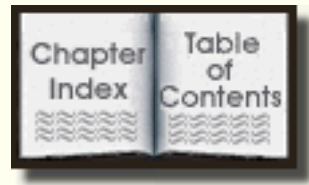
STEP FIVE: Consider carefully each of the alternatives. What are the pros and cons of each choice? How does each choice fit with your priorities? How do you feel about each choice?

There are two aspects to consider: (1) the *facts* about each choice and (2) how you *feel* about the future implied by each choice. There are always logical, rational arguments for and against each choice. You must seek out facts (technical data and personal experiences) from many sources, including experts, others who have similar problems, insightful persons, and others. You should consider your assets and resources (and limitations and disadvantages) that could be used to overcome the problem and the opposing forces. Also, you must decide if a certain course of action is in keeping with or in conflict with your values, e.g. how would you feel making good money selling a shoddy product? Is sex early in a relationship against your morals? It is important to write down all the pros and cons, putting together all the available factual information as well as your clear, predictable emotional reactions to each alternative. Let's discuss this a little more.

Your decision can't be based just on facts, you must also consider *your subjective, intuitive or vague feelings-oriented reactions*. Do this by ruminating about each choice. Daydream about the likely outcomes for each alternative--how does each possible future feel to you? Some will feel "right" and others "wrong." Some exciting and some scary. Ask yourself: What is the best that could happen if I make this choice? What is the worst that could happen? Are there ways to improve the "wrong" alternatives or to overcome the fears? For example, many people considering medicine or psychology say, "I couldn't stand to see people bleed or die" or "I would get too emotionally involved in the patient's problems," and decide against a profession that might be an excellent choice for them. What if you could find ways of handling the disadvantages of a certain choice? Guard against making impulsive decisions. Give yourself time to thoroughly imagine what each choice would be like--how satisfying, how boring, how irritating, how comfortable, how ashamed or proud you would be, and so on. Use your intuition. No matter how logical a choice may seem to be, you may not be able to live with it. Millions of people have said to themselves, "I know *Joe/Jane* is a nice guy/gal but I just don't want to live with him/her for the rest of my life." Or: "I know accounting is a good career, but I couldn't be happy doing that all day every day." Your feelings, needs, and wants must be given serious attention too. Know thyself, don't deny your feelings.

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DECISION-MAKING AND PROBLEM-SOLVING

STEP SIX: Select the best solution from among the alternatives you have considered.

Usually you can eliminate poor solutions by recognizing they won't work or require skills and resources you don't now have. Other choices can be eliminated because they might involve too high a price--some kind of potential disaster. As with self-help plans, try to combine two or three of the best ideas.

Two hundred years ago, Benjamin Franklin made this recommendation: write down the pros and cons for each alternative choice and assign a weight (0 to +10) to each pro and each con (0 to -10), indicating how important that factor is. By adding up the pros and cons (each weight) you get a total score for each alternative choice. Then, by comparing the totals for each alternative course of action, you can usually determine the best choice. This is a **benefit/cost analysis**. It should involve weighing the eventual effectiveness of the solution in solving the problem, your emotional well being during and after the solution, the time and effort required, and your overall personal and interpersonal well being in the end. This is a very complex process, mostly used with important decisions.

In some ordinary circumstances, it is reasonable to select the first acceptable solution rather than continue searching for an ideal solution. Suppose at 9:00 P. M. your family needs a hotel or motel room for the night in a city filled with conventions. You had better take the first acceptable room you find. If you have time, say it's 4:00 P. M., you might be much better off exploring the area and looking at 3 or 4 rooms. In other instances, your intuition, as mentioned in the last step, can weigh the alternatives adequately. Watch for biases, however. Optimists tend to over-emphasize the opportunities in certain choices while pessimists exaggerate the possible dangers in certain choices. Usually, if the decision is a major one, you need to weigh the pros and cons, and get a second opinion to double check your judgments.

Unfortunately, many decisions become exceedingly complex, either because there are several alternatives or many pros and cons to consider. Moreover, the weight you would assign a pro or a con will probably vary from time to time. Examples: if you are trying to

decide among careers in psychology, medicine, chiropractic, social work, or high school guidance, there are many factors to consider, such as length and quality of training, employment outlook, probable income, work hours, satisfaction with the work, opportunities for private practice, status in the community, and many others. You would have to seek out many facts. Most importantly, you should talk to people in these fields and, if possible, have some work experience to help you get a "feel" for what the daily routine of each career would be like for 40 years. If you are trying to decide what sexual behavior to engage in, a very long list of pros and cons could be considered (but most of us don't). Unfortunately, you can't "try out" each sexual alternative as you might a career choice. However, you can use your imagination.

Thus far, as is our American custom, I have been talking about the conscious processes involved in decision-making. The ability to decide to do something and then do it is what distinguishes us from other animals. Yet, there is evidence that many problems are solved in our sleep or in our unconscious. Moreover, Adams (1986) points out that many aspects of our decision-making are **unconscious**, e.g. deciding what to observe and how (which sense) is partly unconscious, the assignment of weights to the pros and cons is mostly unconscious (we aren't sure exactly how we do it), it frequently isn't clear why we select a certain solution and then see things differently a few days later, etc. Can the unconscious decision-making powers be used? Maybe (and we can become aware of some unconscious processes and make even better decisions).

Some people claim to benefit from trying to dream about a problem they are trying to solve. They and you can do this by consciously thinking about the situation, the alternatives, their feelings about different choices, possible long-range outcomes, etc. as they are falling asleep. It is as if we are asking the unconscious to think about our problem. Sometimes, a new solution pops into our mind the next morning or comes to us the next day. It is worth a try.

STEP SEVEN: Accepting the best choice... Letting it sink in... Stop obsessing about the decision... Letting go of the unselected options.

After making a decision, it takes a little time to reprogram your thinking, to fully commit yourself to the chosen course of action. It may be wise to give yourself a time limit to make a decision, say 5 minutes or one day, then review all the information and go with what seems like the best choice. Also, we must quickly give up the rejected alternatives; otherwise, we drag out the decision-making process much too long. It may be helpful, especially where the decision is hard to make, to remember that in many cases there is very little difference among the alternative solutions. All your options may work out about equally well. The task is to make a crisp, clear decision and get on with it with zeal. It must feel right.

STEP EIGHT: Throw yourself into carrying out the decision. Make a specific plan and schedule the work.

There has really been no decision if there is no action. Solutions don't usually end with decisions; they begin there. It is an old military axiom that says "a poor decision well executed is better than a good decision poorly executed." You need plans, i.e. detailed, thoughtful plans for both (a) how to succeed and (b) how to deal with possible problems. Remember: if anything can go wrong, it will (Murphy's Law). You need energy, hope, time and dedication. Frequently evaluate the effectiveness of your action and make changes in your plans accordingly. Take pride in your decisiveness.

Time involved

Naturally, careful decision-making takes more time than sloppy decisions. How much more time? In simple decisions involving two or three alternatives, it may take only a few minutes to systematically weigh the four or five pros and cons for each choice, assuming you already have the information you need. In complex decisions, like career choice or sexual choice, a great deal of time may be needed. For example, in choosing a life-long occupation, to get the facts and to know how you feel about specific careers, you may need to take a course or two in this area (150-300 hours), do some reading about the 3 to 5 occupations you are considering (20-30 hours), match your abilities and needs against the requirements for each career you are considering, take aptitude and interest tests (10 hours), talk to a career counselor (5-10 hours), observe and talk to practitioners in these fields (40-80 hours), talk to family and friends (4-5 hours) and have an internship in one or two of these occupational fields (100-1000 hours). You may be saying, "That's ridiculous, no one ever does that!" You may be right that few people do it, but that doesn't prove it is a bad idea. I think your grandchildren *will* do it. Considering you may spend 100,000 hours in your career, a 100 hours--and even 1500 hours--is not too high a price to pay for making a good decision. See books about career choice below.

Common problems

Some people are just not patient and orderly enough to list the alternatives and weigh the pros and cons of each. Some take pride in making snap decisions. It must be granted that sometimes the choices are so equal that no amount of time and effort will produce a clear-cut advantage for one choice over the others. In those cases, you might have done just as well by flipping a coin in the beginning. But you can't be certain the choices are equal until you have carefully gone through the decision-making process and considered each option.

Obviously, not every little decision, like what movie to see, warrants all these steps. Just use the process when you need it.

Effectiveness, advantages and dangers

This method encourages careful consideration of several alternatives, awareness of emotional pitfalls and values, weighing the pros and cons, and developing a game plan. Surely, this is wiser than reacting impulsively. However, there may be an even wiser middle ground. Ellen Langer, the Harvard professor who champions "mindfulness," suggests a different mind-set to decision-making. For instance, she recommends avoiding detailed, lengthy cost/benefit analyses (there is always more and more contradictory information to be found) and giving up the notion of finding the one right answer for now and forever. She recommends, of course, assessing your options but recognizing the complexity of almost all decisions, even the one's that seem simple, like what shirt or blouse to buy. The situation is likely to change; your preferences may change; new facts may be discovered. Any new factor could change your mind. Therefore, the most important aspect of decision-making is to keep an active, open mind to new factors and new options. Sloan (1996) recommends a similar reflective approach which is very different from the typical weigh-the-pros-and-cons methods. Create your own options instead of passively accepting just the options someone else tells you, you have. Remain uncertain of your decisions; if you are certain you have made the right decision, your mind shuts down. That's bad. Guard against assuming the way things have always been done is the right way; that also closes our minds. Uncertainty keeps your mind active and flexible. Continued information seeking creates better ideas and wiser options.

In both the decision-making process and in the keeping-the-mind-open process, one can take pride in his/her problem-solving.

There are no other known disadvantages or dangers except getting excessively obsessed with the details of decision-making and insisting that you must always find the "right answer."

Recommended readings

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Books for career choice:

Bolles, R. N. (1995). *The 1995 what color is your parachute?* Berkeley, CA: Ten Speed Press. Clearly the best job search book available. It is revised each year, so get a recent edition.

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Yate, M. (1992). *Knock 'em dead*. Holbrook, MA: Bob Adams Publishers. Advice about how to interview.

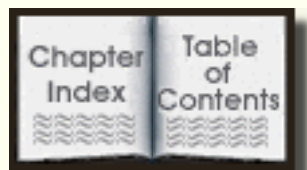
Zenger, J., Miller, D., Florance, J. and Harlowe, P. (1977). *How to work for a living and like it*. Reading, Mass.: Addison-Wesley.

Computer program for career choice:

InSight is a new computer program for matching your vocational interests and career goals with 756 occupational descriptions. Order from Bytes of Learning at 150 Consumer Road, Willowdale, Ontario. M2J1P9

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TIME MANAGEMENT

Scheduling your time

If you control your time, you control your life, says Alan Lakein (1973). Time is a precious commodity; everyone gets an equal share but we use it very differently. We also look at time very differently. About 57% of us are present *and* future oriented, 33% are mainly future oriented, 9% are present oriented and only 1% focus on the past. Societies have different attitudes toward time, some are rushed and punctual, others are relaxed and disregard the clock. Successful managers, professionals, and students are future or goal oriented. Productive people have set their priorities and scheduled their time accordingly. Unsuccessful, unskilled workers and procrastinating students are present oriented and unorganized, fatalistic, and hedonistic. When current needs demand your attention, whether that is because the family must be fed or you "must" have a good time with friends, it becomes harder to carefully plan for the future. Our situation and needs influence our time orientation, but our time orientation (and needs) can be changed, leading to more success in life.

Actually, once a time-utilization problem is admitted, scheduling your time may not be as difficult as you might think since several hours are already "filled" with sleeping, eating, showering, working or classes, and other essentials. You only have to schedule the "unfilled," available hours (for college students that's about 10 hours per day). If you don't plan how to use those hours, it is easy to be lulled into watching TV, talking with friends, etc.

The idea is to decide "what is the best use of my time?" Make a list of what you need to do each week and then, based on the time available, make a daily "to-be-done list" for working on your high priority tasks.

Purposes

- To make better use of your time, both in terms of devoting time to high priority

activities and avoiding wasting time or spending your time on less important things.

- To be time effective, not necessarily time efficient, by selecting the *best* thing to do at this moment from among the infinite possibilities.

Steps

STEP ONE: Set your priorities. List your major goals for the next few months. Rate each goal. Ask, "What are the most important things for me to do?"

At least every month or so, reconsider your philosophy of life, your purposes in life (see chapter 3), and/or your organization's mission. In this context, it will also be helpful to think of the important roles you play, such as son, boyfriend, student, part-time worker, fraternity member, and Big Brother volunteer. Or, perhaps you are a husband, father, department head, Bill's best friend, church member, and PTA membership chairperson. Make a list of major goals you consider really important to accomplish in each of your roles--at work or school, in relationships, in organizations, and, of course, in personal growth. Now, go through the list and rate each goal as being "top" priority, "second" priority or "low" priority. We can't do everything we'd like to do. However, we can guard against spending too much time on second or low priority activities. And we can avoid spending all our time in one area, e.g. working desperately to be successful in our career while neglecting our family.

STEP TWO: List what needs to be done this week in order to reach your top priority goals. Rate each activity.

It is very beneficial to review your situation each week, giving a few minutes of serious thought to what actually needs to be done to achieve your goals. Examples: What would be especially appreciated by loved ones? What would improve my physical or emotional health? What can I learn that would help me do my work better or improve my relationships with others? What future problems can I avoid or prevent? What school or work assignments are due and most important (see step 5)? What kinds of things could I do that would really thrill me or inspire me or turn me on... or would leave a legacy to others? What tasks must be done to successfully achieve my major goals? You are now translating your major purposes in life--your aspirations--into concrete actions. You can't do a goal, only actions that are likely to get you to a goal.

Based on your rather wide-ranging thoughts and feelings, make a realistic list of the learning and work that seems to be required to reach your "top" priority goals. Be creative. Be realistic. Don't confuse goals (step 1) with activities. Getting into graduate school is a goal; activities leading to that goal are studying 4 to 6 hours every day, doing well in a math course every semester, preparing for the Graduate Record Exams for 5 hours every

week for 3 or 4 months, and so on. You will surely list many more activities than can possibly be done, so again rank the importance of each activity as "top," "second," and "low." This helps you decide what most needs to be done to reach your most important goals. If you don't know how to reach your goals, i.e. get to where you want to go, talk to people who have made it (or read their histories and advice). It is vitally important that your actions actually lead you to your goals. This knowledge of what leads to what comes from science, experience, and wisdom.

STEP THREE: Observe how you spend your time.

It could be an eye-opening experience to simply record how you spend your 168 hours per week. Note how you waste time, spend time on low priority tasks, have trouble getting started, or tend to be inefficient. Also notice when you have the most energy for exercising or hard work, when you are most alert mentally, when you get tired or irritable, and what distracts you from high priority activities. This information may be useful in setting up a daily schedule so you will stay on task.

STEP FOUR: Make a master schedule of fixed activities for the week.

A master schedule for the week tells you what time is "committed," i.e. time periods that you have already scheduled. It includes sleeping, dressing, eating, travel time, meetings or classes, housekeeping chores, time with loved ones, friends or children, and some leisure-relaxation-exercise time. This is your fixed schedule. It includes the things you must do. Your master schedule is pretty stable week after week. You need to write it down only once, then make occasional changes as needed. The master schedule identifies the hours that are "free," that you have control over.

STEP FIVE: Keep a running list of assignments--things you need to get done this week.

You have to keep track of what needs to be done soon, e.g. get a report written, go to the grocery, make arrangements for going out Friday night, etc. It will be helpful to note any due dates, the time required (remember many things take twice as much time as we expected), and the importance of the task.

STEP SIX: Make a "To-Be-Done List" for every day.

Considering your list of major long-range goals, your list of important goal-directed activities, your inefficient use of time, your already scheduled time, and your assignments due this week, you need to decide on your priorities for each day of the week. Then start scheduling activities in your "free" time, giving priority to the most important. Some activities must be done at a specific time, e.g. an appointment to talk to an advisor. Other

activities need to be done but can be done at any available time; they are simply listed to be done (which means you have to leave some "free" time).

Do this scheduling early in the day (or the night before) and at the same time every day, so it becomes a habit. This is the crux of wise time management. Do first things first. If possible, don't let yourself get inundated with "urgent matters" that may not actually be as important as having time to think, to learn new skills, to plan better ways of doing the job, etc. Don't try to do a lot of little tasks first ("clear your desk") so you will be free to do important work later. That wastes prime time. It is important to avoid, whenever possible, doing low priority tasks, which can often be put off, perhaps forever. However, it is wise to include time in your schedule, say half an hour, for handling unexpected chores and another half an hour for "catching up." Don't feel guilty if you don't get everything done; you can do it tomorrow, if it's important. Make your daily schedule (To-Be-Done List) fairly specific, indicating when during your "free" time you will do certain tasks, such as when you will read an article, when you will make reservations for Friday night and so on. Work on your more difficult or important tasks when you are most alert. Don't use your peak performance time for easy assignments or for socializing and playing.

STEP SEVEN: Follow your daily To-Be-Done List. Reward yourself.

Learn to make your daily schedule realistic, which means you schedule what can and needs to be done *and* you actually do those things. You have to be flexible; new things will come up each day that require attention. But the basic point is simple: *work on your highest priority activities during most of your "free" time each day.* However, as Lakein (1973) points out, many of us procrastinate when faced with long and difficult or unpleasant tasks, even though they are quite important to us. What are the solutions?

The best is to recognize the tendency to "put it off" and, instead, *do it now!* Another approach to finishing the overwhelming job is called **the "Swiss cheese method."** You poke holes in a big project by finding short tasks to do whenever you have a few minutes that will contribute to the completion of the lengthy project. Maybe you can get some needed information or a book. Maybe you can set up an organizational meeting. Maybe you can at least write the first paragraph.

If you are avoiding an unpleasant task, perhaps you can get started by telling yourself "I'll quit in 5 minutes if it is really terrible." It might not be as bad as you imagined. Recognize that putting off an inevitable chore just generates more stress and embarrassment. If nothing else works, take 15 to 20 minutes to do *nothing!* Don't fudge, do absolutely nothing. By the end of 20 minutes, you will be so bored and so anxious to "get on with it" that you will start working on the difficult task immediately.

Being organized and productive in the areas that are important to you will be

rewarding, but you need more rewards. Consider these suggestions: build into your daily schedule rest breaks or friendly interaction, give yourself 15 minutes for exercise or relaxing or light reading, mix pleasure with work, at the end of the day take time to review with pride what you have done, and so on.

Chapters 4 and 11 give many more suggestions for changing behavior and procrastination; chapters 5 and 7 offer help with fears and anger that may be involved in avoiding certain situations.

Time involved

Making the master schedule should only take a few minutes. Changes can be added quickly. It takes a few minutes to keep a continuously updated list of assignments and chores to be done. Making the To-Be-Done List for each day requires careful thought and may take 10 to 15 minutes. It is time well spent.

Common problems

Since a lot of people waste time, there must be a lot of problems managing time. First of all, many people have little experience organizing their lives, because parents, teachers, bosses, and friends have done it for them. They don't see the need for a schedule. Also, many people resent any barrier that interferes with their doing whatever they feel like doing at the moment. Thus, a schedule is seen as stifling by some and resisted. Planning their time is too time consuming for others.

Secondly, as discussed in chapter 4, some of us are pushed by pressing needs--a need for love and attention, a need to avoid responsibility and work, a need to believe the future will take care of itself (so, I can do whatever I want to right now), a need to escape real life by listening to music, watching TV, or reading a novel, and so on. In some cases, a new determination to schedule your time will get you going. In other cases, greater self-awareness (psychotherapy or honestly looking at how you really waste your time) is needed. In still other cases, it seems to be almost impossible to become more controlled until some of the above mentioned basic psychological needs have been satisfied or, more likely, until we realize we are headed for failure, i.e. that our life isn't working out as we had hoped. Many college students don't get motivated until they flunk out and have to work in a miserable job for a year or two.

Thirdly, as Covey, Merrill & Merrill (1994) point out, many of us spend our days handling what appears to be "urgent" problems, such as answering the phone or mail, beating deadlines for never read reports, attending meetings, impressing the boss, etc. which are not in a broader sense very important or useful. If your schedule is filled with unimportant urgencies, you won't have time to learn new things, to do long-range planning,

to be creative and original, to do research, to exchange ideas with others, to re-think your major objectives, to invent new opportunities, to try to prevent future problems, to help others, and so on. These latter activities result in greater productivity and more benefits to everyone; they are the essence of a thoughtful life. It is said, "the person who concentrates entirely on sawing wood, is likely to forget to sharpen the saw." Our goals should be selected with care, as in step 1, and Covey, Merrill & Merrill help us do that.

Fourthly, some people make their daily schedules too rigid and overly demanding. Your schedule should make you feel as if you've "got it together," not like a failure or an incompetent. It would be foolish to plan every minute of every day. An opportunity--a chance to talk with the boss, a chance to become involved in a project, a chance to meet someone--may appear at any moment. You must be ready to explore any good opportunity; otherwise, life can become a drag. Priorities and assignments and deadlines change every day; thus, the use of your "free" time every day must change a little, too.

Effectiveness, advantages and dangers

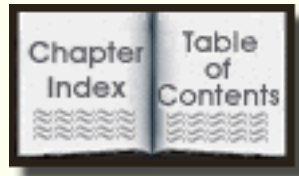
It seems logical that a planned, organized day is more fruitful than one lived whimsically without any carefully considered goals. To my knowledge this has never been researched, however. Maybe the benefits are obvious. If you can avoid getting trapped into doing unimportant, unnecessary chores, the dangers of living an intelligently planned life are minimal compared to the risks of wasting time if you don't use To-Be-Done Lists. There is some danger, of course, that you might make a bad decision, e.g. you could decide to study hard in premed only to gradually realize two years later that you can't make the grades necessary to get into medical school. Then, you might regret having lost that time. The advantage is that you have at least given your brain (and your values) a chance to influence your life.

Additional readings

Culp, S. (1986). *How to get organized when you don't have the time*. Cincinnati, OH: Writer's Digest Books.

Mayer, J. J. (1991). *If you haven't got the time to do it right, when will you find the time to do it over?* New York: Simon & Schuster.

Pauk, W. (1974). *How to study in college*. Boston, Mass.: Houghton Mifflin Co.



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STUDY AND READING METHODS

SQRRR method of reading

Surely one of the most important skills is reading, especially comprehending what we have read. The key to learning is curiosity--a desire to know. Thus, good reading methods focus on arousing our curiosity, on activating our minds. Some minds are by nature probing and inquiring, others must learn to be curious, to seek answers, to intend to learn. The SQRRR reading method activates our minds:

1. **S is for survey:** look over the entire chapter to get the general idea of what the author wants to tell you. See the importance of the material.
2. **Q is for question:** ask yourself questions about each section before you read it. Arouse your curiosity. Want to know the author's major points.
3. **R is for read:** read with the intention of answering the question and learning what the author has to say. Absorb all you can.
4. **R is for recite:** stop after reading a page or two and recite (repeat in your own words) what you have just learned. Make the author's knowledge your own. The process of **QUESTION, READ, RECITE** is repeated every page or two.
5. **R is for review:** after finishing the chapter, go back and review what you have read. Review again in a few days and right before an exam.

It takes a few weeks of determined effort and practice before the SQRRR method becomes habitual. But once you learn to read with an inquiring mind, you will realize the enormous advantage of this approach over an inefficient or inactive mind.

Purposes

- To increase your concentration and comprehension of the information you have read.

- To reduce the daydreaming and inefficiency associated with ordinary reading.

Note: this method is not designed for speed reading, that is another skill.

Steps

STEP ONE: Survey the entire chapter or article.

Look over the chapter or book; note the chapter title and subtitles. These are usually the main ideas. If there is a summary, read it. This may take 1 to 5 minutes.

Try to study in one place so you will become conditioned to study in that chair. Don't do anything else in that chair. Start studying immediately after sitting down; don't procrastinate. Learn to enjoy learning in that chair.

STEP TWO: Question what the main points will be in the next section (1-3 pages).

From the survey of the chapter or from the subtitle, create a question in your mind that should be answered in the first page or two. Make the question interesting and important to you. Maybe you will want to pretend to be face-to-face and asking the author a series of questions. The author's response to you is in the next few pages.

STEP THREE: Read to answer your question and/or to learn what the author knows.

Read the first page or two of the chapter, keeping your question in mind and focusing on what the author has to say. Be sure the author is answering the question you asked; if not, change the question. Think as you read! What ideas are expressed? What are the supporting arguments?

Always read with a purpose, namely, finding answers to important questions. Try to find the reasoning and the facts that support those answers.

STEP FOUR: Recite what you have read.

This is the most important part. Using your own words, repeat to yourself what you have read. You may want to read only a couple of paragraphs if the material is difficult. If you are reading easy material with lots of examples, perhaps you can read several pages.

Read as much as you can remember. Do not look at the book as you recite; it is necessary for the knowledge to get implanted into *your* brain. Of course, if you can't remember what the author said, you'll have to re-read some of the material. Try to minimize the re-reading.

After talking to yourself (about the answers to your question), you may want to make a brief summary in the margin of the book next to where the information is located. Later, you can quickly review the book by looking at these key words in the margin, and if you discover you have forgotten some points, you can re-read the pertinent paragraphs again and refresh your memory.

Recalling the author's answers to your basic questions is the essence of active learning. Don't just copy the author's words into your notebook. The knowledge becomes *yours* as you recall it and repeat it to yourself. Fantasize telling someone about what you have read or imagine teaching someone about this material. Attending and remembering are not easy; you can't just casually read through a book, forgetting the material about as fast as your eyes skim over it. However, if you work hard on this method, you will not only become an excellent reader but a more knowledgeable person and a clearer thinker.

After reciting what you have read, go to the next section and repeat the same process: QUESTION, READ and RECITE until you are finished.

STEP FIVE: Review what you have learned.

As research has demonstrated well, we forget much less if we review the material periodically. Ideally, we would review a chapter right after reading it, then 2 or 3 days later and again a week or two after that. This reading method divides a chapter into many parts. A review of the whole chapter helps you integrate the parts and get an overall perspective.

Try a little review right now of the last several paragraphs. Do you remember the name of this method? What are the steps in this method? What steps are repeated over and over as you read a chapter? Why is talking to yourself important?

STEP SIX: Use your knowledge; preparing for a test.

The best way to keep knowledge is to use it, to give it away. Knowledge is of value only if it is used. Reward yourself for learning and for sharing your information with others who are interested.

A common way for students to use information is to perform well on a test. There are several other techniques, besides SQRRR, for improving your memory for tests. Here are a few:

Take lecture notes. You need to be able to refresh your memory. It is best if you re-write

these notes shortly after class, putting the ideas in outline form and filling in or clarifying the information that you couldn't write down during class. The outline form is designed to put facts in meaningful clusters, that makes it easier to remember. Then, try to use some system to help you remember a list or series of points, e.g. use the first letter of each point as a clue for remembering, such as SQRRR. Associate the new information with things you already know, e.g. you know that active rehearsal is critical for remembering.

Protect your memory from interference. If you know some material will be on the exam, review that information frequently, preferable every day for 4 or 5 days before the test. Recite it to yourself. Try to study each subject for only an hour or so at a time, then switch to a very different subject during the next hour. Similar information causes more confusion. And, spacing out your learning into smaller batches is helpful too.

Over-learn the important material. Keep on rehearsing even after you think you "have this stuff down cold." The anxiety of the test may disrupt a weak memory, so over-learn. Moreover, you aren't just preparing for a test; you are preparing to design a space ship, to teach a learning disabled child, to make major business decisions, to do bypass surgery, etc. You need practice learning and remembering well.

Time involved

It may take only 5 minutes to learn this method. It will take several hours to make it a habit. At first you will have to force yourself to QUESTION, READ and RECITE. When you have become proficient with the method, it is uncertain how much extra time it will take (beyond straight reading) because you will comprehend faster and more, and retain more from your reading.

A classical study by Gates in 1917 indicated that self-rehearsal greatly improves the recall of facts. He concluded that 10% to 50% of your study time could profitably be used reciting and reviewing what you have read. The drier and more disconnected the facts, the more rehearsal is needed. Also, some material needs to be known in minute detail; other material needs to be recalled only in general terms and can be skimmed.

Common problems

Three problems are common: (1) many people think they are already good readers (that usually means fast) and are disinterested in learning to read better. Most of us would benefit greatly from retaining more of what we read. (2) Some people fail to stick with the method long enough to learn the skill. Reading is an unpleasant chore for many people, even college students. Unfortunately, we are not a land of readers; lacking that skill will limit our depth of knowledge. (3) Some people waste time by applying this method even though the material doesn't need to be recalled in detail. Many things don't deserve to be read laboriously.

Effectiveness, advantages and dangers

Frank P. Robinson (1961) described this method in the late 1940's. Since then, research has repeatedly shown that the method and modifications of it increase our reading comprehension. This is an important skill. Except for reading light material in a compulsive manner, there is no inappropriate use.

Recommended readings

Pauk, W. (1974). *How to study in college*. Boston, Mass.: Houghton Mifflin Co.

Personal financing and budgeting.

Many of us have too much money left at the end of our month. Money problems make us anxious and cause marital stress. Emotions may lead to money problems, e.g. in the case of impulse buying or buying things to make us feel better. Books can help you plan a budget and follow it.

Morris, K. M. & Siegel, A. M. (1993). *Guide to understanding personal finance*. New York: Wall Street Journal.

Lasser, J. K. (1976). *Managing your family finances*. New York: Simon & Schuster.

Lasser, J. K. (1977). *Successful personal money management*. New York: McGraw-Hill.

Leadership and management skills.

Good leaders persuade us to give up some of our personal interests and commit ourselves to group tasks and goals. How good is our leadership in industry? 60% to 75% of workers say the supervisor is the worst part of their jobs. Experts agree. Research indicates that 60% to 75% of managers are incompetent (Hogan, Curphy & Hogan, 1994). About 20% fail to act with authority when it is needed and 16% are tyrants. Clearly, like with spouses, we have lousy leader selection systems. For some reason, management resists using personality measures, the best predictors of effectiveness and team building, in the selection process. Persons with personality disorders--hostile, unstable, untrustworthy, etc.--and exaggerated notions of their talents usually make poor leaders.

There are many ways to become a leader regardless of your official assignment. You can become an expert and lead by virtue of your knowledge and inventiveness. You can develop interpersonal skills and lead by relating well with everyone, by being trustworthy, and by helping others get along. You can lead by being a good decision-maker and organizer

and by persuading or inspiring others. You can lead by having access to rewards (or being able to create "payoffs") for desired behavior. You can *lead by being hired as "the boss" or without being the appointed leader*. Most work sites have a social or interpersonal leader (the person who makes plans for doing something after work), the morale leader (the person who cheers everyone on or tells jokes and keeps spirits high), the "effective" leader (the person who says, "OK, let's get at it!" after the boss has given her/his orders and left), the expert or old-timer who knows how to get things done, the consoling co-worker who helps with everyone's personal problems, and on and on. Almost always, you can find some leadership role for yourself if you look carefully.

Many situations require a task-oriented leader. What would happen if a band had no conductor, a team had no coach, a class no teacher, a platoon no commander? Someone must plan, organize, and coordinate the group activities. Many management books speak to the issue of exercising control (Bennis & Nanus, 1986). Research has shown that a task-master usually emerges in a task-oriented group. This person, called the task leader, talks the most but 85% of the time is not the most liked group member, because he/she pushes the group and may even be critical and antagonistic at times. The social-emotional leader eases the tensions, soothes hurt feelings, and keeps the group together; he/she is often the second most active person in the group but is the best liked. These two leaders often work together closely, not in competition. Occasionally, one person fills both roles (Michener, DeLamater, & Schwartz, 1986).

The task leader may, of course, use different leadership styles, such as authoritarian, democratic, non-directive, or even radical approaches (Culbert & McDonough, 1985). Several studies have shown that group members like the democratic leader best. In some circumstances, however, the dictatorial leader will be more effective or productive. The democratic leader is usually "almost as productive" as the authoritarian leader; in some instances, he/she is even more productive. Research (Fiedler & Chemers, 1974; Fiedler, 1978) has determined that task-oriented leaders are more effective than relationship-oriented leaders *when* the situation is highly favorable (good relations with followers, leader has power, and the task is simple and clear) *or* highly unfavorable (the conditions are the opposite). Relationship-oriented leaders do better when there are some problems producing interpersonal stress, but the conditions aren't awful. When things are in a total mess, a leader is needed who knows how to take charge, will overlook interpersonal problems, and get the job done. When everything is running very smoothly, the relationship-oriented leader may become like a "dedicated mother in an empty nest," i.e. looking for personal problems to solve when there are none and making things worse (so the task-oriented leader is better). Good leaders adapt their leadership style to the situation they are in.

There is still a strong tendency to think of a leader as being a male. The rise of women in business and politics is slow, even though women go to college as much as men. Indeed, close to 50% of students in many professional schools--law, medicine, psychology--are now women. Leaders should be selected on the basis of their ability, not on how tall they are.

Women have formed networks in certain work settings to help each other find leadership roles. Several books, such as Loden (1985), tell women how to succeed in business. Industry needs all the brains it can find.

Kipnis and Schmidt (1984) found three common ways of influencing other people: (1) **Hard** --getting angry, demanding, threatening, putting down others. (2) **Soft** --charming, being nice, flattering, acting humble. (3) **Rational** --presenting facts, using reasoning and logic, offering to compromise. We tend to use hard tactics when we have the advantage, when we expect the other person to resist us, or when the other person has done something wrong. We use soft tactics when we are at a disadvantage, when resistance is expected, and when we are looking out for ourselves. We use rational tactics when dealing with equals, when irrational resistance is not expected, and when the goal benefits us and others as well. These authors found three kinds of managers: "shotgun managers" who are ambitious and use any approach they can to get their way, "tacticians" who rely on reason, and "bystanders" who do very little to change things. Hard tactics are used by people in power when dealing with subordinates who may resist and by people who lack self-confidence. Hard tactics alienate others and soft tactics put down ourselves. Rational tactics seem to work best.

We have the technology to expand democratic self-determination into the work place and throughout the world. There have already been state-wide electronic town hall meetings and national politicians use the term for question and answer sessions. But every household in the world could have a TV and a response system via cable. Debates could be televised in all languages so that everyone learns the pros and cons of alternative solutions to world-wide problems, such as hunger, education, health care, mental illness, threats to peace, religious conflicts, etc. Then everyone could have a vote. That is the democratic ideal--one person one vote. But the United States and other advantaged countries would probably fight bitterly against such "democratic" decisions if those decisions reduced our power and wealth. Likewise, every corporation could become democratic, but the executives will not willingly give up their power, status, and \$75,000-\$200,000 or more incomes. Politicians will not give up their power in Congress even though voters could decide where their tax money goes (just like the United Fund). Students could decide how and what they should learn, but schools and teachers won't willingly give up that role. If subordinates and slaves want control over their lives, they will have to become knowledgeable and responsible, and demand self-control. Democracy-via-interactive-TV is a new possibility. Now we have the means. No one knows what the results will be, perhaps that is why we are moving so slowly.



The power of a tyrant is given by the oppressed.
-Frederick Douglass



Chapter 9 discusses the chauvinism that exists in the work place and relationships. The more power one person has over another or the more superior he/she feels, the more aggressive, threatening, and inconsiderate he/she tends to be with the subordinate. This is called the "Iron Law of Power" (Kipnis & Schmidt, 1985; see next method). Chapter 7 deals with aggression, chapter 8 with submission. This chapter provides many useful skills for leaders: listening, empathy, assertiveness, communication skills, decision-making, negotiating skills, time management, and others.

Kelley (1992) has an effective antidote against assuming the leader is the most important factor in any success. He contends that only 20% of a group's success is due to the leader. The remaining 80% of success is attributable to good followers--not blind slaves but constructively independent, intelligent, knowledgeable, self-reliant followers or team members. It's important to see the whole picture and not assume that the "leader" runs the whole show. We must let good followers play their important role.

The idea of the mean boss bellowing orders to quivering underlings should be archaic by now. Instead of a totally democratic decision-making system, the current idea is for the leader to pull the more essential and effective people into a creative, congenial, problem-solving team (Peters, 1982, 1987). The power and responsibility of the leader is delegated to others who have ideas and are willing to get the job done efficiently. This empowerment of others is occurring in many places; schools are "run" by groups of teachers and parents; department heads in industry and retail are being given more autonomy; ideas and suggestions are being sought from the lowest ranks. The inhibiting effects of a bureaucracy and "red tape" are being reduced. The needs of the customers are being given priority. Excellence and innovativeness are being valued. These things aren't happening everywhere, but they are the conditions that enable leaders to do exciting things. We are gradually admitting that the "boss" doesn't have all the ideas and shouldn't have all the power; he/she, likewise, doesn't get all the glory; he/she just helps others get their jobs done. The readings below describe the skills and attitudes that great leaders need today.

Suggested reading (besides the references cited)

Bass, B. M. (1985). *Leadership and performance beyond expectations*. New York: The Free Press, Inc.

Burns, J. M. (1978). *Leadership*. New York: Harper & Row.

De Pree, M. (1989). *Leadership is an art*. New York: Dell.

Heyel, R. B. (n. d.). *Sharper skills for administrators and managers*. Connecticut: Motivation, Inc.

Kouzes, J. M. & Posner, B. Z. (1987). *The leadership challenge: How to get*

extraordinary things done in organizations. San Francisco: Jossey-Bass.

Leavitt, H. J. (1986). *Corporate pathfinders*. Homewood, IL: Dow Jones-Irwin.

McClelland, D. (1976). *Power*. New York: Halsted Press.

Peters, T. (1982). *In Search of Excellence*. New York: Harper & Row.

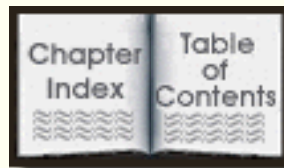
Peters, T. (1987). *Thriving on chaos*. New York: Knopf.

Tichy, N. M. & Devanna, M. A. (1986). *The transformational leader*. New York: John Wiley & Sons.

Sperry, L., Michelson, D. & Hunsaker, P. (1977). *You can make it happen: A guide to self-actualization and organizational change*. Reading, Mass.: Addison-Wesley.

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PERSUASION AND WINNING COOPERATION

Persuasion and winning cooperation.

Attempts to persuade are all around us. The kids want to go out to eat. Politicians and religious folks want us to see things their way. Sales people and advertisers bombard us. Teachers tell us how important their subject is. Our lover wants us to go to bed. And, we are also trying to persuade others. One of the best selling self-help books of all time is Dale Carnegie's (1936) *How to Win Friends and Influence People*. Indeed, we have a right and an obligation to influence the decisions that affect our lives. Almost everything we do is designed to give others a certain impression about us. It is to our advantage to be as persuasive as possible. Below are some suggestions.

Purposes

As we learned in the section on decision-making, it is essential that every person express his/her views, otherwise the group is not making as good decisions as possible. As we learned in assertiveness training, we must stand up and argue for our own rights. We must communicate at work, in school, at home, in all our relationships.

Steps

STEP ONE: Try to be right and try to be liked.

The best way to win an argument is to be right. In short, know what you are talking about. Therefore, careful investigation of the facts is important. This also implies that you should tell the truth. You will be more confident and more persuasive if you have more knowledge...and are honest.

People will do more for you if they like you. Dale Carnegie (1936) recommended smiling, using the person's name, listening well, talking about the other person's interests and making him/her feel important. Research (Kleinke, 1986) has confirmed some of these

ideas. Remember what was said earlier about listening, empathy and self-disclosure; they generate positive feelings. Doing favors, giving compliments and praise, and agreeing with people also help others like us. One has to be careful, however, to be genuine. If you seem phony or look like you are trying to manipulate someone, most of these methods will backfire on you. For instance, doing favors and using a person's name excessively turn people off *if* you appear to be exploiting them. Also, research has shown that compliments based on facts, such as specific accomplishments ("I know how tough it is to get into the University of Chicago MBA Program; I really congratulate you"), are seen as more genuine and are more effective than compliments based on assumed abilities ("I just know you must be real smart"). Likewise, compliments based on your feelings ("I love the way you dance") are more effective than positive evaluations ("You are a good dancer"). Obvious flattery doesn't work. We don't like to be conned.

STEP TWO: Consider the circumstances and the listener's needs before planning your approach. Know your audience.

Study the circumstances and the kind of people you are trying to persuade before stating your arguments. Be sure you understand the other person's motives and interests. Obviously, your reasons for a proposal must emphasize how the other person's needs will be met. An example is President Reagan's speeches. Ronald Reagan used "freedom" and "liberty" 20 times more often than he used "equality" or "equal rights" (Ball-Rokeach, Rokeach, & Grube, 1984). Reagan didn't have to say (or even be aware) that he was against equal rights for women or blacks; he just needed to say he was for free enterprise, freedom, and reduced governmental intervention which favors the already powerful. People get this message without Reagan ever putting down women or minorities. Even presidents play to the people's needs; he says what people want to hear.

Find out how well informed the listeners are. If the audience is not well informed or already agrees with you, your message can be simple and one-sided. If the audience is not involved, it will take someone with some status and expertise to arouse and influence them. If the audience is well informed and/or opposed to your views, you need a two-sided message that clearly states the opposing viewpoints and refutes them. An involved audience listens to the quality of your arguments and isn't very swayed by the prestige of the speaker. An intelligent listener is turned off by an over-simplified message.

Also, be sure you understand your goals, e.g. do you hope to merely implant an idea, to make a good impression on others, to "shake up" others' thinking, or to totally convince others? You aren't likely to get there if you don't know where you are going.

STEP THREE: Find the key decision-makers or change agents and work on them.

Sociologists have found that many communities or organizations have key individuals

who spearhead any change. These change agents are often not the official leaders or administrators; they are usually progressive, respected group members. For example, doctors may only change their medical practices after a highly regarded colleague has tried a new method and recommended it to them. So, it may be much more efficient for you to seek out the "pace setters" and influence them, rather than trying to persuade the whole group or individuals who are not change agents.

STEP FOUR: Increase your credibility. Never be caught in a lie or, better yet, never lie.

A respected, apparently knowledgeable, hard-working, trustworthy, attractive, successful, and fluent person will be more persuasive than a person with less of these traits. So, let people know how much you have studied this topic. How much have you read? What experts have you consulted? Have others tried your solution and liked it? Have you done or found research that supports your position?

People doubt your credibility when you argue for a viewpoint or action that is self-serving. Should people believe every salesperson? No. So, if you have no vested interest, let that be known. If you do have a vested interest, admit it but explain (if true) that you are making the argument for other reasons than for personal profit. You can further strengthen your argument if you will reject any possibility of receiving personal gain from the changes you are advocating. Example: If you are arguing for more money for your department or organization, you can promise to not take a salary increase if more money is allocated.

A speaker who is emotional, has "an axe to grind," or is putting down something unavailable to him/her ("sour grapes") is usually discounted by his/her listeners. Examples: a person who has just been fired bad-mouthing his/her boss, a student who has just failed an exam criticizing an instructor, and an unattractive, single 35-year-old man or woman condemning marriage. Sometimes you can increase your credibility, even in these situations, by first acknowledging that there are some points in favor of the boss or the instructor or marriage before giving your criticism. You seem to be a little more rational and not entirely vindictive.

Don't sell yourself short if you are not considered an expert. The fact is that non-experts presenting good arguments can have great impact (almost as much as an expert) *if* the listeners are interested and involved. Get them involved.

STEP FIVE: Emphasize your similarity to the listeners.

People trust you more if you seem similar to them. If you share backgrounds, life experiences, values, or especially future goals, people accept what you say with fewer

reservations. Suppose Jesse Jackson and George Bush advocated the same policy. People would respond to it very differently, depending on how closely they identified with the speaker. So, be sure you indicate to your listeners that you are like them and agree with them in many ways (if you do).

If you already have high credibility with your audience, you can have maximum impact if you present a view that is quite different from the listener's opinion. On the other hand, if you have less credibility, then you will be most effective if your views differ only moderately from the listener's beliefs (Michener, DeLamater & Schwartz, 1986).

STEP SIX: Make an emotional appeal as well as a logical one but don't over do it.

Prepare well when you decide to persuade someone. Follow all the steps above. Spell out all the reasons for your position. Indicate why your proposal is the wisest and most moral solution. Vividly describe the satisfactions that will result from carrying out your proposal. Point out the dangers and folly of doing otherwise (it has been shown that scary messages are effective *if* doing nothing will lead to serious consequences and *if* another practical course of action is available). Example: the fears of cancer and heart disease have reduced cigarette smoking.

On the other hand, getting into a heated, emotional argument is seldom persuasive. No one wins when the verbal fight gets nasty. Likewise, an emotional tirade, even though others listen attentively, almost never persuades anyone. When someone is highly emotional, we tend to assume that he/she is biased and unable to see the whole situation clearly. So, use powerful emotional appeals, e.g. 42,000 children die every day from preventable diseases or 500,000 teenagers attempted suicide last year, but don't scream nasty names at people because they haven't been acting promptly to correct these problems.

STEP SEVEN: Listen to opposing views. Prepare the audience to argue against the opposing views.

Give all your reasons (rational and emotional) at one time, but let the listeners raise questions and objections at any time. Listen patiently and carefully; respond with relevant facts. After giving your arguments, it is a good strategy to give the listener a preview of the opposing argument *and* the reasons why that view is wrong. This is "immunization against counter-arguments."

STEP EIGHT: Leave your opponent a way out.

Be respectful of the opposing viewpoint and provide them a way to change their views without "eating crow." In some cases, you can argue that the opponents would be better off

adopting your views. Try to make those predictions come true, if the listener accepts your arguments. If you need to persuade only one person, make every effort to talk to them alone. Observers tend to see yielders as less intelligent, so it is easier to "change a person's mind" when you interact with them in private.

STEP NINE: End the discussion with some agreement. If nothing else, suggest a test of the different views.

Ideally, everyone will agree with your arguments and be ready to join you in some constructive action. If no agreement is reached, however, suggest that the validity of both views be researched. This might be the best possible outcome. Finding the truth is more important than winning an argument.

Time involved

As with so many other skills, you could invest a great deal of time in perfecting a persuasive speech. You have to decide how much time it is worth.

Common problems

Getting overly involved in selling ideas, losing objectivity and, thus, losing credibility.

Effectiveness, advantages and dangers

The suggestions and observations above are based on extensive research (see any Social Psychology text). There has never been an evaluation of all the steps put together. It should be helpful to use just a few of the steps. There are no known dangers.

Recommended reading (in addition to the references)

Cialdine, R. (1992). *Influence*. ???

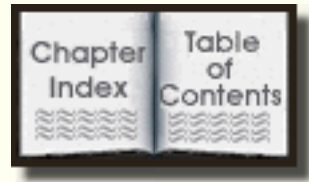
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[← Back a page](#)

[Forward a page →](#)



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METHODS FOR CHANGING OUR THOUGHTS, ATTITUDES, SELF-CONCEPT, MOTIVATION, VALUES, AND EXPECTATIONS



Introduction

1. Changing your self-concept and building self-esteem

Changing self-concept, continued

Changing self-concept, continued

2. Increasing self-awareness by self-confrontation and feedback

Self-awareness, continued

3. Challenging irrational ideas (Rational-emotive therapy)

Irrational ideas, continued

Irrational ideas, continued

4. Determinism: Accepting all behavior as lawful

Determinism, continued

5. Trying a new lifestyle (Fixed role therapy)

6. Paradoxical intention: Doing the unwanted to get rid of it

Paradoxical intention, continued

7. Increasing motivation

Motivation, continued

8. Straight thinking, common sense, and good arguments

Good thinking, continued

Good thinking, continued

Good thinking, continued

9. Developing attitudes that help you cope

Helpful attitudes, continued

Helpful attitudes, continued

10. Self-hypnosis and mental imagery

Self-hypnosis, continued



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INTRODUCTION

Our mental processes--our "**cognition**"--play a complex and dramatic role in our lives. Our cognition makes us human. We can cope only by first sensing and understanding the environment. Sometimes we misperceive and wrongly interpret the situation, causing problems. Our expectations and response sets partly determine how we see the world. Our attitudes, suspicions, and conclusions about others also determine how we relate to people. Our hopes, dreams, and/or fears become self-fulfilling prophecies and determine the future to some extent. As we saw in chapter 3, our values and goals determine the directions our lives take. Our knowledge of human behavior, including self-help skills, and our rational planning partly determine our success in achieving our life goals. Our motivation also determines how far we go in the directions set by our needs and values. The discrepancies between reality and our ideals will determine how satisfied we are with ourselves and our lives. Most importantly, humans are the only species which can systematically study its own thought processes; we know some of our inner selves. All of this phenomenal world of cognition is due to 2 1/2 pounds of 100 billion nerve cells inside each human head. The brain weighs less than 3% of our total weight but burns 25% of our total oxygen intake. It is a busy, powerful, phenomenal, mysterious place.

Humans are the only animals endowed with enough mental capacity that they may *glorify themselves* by believing they will spend eternity in heaven with a God who looks like them, or, at the other extreme, they may denounce and *abhor themselves* so much that they choose to end their lives.

Between 700 and 1500, the concept of the "self" referred to only the weak, sinful, crude, "selfish" nature of humans. The evil "self" was contrasted with the divinely perfect nature of a Christian soul. Joseph Campbell believed the concept of an independent, self-directed "self" didn't start to develop until about 800 years ago. So, it is a relatively new idea (somewhat older than the idea that we are not at the center of the universe) which has grown in importance. In medieval times, values and meaning were dictated by the community ("do

what you are told to do"). Today, modern "self" theory says each person is expected to decide what is right (almost by magic and without much reliance on the accumulated wisdom of the culture) and to know him/herself well enough to determine what courses of action "feel right." In short, we must know ourselves, so we can set our life goals and self-actualize. The cultures of 1200 and 2000 are two very different worlds.

Today, our **self-concept**, i.e. our knowledge, assumptions, and feelings about ourselves, is central to most of the mental processes mentioned in the last paragraph. This self-awareness is one of the most important concepts in psychology. We know that each person's self-concept is different from all others. But, surprisingly, there is no general agreement about the general structure or content of the self-concept. Some adages suggest that you have one true self or authentic self, such as in the saying "just be yourself." The true self may be similar to your preferred identity or your best self. This tidy, unified, relatively stable positive description of the self doesn't fit the reality most of us experience. We seem to have a self with many parts, some we like and some we don't.

Freud described three parts of our personality; Berne thought there were six parts; other theorists proposed other parts (see chapter 9). They are very different but all recognizable parts. More recently, several researchers suggest that humans are best understood by accepting that we have many selves. For instance, we are not only aware of many current traits, but we have selves leftover from the past (our "former" selves) and we have **potential future selves**, such as "*hoped for*" selves, "ideal" selves, "successful" selves, "rich" selves, and also "*feared*" selves, "incompetent" selves, "drop-out" selves, "unemployed" selves, "angry" selves, etc. Most psychological tests only ask about the current selves and neglect the future and past selves, although what you want to become and what you fear becoming powerfully affect your behavior.

Some aspects of our self-concept are stable for years; other aspects change almost moment to moment. For instance, most of us immediately feel "stupid" after failing a test or making a foolish comment. We may feel attractive at one time and unattractive a little later. Each of us also has public selves (several may be used to manage one's image as presented to others) and private selves. One may love him/herself in some ways and hate him/herself in others (Denzin, 1987). One's self-concept may mostly mirror other people's opinions or only one's self-evaluation. Your self-concept may largely reflect the dictates of a culture, religious teachings, family tradition, or you can create a unique personality based on your own ideals. The self-concept is probably primarily learned or acquired, but basic tendencies, such as to like or dislike others or one's self, might be inherited as well. The self-concept may have conscious and unconscious facets; it is a safe bet that the former is more socially acceptable than the latter. Surely very few of us would consider even our conscious selves to be perfect. Some think the "self" we know is just a highly verbal part of us that tries to understand our other parts. Obviously, there are many different notions about the self.



We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world.

-The Buddha



Humans have always, I suppose, been fascinated by the mind. Yet, the disciplines of psychology and psychiatry only started studying the mind or cognition about 100 years ago. The universe of the mind is still a dark, vast, unexplored place. It mystifies us. Yet, it is a region of great promise. If we could learn to develop our values, master basic psychological principles, and increase our self-awareness and motivation, great strides might be made in self-control or self-actualization. Many wise people have thought that it would be much more lasting and meaningful to change a person's basic self-concept or personality than to try to modify thousands of his/her specific, isolated, overt behaviors and superficial emotions. Some theorists think the mental image of ourselves (or of our potential) must change first, then the behavior will change; others think it works in the opposite direction, i.e. behavior changes first, then the self-concept (I think both ways may work). Psychoanalysts, cognitive psychologists, behavioral psychologists, and others will, no doubt, continue this debate.

When minds study themselves or each other, a number of paradoxes appear: While we know much about our mental processes, there is far more we don't know, and, as individuals, there are some things about our minds we don't seem to want to know. Likewise, while the brain is a fantastic sensing, remembering, thinking, problem-solving machine, it still, without our awareness, makes many foolish mistakes, and, certain individuals seem to want to make mistakes. Much of this chapter is devoted to straightening out our thinking, both as a rational process and as an attitudinal process.

All this "internal activity"--ideas, memory, imagery, hopes, and self-evaluation--is complexly intertwined with simple behavior, motivation, and emotions (chapters 4-8), including self-help methods using plans for behavioral changes and self-instructions (chapter 11), for expressing our emotions (chapter 12), and for learning skills that alter our choices and increase our effectiveness (chapter 13). Clearly, the brain and "mental processes" are involved in everything we humans do. However, for clarity, this chapter includes the more complex and cognitive self-help methods, such as:

Changing our self-concept and building self-esteem

Only we know who we are--what we have intended to do and actually done, what we have thought and felt, and what we have hoped for. Our "self" is a life-long accumulation of impressions. How we see and evaluate our "selves" and others' selves has a tremendous impact on self-acceptance, self-control, and acceptance of others. But as mentioned above, psychology has no clear-cut definition of the self concept (Campbell, 1976). Examples: Is

most of the self hidden (the ice-berg self) as Freud suggested? Does our self include the dark and shadowy but "natural instincts," such as greed, hostility, and sex, or does the self constantly fight these basic instincts? Does the self include "human nature," such as infatuation, nurturing, game playing, and Jung's archetypes, or are these "needs and impulses" separate from our "self?" Is the self basically good (Maslow's "Pollyanna" self) and yearning for personal growth once the basic needs are met? Is the healthy, fully functioning self accepting and reflective of all your feelings, urges, thoughts and experiences, including the organism's striving to be all it can be (Roger's authentic self)? Or, is the self persecuted and constantly being judged against one's own ideal standards which are separate from the self? Is the self merely an illusion because there is nothing there except a conditioning machine, as Skinner suggested, or layers of roles or masks used to manipulate others, as Goffman suggests? Is the self primarily Mead's "mirror" reflecting our interpretation of the reactions of others to us? The self is seen many ways.

The concept of good self-esteem becomes clearer, however, if you think of it as having two parts: (1) a generally positive but realistic self-evaluation and (2) the generally positive belief that one can handle life's problems. Currently, there is a national debate between two groups of theorists: (1) those who believe low self-esteem causes most social problems-- school failure, strained relationships, drug use, unwanted pregnancy, delinquency, and all kinds of troubles. They, of course, advocate building children's self-esteem but mostly by giving rewards and praise even for easy tasks in school. Self-esteem is considered so vital that some even say "don't make your kids feel bad if they lie and steal." (2) The other theorists think it is the other way around, i.e. that failing in school, getting in trouble, fighting in the street and at home, being irresponsible and anti-social, etc. cause low self-esteem. I suspect both views are right to some extent, i.e. self-esteem can be both cause and consequence of undesirable behavior (Bednar & Peterson, 1995). Having self-esteem would help with many social problems, but it will take more than teachers full of praise to develop motivated students and good citizens with high self-esteem. It will take a supportive (perhaps even demanding) environment, removal of fears and resentment, development of high values, good interpersonal relationships, life plans, useful life skills, knowledge, actual praise-worthy achievements, and on and on.

Although feeling negative about yourself is an unpleasant situation (such people especially get down on themselves when they fail), it isn't always entirely bad. Fears and feeling inferior may *sometimes* compel us to work very hard to succeed. Most of the time, however, failure makes us (especially if we are extrinsically motivated or conclude we are stupid) feel incompetent and uninterested in the task (Kohn, 1994). Certainly, as we will see, there are better ways to motivate ourselves, but nevertheless self-doubts, fears, and guilt can help us strive to be better. At the other extreme, there are highly arrogant people who are mean, dishonest, immoral, lazy, and all sorts of bad stuff. Dalrymple (1995) reminds us that the Nazi leaders had such inflated self-esteem that they felt invincible and were unfazed by their atrocities. So, high self-esteem can be part of a serious problem as well as parts of solutions.

For most of our purposes here, however, we don't have to impose a definition: **the self is whatever you define it to be**. Your sense of self is whatever *you* believe you are. It can be all of you or just your conscious self-evaluations; it can be good or bad or both. Individuals obviously see their selves very differently, e.g. as free, choosing, and effective (Bandura's self-efficacy) or as helpless and controlled by external forces or internal unconscious urges. This method is to help you feel better about yourself, no matter how you acquired the negative feelings.

Certainly we humans have an enormous capacity to judge ourselves as bad or inadequate--dumb, mean, selfish, ugly, unlovable, hopeless and on and on (probably equaling our capacity to exonerate ourselves and deny our evilness.) It has been estimated that almost 90% of college students feel inferior in some way (Hamachek, 1987). Some of us know very well that demanding, judging part of us, called our "**internal critic**." It is a common source of low self-esteem. But we also have a "rational part." The rational part can confront the unreasonably critical part.

Your internal critic may be obviously cruel and merciless with you, like Sooty Sarah's critic in chapter 6. Or, your critic may also be weak so that you are insensitive to your own cruelty and indifferent to others (see chapter 3). Or, you may not have much of an idea about how strong your critical parent is (see chapter 9). In which case, it may help you get in touch with your critic if you imagine how you would respond to the unpleasant assignment of eating a worm. Two psychologists (Comer & Laird, 1975) tried this experiment and found that subjects responded by talking to themselves in one of three basic ways as they contemplated the wiggly worms:

1. "Worms aren't so bad."
2. "I'm tough. I can do it. I'm braver and more adventurous than others."
3. "I deserve it. I should suffer."

If you respond self-critically, as in #3, you surely have a mean internal critic. Similar careful observations of what you say to yourself moment by moment will help you decide how destructive your critic is. For instance, note how you talk yourself into getting up in the morning:

1. "It's going to be a wonderful day! I want to get started."
2. "Oh, God, I've got so much to do today: 1__ 2__ 3__; I'd better get up."
3. "You are such a lazy slob. Get your butt out of here."

Several examples of a destructive internal critic will be given later in this method. But, it is important to note that the internal critic is often seen as doing good too. The "self" may, in fact, feel that the internal critic serves many important specific purposes (like getting you up). Therefore, the critic is reinforced (via negative reinforcement) when it helps us out of some mess, as when we say "Wow, I'm glad I got up and got things done this morning" (Mc

Kay & Fanning, 1987). What useful purposes do you feel your critic is serving? It may seem to help you overcome laziness and do what needs to be done. It may seem to help you avoid painful feelings by stopping some act that would cause shame or guilt. The critic may seem, ironically, to help you tolerate certain disliked parts of yourself, such as itself.

Examples: when the internal critic tells you, "He/she won't like you, don't approach him/her," the critic is protecting you from social stress and from the fear of rejection. If the critic says, "You can't do that," it is helping you avoid a situation in which you might fail. If your critic repeatedly says, "You were terrible to have done that," it is punishing you so you won't have to feel so much guilt. Thus, we often tolerate and even welcome the internal critic as a necessity. The question is: can a person achieve these purposes *without* having a destructive internal critic? The answer seems to be "yes."

You can produce the desired behavior in other ways. You can correct the critic when it exaggerates your negative traits. You can use thought stopping (see chapter 11) to silence the critic. You can stop depending on others for your self-esteem; do your own self-evaluation. You can accentuate your strengths and assets. You can learn to accept yourself--warts and all--just like a good therapist would accept you in therapy. You can avoid the tyranny of your own "shoulds," your perfectionistic tendencies, your over-reactions to criticism, and your domination by others. You can modify your negative traits; you can feel good and adequate by being good and adequate.

It is also important to keep in mind that a poor self-concept can be dealt with at other levels, not just by changing your thinking. For example, you can reduce feelings of inferiority, shame, and guilt by being a high achiever and behaving morally (**level 1**, chapter 11), by desensitizing yourself or using stress inoculation (**level 2**, chapter 12), by learning new skills (**level 3**, chapter 13), and by recognizing the sources of your low self-esteem in childhood and lovingly reassuring the scared little boy/girl still within you (**level 5**, chapter 15). In this chapter, I am focusing only on **level 4**, i.e. cognitive methods for building self-esteem. But it is important to take all levels into account, as described in chapter 2.

Many writers only concentrate on one level. Gloria Steinem (1992), for example, writes powerfully about uncovering her own internal sources of low self-esteem (always before she had believed low self-esteem in women came entirely from a discriminating, sexist-racist culture) and about regaining her self-esteem by getting in touch with childhood events that produced her suppressed, neglected, and insecure inner child. Certainly, uncovering unconscious forces, like your inner child, is one way to build your self-concept (see shame in chapter 6 and chapter 15), but there are many other reasonable methods.

Besides this first method in this chapter, method #4 will help you accept yourself and method #9 in this chapter also discusses the building of **self-efficacy**, which is closely related to self-esteem. Likewise, a poor self-concept is a part of many human problems, including a lack of purpose (chapter 3) and motivation (chapter 4), a lack of confidence

(chapter 5), sadness and pessimism (chapter 6), a lack of assertiveness (chapter 8), self-put down games (chapter 9), and the lack of wisdom and equality in selecting a mate (chapter 10). Low self-esteem is closely related to sadness, so chapter 6 contains many related topics, such as self-criticism, anger turned inward, guilt, shame, feeling inferior, low self-concept, and pessimism.

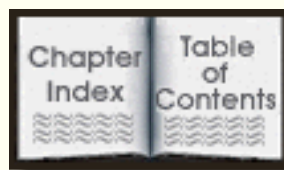
The idea here is to raise your self-concept if it is lower than warranted and, as a result, enable the person to be happier and to achieve more of his/her potential, to be all that he/she can be. The goal isn't to just accept yourself, regardless of how you are behaving or feeling. More self-esteem is not necessarily better if it means becoming an egotistical snob or a prima donna. The 1990 California Task Force to Promote Self-esteem and Responsibility has this definition of self-esteem: "**appreciating my own worth** and importance and having the character to **be accountable** for myself and to **act responsibly toward others.**" Self-esteem isn't narcissism; it is self-love, responsibility, and respect for all other humans.

Purposes

- To have a more positive self-concept.
- To see yourself honestly and to like or at least accept yourself.
- To remove the internal barriers that keep you from doing your best.

[← Back a page](#)

[Forward a page →](#)



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CHANGING YOUR SELF-CONCEPT AND BUILDING SELF-ESTEEM

Steps

STEP ONE: Recognize the internal critic and realize what pain the critic helps you avoid.

The critic, as mentioned above, badgers you into doing what is right or into doing what is necessary to achieve some goal. You may even think you need a haranguing critic to make you be good! However, every time you think the critic is helpful, the bitchy, nasty critic is reinforced and becomes more likely to attack you again and again until you dislike yourself. In short, although the critic seems to do you some good (actually you could do without it), it does more harm by undermining your self-esteem in the process (Mc Kay & Fanning, 1987).

You have to search deeply for the critic, much of its harm is done without your awareness. The critic blames you when things go wrong (and you accept the blame). When things go well, you call it luck or "someone felt sorry for me." Expressing self-criticism and self-blame may relieve some tension, but in the end you are degraded. Likewise, you may feel good about setting high perfectionistic standards, but in the end you fail because you can't be perfect. The critic tells you how inadequate you are, especially in comparison to "the best" (and you buy that nonsense). If you attack yourself, maybe others won't attack, but in the end you dislike yourself. The critic isn't honest, it exaggerates your failures: "you *always* screw up," "you *never* say the right thing," "you're *totally* weird," etc. (and you still don't challenge the critic). It remembers all your mistakes and sins... it calls you names, like stupid, gross, clod, bore, weakling, childish, etc. The critic may be such a natural, ordinary part of your mental life, you may hardly notice the criticism or the damage done.

A low self-concept may be responsible for defeatist "giving up" or for obsessive workaholic behavior. A negative self-concept may result in constant self-put-downs or in constantly trying to prove one's superiority. The person with low self-esteem may be over-attentive, giving and solicitous, believing that no one will like him/her unless he/she is super

nice, or he/she may be hostile and offensive, rejecting the other person first.



The mind is its own place, and in itself can make a Heav'n of Hell, a Hell of Heav'n.

-John Milton



But your rational part can learn to recognize the critic and turn it off. How? See the next several steps. But, first, you have to detect the critic's work. So, for two or three days keep a record of every self-critical thought or feeling you have. Then search for the purpose served by the self-criticism, like this:

Your internal critic says

How the critic is trying to help you

"You have no skills; you're going to be unemployed."

Motivating you.

"You think you're so smart; what about that tire around your middle?"

Keeping you aware of things that need attention.

"Don't speak out, you'll say something stupid."

Avoiding embarrassment.

"He/she would never go out with you."

Avoiding disappointment.

"You'd like to join a discussion group, theater, literary club, etc. but you'd look stupid."

Avoiding challenges and community responsibility.

"You really messed up. You did terribly."

Seeking sympathy or support (or avoiding criticism).

Try to figure out the background and purpose of each of your critical thoughts. Does the negative thought yield a pay off? What does this fault keep you from doing? Does it help you avoid or reduce some other feeling, such as fear or anxiety or guilt or anger? Does the criticism help you accomplish something or to feel better because you had high standards or criticized yourself? What would happen if you didn't have this negative thought or trait? This diary and these thoughts should give you some explanations of how your critic got so strong by serving certain purposes.

STEP TWO: Challenge the internal critic. Then use healthier ways of achieving the critic's purposes.

First, check out the accuracy of each critical thought. What is the objective evidence? *If* you see that the internal critic has been overly critical or exaggerated your fault *and if* you understand what payoffs the critic is getting, you are better able to discount what he/she says. Then, you will feel better. Examples of how to **challenge the critic** by saying more reasonable, self-tolerant things to your internal critic:

- "You are cutting me down like my parents did, and I'm still accepting this stuff like an unthinking child. I'm not going to take it any more. Knock it off!"
- "You are cutting me down and making me look like a weak nerd. That's probably a good way to avoid criticism but it also keeps other people from giving me honest, helpful confrontation about my problems. So, stop it."
- "You say, 'I can't do anything right' or 'God, I'm stupid,' but that may be just another way of bragging and saying, 'Look at how upset I am with this little setback, I must really be super.'"
- "You say, 'If I had studied, I would have done OK,' but that is just an excuse for not testing out my intellectual ability and finding out just how smart I really am. Let's see how well I can do when I really try."
- "You are harping at me so I'll get something done. Well, I will feel lots better by doing my work and avoiding stinging insults from you. So, shut up!"
- "You think I'd like myself if I were perfect. That is silly. It's unreal. Lay off! I'll do it well enough...and still enjoy myself."
- "You are telling me 'I can't do it' or 'He/she won't like you' so I won't try and get all upset. That's nice of you but I want to carefully make my own decisions about what to do with my life."
- "You are suggesting 'She/he will dump me' so I'll be prepared and not hurt so much. But this kind of thinking makes me doubt myself all the time and hurts the relationship."
- "You are calling me names so that I can put it behind me. Maybe I had better think of some way to make up for being a jerk, rather than trying to forget it."

Second, there are other ways of **stopping the critic's hurtful messages**. You can use thought stopping (see chapter 11). As soon as you recognize the critic's voice, yell (silently inside), "Shut up!" or "Get out of here!" or "This is the crap my mother told me!" or "No more put-downs!" Another way is to think of all the ways low self-esteem hurts you in the long run, e.g. refusing to try things or to meet people, feeling scared and inferior, being

crabby and unable to express affection, etc., etc. Then say to the critic, "Go away! Look at what you cause me to do...." When you have shut up the critic, replace the negative thoughts with positive ones: "I am a unique and worthwhile person. I have many good traits...(see step 6). I'm in control and doing well."

Third, **use healthy self-help methods** to achieve the same useful purposes that the unhealthy internal critic is trying to serve. Thus, you won't need the critic. Examples:

- To decide what is right to do--see chapter 3 for rationally choosing your values and learning to live by them.
- To do what needs to be done--see chapters 4 and 11 for controlling your behavior and finding healthy motives.
- To see yourself objectively--see chapters 5, 9, 15 and methods #2, #4, #8, and #9 in this chapter.
- To handle guilt or frustration or self-depreciation--See chapters 3, 5, 6 and 12.
- To reduce the fear of failure--see chapters 5, 12, decision-making in chapter 13, and method # 3 in this chapter which reminds us that making mistakes doesn't mean we are worthless. We make decisions based on our views, needs, knowledge and hopes at that moment. What we do is lawful--what seems best at the time.
- To cope with a fear of rejection--see chapters 5, 9, 10, 12 and learn to handle criticism or to assess the true likelihood and consequences of rejection. Remember good things sometimes result from a failure.
- To deal with anger--see chapters 7, 9, 12 and especially assertiveness in chapter 13 because all of us have to ask for the things we want (early in the game) and politely demand that everyone be dealt with fairly.

The point is: to feel competent and moral, you must *be* those ways. You can be good without a nasty, lying, brutalizing critic inside.

STEP THREE: Do an accurate self-assessment. List your positive and negative traits.

The people who emphasize their bad points and failings need to focus on their assets and positive traits. McKay and Fanning (1987) recommend listing your strengths and weaknesses in several areas: appearance, relationships, personality, morals, work (school), art, sports, daily tasks, mental functioning, and sex. This will take quite a while. Then mark or underline all the negative characteristics. The first task is to re-write each negative

statement. This is to be certain that each criticism is stated accurately; for instance, take out all the emotionally laden words (see examples below). Make the statements factual, not judgmental.

In addition to self-put down words also eliminate over-generalizing words, such as never, always, and completely; these are seldom accurate. In fact, it is beneficial to look for instances or circumstances in which you would not have the negative trait. Example: suppose a person wrote "I never stand up for myself" but she might realize that she does assert herself with her children and her friends, just not with her husband, her boss or other authorities. Likewise, a person might write, "I always say the wrong thing," but realize that this only occasionally happens when he is caught off guard or when very nervous. Clearly, accurate specific negative statements, citing your strengths as well, are more honest and less devastating than the global, nasty criticisms. Sometimes, even the solution becomes more obvious and hopeful when the problem is stated more factually. Other examples are:

Nasty words

Replace with explicit, factual, balanced statements

stupid	"I don't follow current events; I don't remember history <i>but</i> I know how to manage money well, how to relate to people, and how to plan and organize a group effectively."
fat	"I weigh 135 when 120 would be ideal <i>but</i> I have lost weight before and I can again."
selfish	"I think about my parents only a couple times a week <i>but</i> I am very thoughtful of my wife and I spend a lot of time with my best friend."

In fact, be reluctant to use any negative words that categorize or measure or judge you (or others) as a person. You may judge your behavior, but as a person you are perfect--you are exactly you! Also, avoid concluding prematurely that you can't do something or have a handicap or probably will have difficulties doing something, and so on.

At this point, we have just cleaned up your negative statements for use in the next two steps. The positive, complimentary statements will be used in step 6.

STEP FOUR: Have the serenity to accept the things that can't be changed: Understand and accept your permanent weaknesses; accept the past.

First, **be sure you have the fault** being considered. Would others agree that you have the negative trait? Are you sure you aren't exaggerating it? For instance, do you reject compliments in your weak spots? (See method #2 to test the accuracy of your self-concept.) Are you sure you aren't miscalculating the consequences of the weakness? For example,

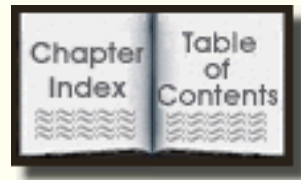
suppose you *know* you have a bad complexion. Are you sure it is as unattractive as you think it is? **Is it correctable** (medicine, surgery or cosmetics)? Suppose you are of average intelligence. Can you **compensate** in school by working very hard? Can you become such a caring, giving friend that your intelligence doesn't matter?

Secondly, **be sure it can't be changed**. Remember any learned trait can theoretically be unlearned, even though "you can't change the past." Was your negative trait modeled and/or reinforced by a parent? Was it developed as a way of coping in the family? Did the peer group encourage this trait? Are irrational ideas (method #3) part of the problem? Is something like your "critical parent" (chapters 6 & 9) involved? All of these kinds of "faults" are correctable. Some people do lose weight after years of over-eating; "hot heads" do learn to control their tempers. It's possible. Other examples: if you have never learned to speak in public or always felt inferior to a highly educated person or always been a pessimist, you can change. Don't accept these kinds of negative traits (unless they don't concern you very much).

Thirdly, be sure you **don't confuse an unchangeable cause with an unchangeable trait**. You may be stuck forever with critical parents, mean siblings, and/or rejecting peers in your past, which contributed to your low self-esteem, but you may be able to reject those old judgments by others and learn to judge yourself more favorably. You may have had other childhood traumas--deformity, poverty, illness, a learning disorder, etc.--which contributed to your self-doubts and low self-esteem. You can't change these facts of life. But you can change how you view or feel about these facts (see method #3 below). And, you can still overcome these handicaps and learn to evaluate yourself fairly and constructively.

Lastly, there may be, of course, some of your characteristics that can't be changed: height, body build, facial and physical features, lack of abilities or talents, some diseases, and perhaps mental illness. You can "forget about" the things that can't be changed or you can look at them differently, such as accept them or make up for them. Quite often, you may realize your negative trait can be changed but it just isn't worth the effort. That may be a reasonable decision; if so, put the matter behind you.

There are several viewpoints (or philosophies) that should help us **accept ourselves** and others (even the changeable characteristics): determinism (method #4 in this chapter), humanism (unconditional positive regard for everyone since every human is unique and precious), positive mental attitude (see method #9), or logical reasoning. As an example of the latter, Barksdale (n.d.) reasons that all our behavior is a result of our motivations and awareness at the moment. Since our awareness (view of the total situation) could not have been different, it would be illogical to expect us to have acted differently. Repeating one of these philosophies over and over to yourself, especially when you are starting to harshly chastise yourself, should be helpful.



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CHANGING YOUR SELF-CONCEPT AND BUILDING SELF-ESTEEM

STEP FIVE: What are the ways to build self-esteem? Have the courage to change the things you can: List the ways you could improve. Become a good self-helper. And develop self-accepting attitudes.

Deci and Ryan (1994) speak of *contingent* self-esteem as distinguished from *true* self-esteem. Contingent self-esteem is like conditional love; your self-acceptance or self-love is based on living up to your and other's expectations--passing all the tests of life. So, you feel good only when things are going well. This tenuous, conditional self-esteem is not a secure foundation (and is associated with an external orientation, such as seeking money, fame, and attractiveness). On the other hand, true self-esteem, according to Deci and Ryan, involves a more secure, solid sense of self and self-acceptance, regardless of what happens in the outside world (and is associated with intrinsic motivations, such as seeking relationships, self-improvement, and serving others). Of course, contingent self-esteem might even be gained by being proficient at something you don't value (like pretending to like someone or being a thief) but *true* self-esteem comes only when your actions are highly valued and freely chosen or *self*-determined. Examples: true self-esteem and pride comes when you study for joy, not just for grades; when you play sports for fun, not for Dad's attention; when you do your job to help others, not just to get paid. Also, your self-esteem grows in proportion to your goodness, e.g. the self-esteem gotten from your glibness in selling an over-priced product is less than that gotten by a caring kindergarten teacher who is loved. When positive action, especially the it-did-my-soul-good-to-do-that kind, comes from your true self, then you will feel true self-esteem.

It is becoming clear that building self-esteem isn't just silencing the unreasonable internal critic, accepting your faults, and emphasizing your good traits. The healthy, confident, efficacious person assumes responsibility for his/her life. The self becomes a change agent, a *self*-helper. The task is to realize the self-improvements you could make, to know how to make changes, and to feel confident about your self-help ability. And...

Coopersmith (1967) suggested that high self-esteem requires two things: setting high

goals *and* some success in reaching your goals. In other words, you must DO SOMETHING. Contrary to popular opinion, self-esteem in children is *not* related to good looks, being tall, mother being at home, and social or economic status of the family. Kids who like themselves had parents who set high standards (yes, expected politeness *and* housework, not "do your own thing"), showed respect for the child (democratic decision-making where everyone is heard) and showed love (not necessarily overtly but in terms of caring about "how things are going"). You can't change the past but you can talk to yourself. You can say such things as "don't be lazy just because you were pampered as a child." You can DO SOMETHING!

If you assume responsibility for improving your life, if you learn to have more control over your life, and if you put in time and effort on good causes, you will like yourself better and others will admire you. So, in a sense, all self-help enhances self-esteem. Conversely, self-esteem facilitates self-help (Bandura, 1977b). For instance, good students feel responsible for doing well while poor students blame teachers, the school, or the tests (Coleman, 1966). Chapter 6 gives several specific suggestions for countering feelings of inferiority. At the very least, ask yourself "what do I fear doing that I would like to do?" Then imagine overcoming that fear and make plans to develop these skills.

Think of it this way. In addition to getting better at what you are doing now, i.e. in your current life style, you might need to diversify. For example, when a person specializes or concentrates too intensely, as some say "putting all your eggs in one basket," there is a risk of feeling and being adequate in only one way. (Perhaps persons who feel inadequate tend to find a niche and stay there.) For instance, a mother devotes herself exclusively to raising the family but feels useless and lonely when the nest is empty; a secretary devotes her life to her job but realizes in her 50's that she has given up too much for \$1000 a month; a manager works 70 hours a week but finds out later that his efforts and the programs developed were not really appreciated; the athlete who is a star in high school or college discovers he has no career skills and few are impressed with his previous stardom. Perhaps all of us need several ways to feel good about ourselves, ways to further build our self-esteem and to prepare for the future. Make sure your life goals are ethical and an expression of your true self.

STEP SIX: Write a list of your more important positive traits. Repeat them frequently with feeling.

Many of us are afraid to brag, even to ourselves. But we need to know our strengths. Make a list of your good traits, using the list of positive and negative characteristics from step 3 (also include the strengths you added to your list of weaknesses). Make the list as complete as possible. What good traits do your friends, your parents, your teachers, your idols have? Do you have some of those traits too? If so, add them to your list. No one needs to see your list, put down everything you like about yourself, everything that is good. If you have difficulty thinking of positive traits, this may mean you have an overwhelmingly severe critic. Ask your friends for suggestions.

Write several simple positive statements about yourself. Examples: "I care for my family and friends; I'm loving and giving" or "I'm fun to be with, people enjoy me" or "I'm a serious student preparing for life." Repeat statements like these, which are true of you, several times a day, perhaps followed by a reward. Put your positive traits on cards and stick them up where you will see them often. When relaxing, spend 10 minutes thinking about specific incidences in which you were good in the past *and* fantasize about situations in which you could use your good traits again in the future. All of these methods accentuate your positive features. What is most important is that you remember the positive when the internal critic attacks you.



Think of what you have rather than of what you lack. Of the things you have, select the best and then reflect how eagerly you would have sought them if you did not have them.

-Marcus Aurelius, 30 B.C.



STEP SEVEN: Self-help books, support or growth groups, and insight techniques offer a variety of esteem building methods.

A shelf full of self-help and how-to-be-successful books emphasize positive thinking (memories, self-evaluations, and expectations) and refusing to let the negative thoughts drag you down (Dyer, 1976; Lazarus, 1984; Maltz, 1970; Stone, 1962). For example, Lazarus cites Dorothy Susskind's method called ISI--Idealized Self-Image. The idea is this: if you repeatedly picture yourself having the traits and skills you want to have (including the ability to change), you will keep working on self-improvements and gradually come closer to your ideal self. Thus, a scared person can imagine doing whatever is frightening, a quiet person can imagine expressing opinions and telling stories, a golfer can imagine hitting the golf ball straight, and so on. Fantasies will help but success requires practice, practice, practice and **DOING SOMETHING**.

There are some rather spooky notions expressed in this area, e.g. tell your unconscious lies--*positive* lies--and it will believe you and work to make you this way (Helmstetter, 1986). Thus, a worrier might say, "I don't worry. I solve problems quickly, then relax and enjoy myself." A severe self-critic could recite, "I am special and unique. I like myself. I am confident, fun, wise, interesting, loving and good." A procrastinator would repeat, "I carefully plan my time and follow my schedule. I'm full of energy; I never goof off or put off tough jobs." There is no evidence whether self-statements such as these work or not. Obviously, it takes more than fantasy to be a top sales person; I want my surgeon to have more training than how to say "I'm really great with a scalpel." But, probably ideas do precede action in most cases.

Mental health professionals did not consider any book very helpful in building self-

esteem (Stantrock, Minnett & Campbell, 1994). *My students find two books, besides McKay & Fanning, especially helpful: Johnson (1986) and Briggs (1986)*. Additional useful books are Burns (1993) who has a 10-day self-esteem building program, Wegscheider-Cruse (1987) who stresses self-acceptance, Gardner (1992) who focuses on children's self-esteem but is more for therapists, Palmer (1989) who addresses teens and young adults, and two good books by Branden (1983, 1994) who is a recognized scholar in this area. Johnson (1986) emphasizes doing your own self-evaluations and weaning yourself away from others for your self-esteem. Also, stop the senseless collection of negative comments about you by others and stop comparing yourself unfavorably with others. A recent book (Bednar & Peterson, 1995) found low self-esteem in many disorders; they focus on getting their clients to attack their problems with coping skills rather than just liking themselves better. Three other books, Truchses (1989), Sanford & Donovan (1984), and Bepko & Krestan (1990), address the problem of low esteem in women as related to our culture's demands that women be self-sacrificing and of service to others. Cash (1995) helps people get a better body image. Lastly, Taubman (1994) has attempted to go deeper than curtailing the internal critic and accentuating the positive. He calls it developing "deep confidence" based on knowing yourself and your psychological history very well.

Other ideas for building self-esteem are: develop a support system, develop a set of values and live them (chapter 3), develop positive attitudes (method # 9), and learn to feel special and unique. It seems that we learn to think of and treat ourselves as we have been treated by others. Therefore, if you lack self-esteem, it is very important to avoid negative, critical friends, relatives, co-workers, and others as much as possible.

You can gain an understanding of the development of your self-concept by remembering the nicknames you had as a child and young person, remembering how your parents introduced or talked about you to others, and remembering how others responded to you when you did something bad or destructive and when you were good and helpful. Try to see the connections between childhood experiences and your current self concept. Other memory and fantasy experiences may give you more insight (see autobiography in chapter 15). At different stages of your early life, remember what you needed from others, such as your parents, that you didn't get. Then, see if you can understand how those wants (and the neglect of those needs) caused you to feel certain ways about yourself. Also, hold a conversation between your confident self and your insecure self; see how they feel about and explain each other. Draw your "life line," showing the highs and lows of your life, and see how your self-esteem varied with the peaks and valleys. Figure out how to have more peaks.

Time involved

Your self-concept reflects years of experience and self-evaluation. There are no magical ways to quickly change your opinions of yourself. It will take a few days to get to know and record the internal critic. Challenging or shutting up the critic and achieving the purposes of the critic in healthy ways may take weeks. Honest self-assessment followed by self-

improvement where possible means big time investments--daily work for months.

Common problems

Although the internal critic makes us miserable, we believe what it says about us. If we feel inadequate, inferior, and unable to change, where does one get the motivation to spend hours trying to improve? To some it seems hopeless, just like being depressed. Sometimes, no doubt, the self-deprecating person will need outside help from a therapist and/or a support group.

In our culture, many of us have high hopes that are impossible ambitions. Thousands want to be president or an astronaut. Perhaps millions want to be a sports star or musician. Most will have "faults" (and/or bad luck) and fail to achieve their highest goals. Our task, therefore, is to strive for our major goals despite the stress, and, at the same time, learn to accept the inevitable failures and frustrations as they occur. We want to compete and be "above average," but half of us must, by definition, be below average on any given trait or skill. Learning how to gracefully accept our limitations is part of methods #3, #4, and #9.

Effectiveness, advantages and dangers

The reader is reminded, again, that there are many ways to change one's self-concept. This method tries to reduce the negative self-evaluations by focusing on the actual internal words or thoughts about ourselves. McKay and Fanning (1987) cite no supporting research for this method in their book, but similar cognitive methods have been effective. The procedures are reasonable but much research is needed. As mentioned in chapter 11, there have been a few cases in which repeating positive statements just prior to smoking a cigarette has improved self-esteem (Homme & Tosti, 1970).

One advantage of this method, as described here, may be that it concentrates on the harmful details of our thinking and encourages us to emphasize the positive. Perhaps we aren't as bad as we think we are; maybe we have overlooked ways of improving; maybe we neglect a lot of our good points; maybe the destructive part of the critic isn't needed. Yet, the focus is a disadvantage of this method too. Most people are not accustomed to reviewing their thoughts for errors (see method #8). When we are in a down mood, the excessive self-criticism seems absolutely true. A new and different approach to your most intimate thoughts and feelings is required. It is hard to question what we have always believed to be the truth; it is hard to think of an important trait, one that defines your basic self, as changeable. But, that is exactly what has to happen when low esteem is changed to high esteem. Swann (1996) discusses some "self-traps" that make gaining self-esteem difficult.

Building self-esteem is considered by many psychologists and educators to be so vital to good mental health, education, and physical health that research interest in this area should stay high. However, in an excellent review of self-esteem research by Kohn (1994) *there is*

little hard data showing that self-esteem is related to helping others, academic achievement, or good citizenship. Kohn says the current self-esteem building programs in school aren't working. He thinks this is because high achievement, for example, produces self-esteem, not the other way around. Unfortunately, this interpretation of the data may lend some support to the misguided conservative position opposing to all affective education (conservatives distrust change). I think the "basics" should not just be the "three R's" but also self-understanding and self-control, relationship skills, and practical career skills; these skills would surely increase our self-esteem.

Another new theory challenges the practicality of merely increasing positive thoughts about one's self. Mark Leary, a psychologist at Wake Forest, believes that humans, being very social animals, have great sensitivity to how we are getting along with others (see *Psychology Today*, Nov., 1995). Just as any movement in our environment attracts our attention, an angry face in a crowd stands out. When we detect any indication that we might be rejected, our feelings of self-esteem immediately plummet. It is a signal to mend our relationships. Low self-esteem may associated with depression, tension, joining gangs, drugs, etc. because sensing that we are rejected causes us to feel bad, self-critical, and hopeless. Thus, the way to correct the sinking feeling of low self-esteem is not to force yourself to think positive thoughts about yourself but rather to take action to improve your relationships with others.

There may be an even bigger issue. What if the modern self-concept, becoming more and more individualistic, is completely misdirected? For instance, what if I focus so much attention on *my* goals, *my* assets, *my* failures, *my* self-awareness, and *my* self-criticism, that I lose sight of the rest of the world? What if I take this self-centered orientation because that view serves society's and industry's need for me to feel insecure and threatened, resulting in my buying many expensive things that I really don't need to own exclusively by myself? What if instead of seeing myself as one lone person in the world competing against everyone else (except maybe spouse and children), threatened from many directions, and subject to criticism from every quarter, I saw myself *primarily* as merely one among many in a cohesive community (a small town, an important business, a needed profession, etc.) or, even, as just one person among 5 billion intelligent, fair humans? Only 50 years ago, many people saw themselves primarily as a loved, secure part of an extended family or of a religious group, much more than they saw themselves as an isolated, self-aware, self-dependent, morally confused, self-critical individual. Thus, perhaps re-defining the human "self" is not impossibly difficult to do. And, perhaps how you define your self is crucial to how you interact with others. Perhaps as long as humans think of themselves solely as individuals ("I am *me*"), they won't join in forming a caring, loving community ("I am *us*"), they won't cooperate and share, they won't put aside individual wants and advantages for the good of the group. This deserves serious thought (Cushman, 1990; Taylor, 1989; Etzioni, 1993).

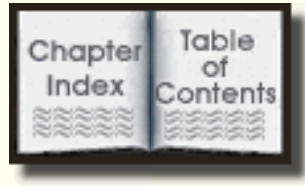
A similar but more sinister view is that the people in power want to stay in power and

"advantaged" ... and what better way to maintain the status quo than to direct each individual's attention to how he/she feels about him/herself (rather than towards the faults of the system or needs of others) and to how it is each person's job to help him/herself (Kohn, 1994)? Carried to an extreme this would divert us from building together a better world. But, is there is any reason why we can't have high self-esteem *and* also be highly involved in caring for others (indeed, that may be the best way to self-respect).

Naturally, some possible problems can be found with any specific social or educational program for building self-esteem, but it would be hard to fault effective efforts to overcome an overly severe inner critic that depresses us and interferes with our being successful and good to others.

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INCREASING SELF AWARENESS

"Know thyself," urged Socrates, and "The truth shall make you free."

Sullivan (1953) spoke of "good-me," "bad-me," and "not me" parts in all of us. The first method reduces the misery caused by an unreasonably harsh self-critic, the "bad-me" part. It deals with how we *feel* about ourselves. This method deals more with how we *think* about ourselves. Our self-concept is the foundation of our entire personality; it affects almost everything we do. All of us have a part that wants to feel good about ourselves and to have others approve of us. This is our "good-me." However, our actions are subject to interpretation (our "having a good time" may be seen by others as "laziness" or "alcoholism"). Most of us who are not depressed usually see ourselves in a good light (in spite of the self-criticism and feelings of inferiority mentioned in method #1). This exaggeration of our goodness by the "good-me" can cause problems too, which this method deals with.

Sometimes the "not me" part keeps us from noticing things we don't want to see about ourselves. Generally we would be better off facing the truth, i.e. becoming more self-aware. There are several interesting personality measures in this area (Fenigstein, Scheirer & Buss, 1975):

Private self-consciousness (sample items rated on a scale from 0 to 4):

1. I'm always trying to figure myself out.
2. I'm generally attentive to my inner feelings.

Public self-consciousness (sample items):

1. I'm concerned about the way I present myself.
2. I worry about what other people think of me.

Snyder's (1980) Self-Monitoring Scale (sample items):

1. I guess I put on a show to impress or entertain people.
2. In different situations and with different people, I often act like a very different person.

Social anxiety:

1. It takes me time to overcome my shyness in new situations.
2. I get embarrassed very easily.

Low private self-consciousness is not thinking or knowing very much about your inner feelings. High private self-consciousness involves knowing ourselves, e.g. realizing we wear several social masks and being able to predict our own behavior as well as seeing ourselves as others do. Self-monitors with high public self-consciousness often use many masks to manage the impressions they make on others. They may even, at times, pretend to believe and feel differently than they really do. Sometimes, this is conscious deception, i.e. just "putting your best foot forward," not self-deception, but sometimes high self-monitors are not sure themselves what is their "pretend self" and what is their "real self" (Snyder, 1983). Other people are low self-monitors with little social awareness and/or with pretty fixed ideas about what they should be like; they may want to "tell it like it is" or they may just not care what others think of them. These low self-monitors may or may not be aware of all their parts--urges and feelings--inside; there is only a moderate correlation between private and public self-consciousness. The major point is: we can't be consciously in control of ourselves if we aren't aware of all our "selves."



To Thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man.

-Shakespeare, Hamlet



Everyone recognizes that how a person sees him/herself is not necessarily the way it is. Thus, for every aspect of our lives (every part), there are three selves: (1) the **perceived** self--the way we see that part of ourselves, (2) the **real** self--the way we truly are, and (3) the **ideal** self--the way we would like to be in that area. Research has shown that a big discrepancy between the perceived self and the real self or the ideal self will probably lead to unhappiness and poor adjustment. This method is concerned with our misperceptions of our real self. Obviously, our errors can involve thinking we are better or worse (see the last method) than we actually are and refusal to admit certain parts of ourselves.

It is well known that self-deception and defense mechanisms, as described in chapters 5 and 15, lower our anxiety and protect our self-esteem by helping us deny our bad parts and avoid reality. In a similar way, many of us put ourselves in the best possible light by (1)

taking credit for our accomplishments but denying blame for our failures, (2) exaggerating our own importance, (3) assuming that others need to change, not us, and (4) seeking or maybe even designing in advance excuses for our failures. Almost all of us want to be happy and like ourselves. But should we lie to ourselves? Being honest with ourselves is a crucial first step towards coping with reality (Hamachek, 1987).

How we see ourselves is powerfully influenced by how others, especially important others, see us. So, messages from others in the past may help explain our misperceptions. It seems logical then that feedback from others in the future may help correct our misperceptions. Furthermore, we can learn about our own rather vague attitudes by observing our own behavior. For example, have you ever been surprised by your reaction to a certain kind of person, say, a person of a different race or an obese person or a homosexual? Have you ever had a fight with a lover and left him/her thinking "good riddance," only to discover a day or two later that you missed him/her terribly? Sometimes a part of our true selves is revealed by our own unexpected reactions; the better we know ourselves, the less surprised we will be and the better we will cope.

Goethe said, "If you want to know yourself, observe what your neighbor is doing. If you want to understand others, probe within yourself." We can observe others more objectively than we can ourselves; understanding others improves self-understanding. We can discover our motives easier than we can our neighbor's; self-understanding helps us understand others.

Purposes

- To realize that we sometimes think we are better than we are and to try to correct this tendency.
- To recognize that fears and misconceptions keep us from making self-improvements and living up to our potential; this insight may set us free.

Steps

STEP ONE: **Uncovering self-deception: self-con and self-hype.**

It's nice to like yourself. Having self-esteem helps us be happy, healthy, and effective. So, we select friends and do things that make us feel good. But we also present ourselves to others in the best possible light *and* we distort reality a little bit to make ourselves look good. We give ourselves the benefit of the doubt. I'll give some examples of the latter; you see if you are guilty of any of these defensive deceptions.

(1) **A tendency to take responsibility for successes and deny responsibility for failures.** This is illogical but it makes us feel better. Examples: if our school won, it's "we

won" but if our school lost, it's "they lost." If you do well on a test, it is because you "really hit it" or "are good at _____," but if you bomb the test, it is because "it was a stupid test" or "there were lots of trick and vague questions" or "what a lousy teacher!" If you have a good relationship with someone, it is because we "work at it" or "talk things out" or "I'm real attentive," but if the relationship is in trouble, it is because "He won't talk" or "She wants her way" or "He/she is so irritable." Remember, though, that in chapter 6 we learned that depressed persons are the opposite; they feel at fault for failures and not responsible for successes. Somewhere in the middle of these two extremes is the truth--honesty is the best policy because we need to face our shortcomings and not blame others. Think about how you tend to respond in several situations and ask your friends what distortions they suspect you might make.

(2) **A tendency to exaggerate our own importance and our own strengths.** Almost everyone can consider him/herself superior *if* he/she selects carefully the basis of comparison--just my face, my body, my athletic ability, my musical ability, my social skills, my brain, my social status, my car, etc. We tend to consider only our best features (Hamachek, 1987). We exaggerate our role, our strengths and our contributions. Examples: when group projects are done, most persons tend to feel his/her contribution was greater than the others would judge it to be. If you ask a married person who makes the major contribution to the marriage, 70% say "I do" (Ross & Sicoly, 1979). About 85% of people in high school think they are above average in intelligence. College students think they will live 10 to 20 years longer than the average person their age (Snyder, 1980). "Yep, lots of college students are budding alcoholics but not me" or "Yeah, I believe the reports about cancer and smoking but I don't think it will happen to me." In general we tend to inflate our image and deflate others--they cheat on taxes and spouses (more than I will do), they can't be trusted (as much as I can be), they won't work as hard as I will, they are prejudiced (more than I), etc. These "I'm OK, You're not OK" tendencies and the exaggerated sense of self-importance cause many problems (see chapter 9). We need to face reality. How much do you do these things?

(3) **A tendency to believe others will change and we won't have to.** Examples: when considering marriage (or divorce) we are more likely to think of our partner as having to make certain changes rather than us. When our partners have more or less sexual drive than we do, we expect him/her to adjust to us. When students don't do well, they expect the teacher to change and the teacher expects the students to change. When poorly paid foreign workers produce a cheaper product, we want them to stop flooding the market rather than our changing. When the wealth of the world is very unequally distributed, we resist the idea of changing and suggest the poor nations raise their standards of living. Isn't there an air of superiority implied in these situations? Surely it would be better to have an egalitarian attitude among caring people who are unafraid of change.

(4) **A tendency to create excuses for our failures.** Not only do people "explain" away their past failures, there is growing evidence that some people even devise their own barriers

to success, i.e. they provide themselves a "handicap" which will serve as an excuse in case they fail in the future. Examples: One motive, among many, for students to party and use drugs is that being "out partying" or "high" or "hung over" is an acceptable ("I'm a popular, fun-loving person") excuse for doing poorly in school. Just like being injured or ill explains why an athlete doesn't play well. Even the procrastinator (see chapter 4) has an excuse for not doing well--"I put off studying." Furthermore, all these excuses--drinking, illness, or disorganization--afford another special pay off, namely, they permit the user to continue his/her self-concept that he/she has the ability to do really well *if* he/she had really tried. Obviously, if you use excuses and believe your own excuses, you are not seeing your real self. Do you use excuses?

In summary, (1), (2) and (3) suggest that some of us have strong tendencies to think we are right--almost a determination to prove we are right or superior and others are wrong or weak. In addition, (4) implies that we shield ourselves from seeing our weaknesses, so we can go on feeling superior (see chapters 5 and 15). Yet, such a misinformed person will surely eventually have difficulty relating to others and coping with life. Also, all this unconscious conniving to help us feel superior raises a question: Doesn't some part of us have to know or suspect we are inferior-to-our-aspirations before these defenses would be erected? I think so, just like the braggart shows signs of self-doubt by boasting too much.

STEP TWO: Recognize the barriers to growing, learning, and being the best one can be.

Sometime changes, even self-improvements and career advancements, can be more scary than satisfying. A person may feel fairly content day to day but over a period of time become concerned that he/she is in a rut, unable to make his/her life better. There are two kinds of barriers to change: (a) it is **comfortable to just be yourself** and (b) fears can be a barrier to succeeding. This comfort with yourself can be a problem, e.g. suppose you have a terrible temper. You have learned over the years to accept being "hot headed"--it is part of your self-concept. You may not like your temper but it is an established, permitted part of you. Criminals sometimes feel they were meant to defy the law and be punished. Students sometimes think of themselves as poor readers or writers or test-takers and readily accept low grades. Our self-concept develops over the years--it is us. Any challenge to our view of ourselves is threatening, something to be resisted. For instance, if a normally mild tempered person flies into a rage, he may say, "I wasn't myself." We protect our self-concept. There is a tendency to continue acting out our self-concept; this inhibits change. Now, let's consider several fears that also inhibit change.

(1) **The fear of growing up.** As we outgrow the relaxed, pleasure-oriented habits of childhood, we are expected to become more reasonable, more responsible, and more mature. Being grown up may mean giving up an easy life, working steadily, exercising self-control, taking care of others, being assertive, overcoming shyness, making sure things get done, etc. These changes can be a hassle and even scary.

(2) **The fear of success.** If you prove you can do something well, people will expect it of you all the time. Show you can fix delicious desserts and you'll be asked to make them. Show you can take good notes and you will become the secretary. Show you can make the best grade in the class and the teacher as well as your parents will expect it every time. If you are successful, you may acquire more responsibilities and expose yourself to more hurts. Be successful on the job and you will be given more to do. Be successful in love and you are in jeopardy of being dumped (or having children to support). Do well in school and you will be expected to continue in school until you do poorly.

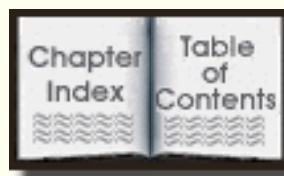
(3) **The fear of excelling.** Maslow, who studied self-actualizers, i.e. creative, outstanding achievers, thought that many of us fear and dislike successful people...and, thus, we may be reluctant to become great. Consider how often we hear someone's achievement degraded: "Wonder how he got so much--probably his family had money" or "Wonder who she had to sleep with to get where she is" or "I'd have lots of friends too if I had a car like that and money" or "Anyone could make all A's if all they did was study." Such put downs of reasonable goals (status, promotions, friends and grades) sounds a little like "sour grapes" and this kind of thinking might reduce one's drive to achieve one's own potential.

(4) **The fear of knowing.** A lot of people would be reluctant to find out their spouse was unfaithful or abusing the children or breaking the law. Once you know, you may have to take action. If you don't know, you don't need to do anything. Likewise, people avoid finding out what is wrong with a person lying on the sidewalk. Knowing the situation requires a person to do something because ignorance can no longer be used as an excuse. Likewise, knowing the poverty, illness, and starvation in the world puts pressure on us to act. Discovering a problem at work or knowing a better solution to a problem than the boss knows can sometimes be scary. Drinkers, smokers, over-eaters, procrastinators, and insulters don't want to know the eventual results of their behaviors. We use defense mechanisms to keep from knowing the truth about ourselves.

Do any of these fears ring true for you? If so, awareness may be the first step to overcoming the barriers to becoming your best true self.

[← Back a page](#)

[Forward a page →](#)



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INCREASING SELF AWARENESS

STEP THREE: Learn all you can about personality (ch. 9), self-concept (ch. 6), personal dynamics (chs. 7 & 8) and interpersonal relations (chs. 9 & 10).

Learn about psychology but realize there is an enormous gulf between psychological book-learning and practical, usable wisdom. The gulf is primarily "practice, practice, practice" in terms of applying the principles to your own life. Learn about cases--real human lives--and ask yourself: "Could that be true of me too?" Make use of the methods in chapter 15 for increasing your self-awareness.

STEP FOUR: Explore the many conflicting parts and roles that make up your self.

"Know thyself" surely means being aware of your personality--all the complex parts: "parent," "adult," "child," "internal critic," "self-monitor," and many other facets. Be sure to consider the possible future selves discussed in method #1 and in chapter 4. How do you recognize the parts? First become familiar with the parts and roles as described in chapter 9 and other personality books. Then, notice your behavior: the kind of words you use, how you feel, and your goals. Notice your relationships with others: when are you dominant? when submissive? when angry, scared, fun-loving, serious, mature, emotional, etc.? Notice your attitudes: when do you feel OK, when not OK? when are others OK, when not OK? when do you feel loved, unloved, nurturing, selfish, confident, helpless, etc.? Notice your expectations about your future: what are you hoping to do in the future--what are your expected strengths? What are you afraid will happen--what are your weaknesses?

Notice the conflicts between parts. Observe how you resolve the conflicts. From chapters 9 and 15 try to figure out your life scripts, games, and defenses. Consider the possibility that everything is true of you (see chapter 15). Self-exploration takes a life-time.

STEP FIVE: Use skills learned in chapter 13--listening, empathy, caring and self-disclosure--to increase your closeness with others. Ask a variety of others for honest feedback.

We increase our understanding of ourselves by close and intimate interaction with others, many others. We would have little faith in feedback from others unless we felt they knew our true selves, which means we must have disclosed our intimate feelings to them. People who have not disclosed their real selves to others often don't know their real selves. The more of our real selves we have shared with others (and been accepted), the more likely we are to accept ourselves. The better we understand others, the better we can understand ourselves. And, the reverse, the better we understand ourselves, the better we understand others. However, this doesn't mean that close friends will always give us the most accurate feedback.

To keep growing, we need continuing, honest feedback. Friends and lovers like us and tend to agree with us, they support and compliment us, overlooking our weaknesses. Some *true* friends will tell us the truth, not what we want to hear, but many do not unless we ask for frank answers. Other true friends can't tell us the truth because they need and use the same defenses we do. There is a saying, "Blessed are our enemies, for they tell us the truth." Sometimes slightly outsiders, such as older people, relatives, authorities, teachers, counselors or casual acquaintances, can be the best sources of information about your true self if they think you genuinely want honest feedback.

Growth groups use a good exercise for getting feedback: ask each person to anonymously list two positive traits and two negative traits (or 2 suggestions for improvement) for every other person in the group. The leader reads aloud the descriptions for each person. You can take notes about how the others see you, then share how you feel about the feedback and ask for clarification.

Adler said we came to know and like ourselves by developing our capacity to care for others. Maybe we must love others before we can love ourselves...or is it the reverse? Maybe both loves (for others and for ourselves) grow together. It is pretty clear that one of the enormous pay offs for being good is self-respect.

A little girl was returning from the house next door where her friend had just died and her father asked, "Where have you been?" "Next door," she answered. "Why did you go there?" asked the father. "To comfort the mother," said the girl. "How could *you* do that?" he asked. "I climbed into her lap and cried with her."

-Anonymous

STEP SIX: Take personality tests that will confirm or question your notions about yourself.

Just as feedback from others is a way of getting to know yourself, similarly taking

psychological tests is another good way of discovering more about ourselves. The details of this method are dealt with in chapter 15.

STEP SEVEN: A healthy, attractive body in good condition contributes to self-respect.

People who exercise and stay in shape are less depressed and more self-accepting (McCann & Holmes, 1984).

STEP EIGHT: Work on self-actualization; in order to excel, which usually means doing better than anyone else expected of you, it takes hard work and courage.

Lastly, keep in mind that "knowing thyself" at this moment is only a part of a life-long endeavor to create a self you admire. Insight is not the end goal, changing is the goal. Changing into what? Your choice. But see the characteristics of a mature, self-actualized person in chapter 9. Consider striving for those traits. Remember from chapter 6 that happiness is related to being a good person, job satisfaction, family satisfaction, education, income and status as well as self-esteem.

Give yourself a chance to strive for excellence--dream big and go for it. Keep in mind: when your achievements merely meet expectations, that is nice (you haven't failed), *but* it is only when you achieve well beyond everyone's expectations that you are really successful and feel great. So set your sights high. It takes courage to face the risk of failure. It takes a strong will to accomplish hard jobs.

There are many inspiring stories of triumph over adversity. The story of Abraham Lincoln is one. He had failed in business twice and lost an election by the time he was 24. He had also lost his mother early in life, lost a lover (at 29), reluctantly married a neurotic woman (32), lost his father (43), and lost a child (53). Although elected to the state legislature (25) and U. S. Congress (at 37 for one term only), he lost elections as speaker (29), congressman (twice--34 & 39), senator (twice--45 & 49), and vice-president of the United States (47). Lincoln in his late twenties and early thirties suffered such severe depression that friends took away his knives and razors. Yet, he learned to handle his defeats to become one of our most sensitive, humble, and greatest presidents (51-56).

Time involved

Self-confrontation and seeing ourselves realistically are life-long endeavors. There are so many parts of our selves and some parts are so well hidden that the exploration is never completed. Nevertheless, some of us are far more "aware" than others. But changing from moderately unaware to very aware would ordinarily take months or a few years of concerted

efforts. Perhaps the most dramatic transformations are among people who have had extensive psychotherapy or who have gone through several years of training in clinical psychology.

Common problems

Much of this method is similar to the methods in chapter 15. The barriers and resistance to uncovering unpleasant characteristics about ourselves are the same. Most people will quickly "brush off" these ideas. The best you can hope for is a continuing awareness of these tendencies (self-aggrandizement, excuses, fears) so that you can remain on guard against their getting out of control.

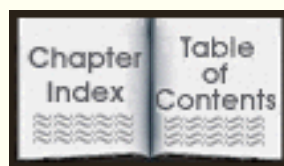
Reading can open our eyes but getting feedback from others is probably the most common way of finding out about ourselves. It isn't that others explicitly tell you a lot about yourself, more often the views of others are eked out as a result of interactions. For instance, other people's behavior have implications to and about us: if others are unfriendly, we start to wonder what about us keeps them at a distance. If others impose on us for favors, we question why and so on. These are valuable insights.

Effectiveness, advantages and dangers

There is almost no scientific evidence that reading about various self-deceptions and fears (steps 1 and 2) or about psychology in general leads to self-insight and a more realistic self-concept. But since psychotherapy and group therapy do alter many peoples' self-concept, then ideas via reading probably do too. Frankly, I doubt if many people are interested in thinking much about their self-deceptions, their fears that enable them to remain unchanged, and their conflicting parts. That's the big disadvantage of this method. There are no known dangers, except that an already overly self-critical person could use these traits against him/herself.

[← Back a page](#)

[Forward a page →](#)



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CHALLENGING IRRATIONAL IDEAS

Challenging irrational ideas (Rational-Emotive therapy)

Our thoughts influence our feelings. If you think people won't like you, you feel disappointed and withdraw socially. If you think nothing will work out well for you, you feel sad or passive and won't try. If you think you must have help to do something, you may feel inadequate and be dependent. If you think you are stupid and incompetent, you may feel worthless and be indecisive and self-critical. No doubt there are connections between thoughts and feelings and/or actions.

Rational-Emotional therapy is built on the belief that how we emotionally respond at any moment depends on our interpretations--our views, our beliefs, our thoughts--of the situation. In other words, the things we think and say to ourselves, not what actually happens to us, cause our positive or negative emotions. Thus, as Albert Ellis (1987) would say, "Humans largely disturb themselves... your own unreasonable, irrational ideas make you severely anxious, depressed, self-hating, enraged, and self-pitying about virtually anything--yes, virtually anything." This is a very old idea.

As a man thinketh, so is he.

-The Bible

Men are not worried by things, but by their ideas about things. When we meet difficulties, become anxious or troubled, let us not blame others, but rather ourselves, that is: our idea about things.

-Epictetus, about 60 AD

It is very obvious that we are not influenced by "facts" but by our interpretation of the facts.

-Alfred Adler

If the theory is true that irrational ideas cause most of your intense, long-lasting, unwanted emotional reactions, then there is a simple solution: change your thinking! Actually that may not be as easy as it sounds but that is exactly what Rational-Emotive therapy tries to do. It identifies the patient's unreasonable thoughts and immediately confronts or challenges these problem-producing ideas so that the patient will think differently--see things in a different way--and, thus, feel differently. Thus, this therapy involves persuasion, arguments, logic, and education--essentially insisting that the person be rational and scientific. If you don't have a therapist, you can try to persuade yourself that certain thoughts are unreasonable.

What kind of ideas are irrational and make us upset or "sick"? Ellis and Harper (1975) described ten common irrational ideas, such as "everyone should love and approve of me," "I must be competent; it would be awful to fail," "when bad things happen, I am unavoidably *very* unhappy and should be," "it is terrible when things don't go the way I want," and so on (see step one below). There are hundreds of such ideas which transform, for some people, life's ordinary disappointments into terrible, awful catastrophes. Preferences that are quite reasonable are made in our minds into absolutely unreasonable shoulds, musts, and demands which are very upsetting. Mole hills become mountains. We talk ourselves into emotional traumas; yet, **the upset person thinks the external events, not his/her thoughts, are upsetting him/her.** Ellis called this mental process "awfulizing" or "catastrophizing." It is described as a factor in depression in chapter 6.

What is *rational* thinking? First, as Carl Rogers said, "**the facts are friendly** ." We must face the truth; that's rational. Secondly, if we view reality as a determinist (see next method), we will tell ourselves that "**whatever happens is lawful**, not awful." Everything has a cause(s). The connections (called laws) between causes and effects are inevitable, the nature of things. So, when something happens that you don't like, don't get all bent out of shape, just accept that the event had its necessary and sufficient causes (and try to change it the next time). Thirdly, Ellis urges us to constantly **use the scientific methods of objective observation and experimentation**, i.e. the systematic manipulation of variables to see what happens. For example, if you think no one would accept a date with you, Ellis would give you an assignment to ask out five appropriate, interesting people. If your belief (that no one will go out with you) proved to be correct with those five people, then Ellis would direct you to start manipulating variables, e.g. how can your appearance or approach be improved, how can you pick more receptive "dates" to approach, and so on, and observing the outcome. In short, we accept what is happening and what has happened as lawful, as the natural outcome of immutable but complex laws, and not as terrible, awful events that we or someone should have prevented. And, while we can't change the past, we can learn to use these "laws of psychology" to help ourselves and others in the future. What we can't change in the future, we can accept.

To understand any strong, troublesome emotion, you need to see clearly three parts of your experience:

1. The actual upsetting *physical-social situation and event*, what you and others did, and the outcomes. Example: boyfriend and you argued about what to do this evening, watch football or visit your family. He got his way.
2. The *thoughts, wishful images, and self-talk* you had before, during, and after the event, but especially just before feeling bad. This includes what you had originally hoped would happen and how you now wish it had worked out. Examples: he doesn't even listen to my needs; I really wanted him to have a good time with my family so we can go more often; he always has to be in control; he is so hung up on sports, I hate them; he should let me have my way half the time; I don't want to stay home, but I can't visit my family alone; when he dismisses me, I'd rather just read a book and fall asleep.
3. Your *emotional reactions* about or to the event and the outcomes. Examples: I feel frustrated when I try to communicate to him; I'm hurt and furious because my needs are dismissed; I resent his self-centeredness; I'm scared my marriage is not going to last.

But, without some instruction, we don't recognize that some of our thoughts (2) may be irrational or unreasonable. Therefore, my description of this method begins with a careful explanation of irrational thoughts, then more rational thinking is described. With these concepts in mind, it will be easier in step 3 for you to select either a troublesome emotion (3) or an upsetting situation (1), and then go looking for your irrational ideas and unfulfilled expectations that really produce your overly intense emotions.

Purposes

It is necessary to distinguish between reasonable and irrational emotions. Obviously, fears of reckless driving, an irate person, electrical wires, VD and AIDS, etc. are realistic and not irrational. It is also appropriate to temporarily feel disappointment, sadness, or regrets after a loss or a failure. One will temporarily feel irritation and frustration after someone has cheated or lied about him/her, even though one realizes that the person who did you wrong had his/her reasons. You would have preferred that things had worked out differently, but it is not reasonable to "cry and scream" that it shouldn't have happened or to "rant and rave" that you can't stand it. Intense reactions, when carried on excessively long, become irrational over-reactions. At least to some extent these extreme emotions are based on or augmented by irrational thoughts which can be eliminated.

- To reduce or prevent intense, prolonged, irrational anger, anxiety, depression, guilt, feelings of inferiority or worthlessness, jealousy, dependency, and other such emotions.
- To learn more rational ways to view life, more honest ways to evaluate oneself, and more reasonable expectations to have of oneself and others.

- To recognize that we can not understand ourselves or others without knowing the "internal environment," i.e. how the person views or interprets the situation and what the person is saying to him/herself.

Steps

STEP ONE: Identify your irrational ideas.

Until recently it was thought that only 10 or 12 common irrational ideas caused most of human misery (Ellis & Harper, 1975). Now, it is thought that there are thousands of misery-causing false ideas (Ellis, 1987), a few of them are very obviously irrational but many are subtle and more convincing (but still wrong). As these ideas are described, think about your own thoughts, attitudes, and self-talk. To what extent do you think this way?

It is necessary for me to describe several irrational thoughts because we differ very much in terms of how we think. You will not have all the harmful thoughts that I describe; you may have only two or three, but they could be enough to make you miserable. Unfortunately, you will have to skim all the ideas below to find the few that are giving you trouble. Here are the common, fairly obvious irrational ideas described by Albert Ellis which create unwanted emotions:

1. Everyone should love and approve of me (if they don't, I feel awful and unlovable).
2. I should always be able, successful, and "on top of things" (if I'm not, I'm an inadequate, incompetent, hopeless failure).
3. People who are evil and bad should be punished severely (and I have the right to get very upset if they aren't stopped and made to "pay the price").
4. When things do not go the way I wanted and planned, it is terrible and I am, of course, going to get very disturbed. I can't stand it!
5. External events, such as other people, a screwed-up society, or bad luck, cause most of my unhappiness. Furthermore, I don't have any control over these external factors, so I can't do anything about my depression or other misery.
6. When the situation is scary or going badly, I should and can't keep from worrying all the time.
7. It is easier for me to overlook or avoid thinking about tense situations than to face the problems and take the responsibility for correcting the situation.

8. I need someone--often a *specific* person--to be with and lean on (I can't do everything by myself).
9. Things have been this way so long, I can't do anything about these problems now.
10. When my close friends and relatives have serious problems it is only right and natural that I get very upset too.
11. I don't like the way I'm feeling but I can't help it. I just have to accept it and go with my feelings.
12. I know there is an answer to every problem. I should find it (if I don't, it will be awful).

Note all the "**things-should-be-different**" ideas mentioned or implied in these statements, including one's own helplessness. Our desires or preferences become "musts" or demands. Much of this self-talk suggests an underlying cry that things should be different, almost like a child's whine that the situation is awful, "I hate it," and it must be changed. Perhaps the common ridiculous notion that "you can be anything you want to be" also contributes to these unreasonable expectations. No one can be anything they want to be! A rock star? A Olympic champion? President? The person loved by the next door neighbor? Sometimes "if you just try hard enough" is subtly added to "you can be anything..." to make it more believable (like the subtle ideas below) but then a person's modest efforts become the basis for a demand: "I worked so hard, it really ticks me off that I only got a 'C' or didn't get a raise."

How many of these 12 irrational ideas are similar to your own self-statements? How many sound pretty reasonable to you? The more of these irrational ideas you believe, the more likely you are to be upset and have unreasonable feelings. However, just one irrational idea may be all you need to become distraught. Furthermore, Ellis (1987) has recently suggested that one reason why people keep on getting upset (even after reading Ellis's books and having Rational-Emotive therapy) is because they have rejected most of the obvious irrational ideas but retained some of the subtle ones:

1. Of course, I can't totally please everyone all the time, *but* I must have approval of certain people because I have been rejected and hurt... because I was spoiled with lots of love as a child... because I really try hard to please... because I feel so upset when I'm not approved... because I only want a little approval... because I'm a special person... and so on.
2. I know I can't be perfectly competent all the time in every area, *but* I must succeed on this project because I want to excel so badly... because I really try hard and deserve

it... because I have done so well in the past (or failed so often)... because I am handicapped and feel so worthless when I fail... because I have special abilities... and so on.

3. Oh sure, it is foolish to expect to be treated fairly in all ways by everyone all the time, *but* they must be fair to me in this case because I am considerate of others... because people have always treated me fairly (or unfairly) in the past... because I am at a disadvantage and can't take care of myself... because I'm furious and they have absolutely no reason to do this to me... and so on.

You can see how a clearly irrational idea sounds more believable when embellished by these pseudo-psychological explanations. However, such statements are still crazy, unreasonable expectations or thoughts which can and do upset us. Ellis suggests that the tendencies to have these crazy ideas are inborn, i.e. obsessing about something we want badly evolves into absolute musts and demands. How does this happen? We forget the probabilities and risks involved in our irrational self-talk; we over-look our lack of ability and determination; we deny that our strong feelings and needs help convince us we are right (when we are wrong); we fail to see that our strong emotions, like anger, fears and weakness, are frequently reinforced (chapters 5, 6, 7 & 8); we sometimes think it is healthy or appropriate to feel strongly and "never forget;" we aren't aware of our defense mechanisms (chapter 5 and self-deception in methods #1 & #2); we may acquire emotional responses without words, e.g. via conditioning and modeling (chapter 5); we prefer to change the situation rather than our thinking (get a divorce rather than deal with our anger, flunk out of school rather than cope with our overwhelming need for fun); we escape but don't solve our problems by drinking, socializing, involvement with activities and cults, dieting, taking medication, etc.; we convince ourselves we can't really change (and, therefore, don't try very hard). Thus, **irrational thinking becomes the easy way out: I can just insist that things should go my way.** And scream about injustice when things don't go my way. That way, I don't have to take responsibility for controlling my life.

Finally, Transactional Analysis and Cognitive therapy have described a number of other self-messages that are illogical and unhealthy (Butler, 1981):

1. **Driver messages:** Be perfect, hurry up, try hard, please others, be strong, and so on, reflecting unrealistic demands that interfere with our natural preferences and inclinations (see chapter 9).
2. **Stopper messages:** (ideas that "stop us in our tracks" or "shoot us down" and keep us from trying)
 - o **Catastrophizing** -- "If I said something stupid, it would be terrible." "If he/she rejected me, it would be awful." (See Ellis's irrational ideas above).

- **Self-put-downs** -- "I'm so dumb... boring... ugly... weak... selfish... demanding... bossy... irresponsible..." (see chapter 6).
- **Self-restricting statements:** "I'll speak up *providing* no one's feelings will be hurt." "I'd give an opinion *if* I had all the facts." "I'd approach him/her *if* I could think of something witty to say."
- **Witch messages** -- "Don't be yourself; they won't like you." "Don't be different... don't be like your father... like a sissy... like a pushy boss... like an egghead professor..."

3. **Illogical thinking:** (see method #8)

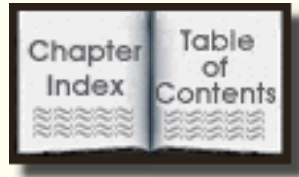
- **False or unfounded conclusions** -- "If she doesn't love me, no one will." "He smiled, I think he is turned on by my body." "He/she loves me so much, he/she will make the changes I want him/her to make." "I won't be able to find a job and support myself, it's hopeless." "I know they are making it hard for me, that makes me mad." Eric Berne realized that some people tend to respond again and again with the same emotional response, say self-criticism, pessimism, or anger. He called this reoccurring emotion the patient's "racket." The racket--an emotion based on faulty thinking--has become a basic part of your personality.
- **Misattribution** -- often we blame our feelings on someone or something else. Examples: "You make me so mad." "This setting is depressing." "Depressed people get me down." "I did it because I was drinking." "I only hit you because you were trying to make me jealous." Often we blame the victim.
- **Overgeneralization, exaggeration, or either/or thinking** -- anytime we use never, always, or everything, we are probably overgeneralizing. Also, many of us over-emphasize the importance of a blemish, a mistake, our looks, etc. Another problem is when vague words are used, like "success," "happiness," or "good." If terms like these aren't carefully defined, how do you know you have reached that condition? Then, some people use either/or reasoning: "If I'm not (*successful*) yet, I must be a failure." That is foolish; it would be better to think in terms of percentage--how successful have I been? How happy am I? How much progress have I made?

This step is to introduce the idea of irrational thoughts that cause unwanted emotions. It is a giant leap from recognizing these irrational ideas to getting rid of them. In fact, Ellis says we never learn to think straight all the time. How many wrong ideas most of us retain is not known yet. Certainly, a better understanding of rational, adaptive thinking would help all of us. In the following steps, we will study ways to detect and correct your own unique, well

hidden, wrong and disturbing ideas.

[← Back a page](#)

[Forward a page →](#)



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CHALLENGING IRRATIONAL IDEAS

STEP TWO: Try to find more rational sentences to say to yourself.

Like replacing bad habits with good ones, your irrational thoughts must be replaced with more rational ones. For each of the 12 obvious irrational ideas listed in step 1, here is a more reasonable way to look at the situation: (Note: You may have to refer back to the original *irrational* idea to understand these *rational* ideas.)

1. It is not possible for everyone to love and approve of us; indeed, we can not be assured that any one particular person will continue to like us. What one person likes another hates. When we try too hard to please everyone, we lose our identity, we are not self-directed, secure or interesting. It is better to cultivate our own values, social skills, and compatible friendships, rather than worry about pleasing everyone.
2. No one can be perfect. We all have weaknesses and faults. Perfectionism creates anxiety and guarantees failure (chapter 6). Perfectionistic needs may motivate us but they may take away the joy of living and alienate people if we demand they be perfect too. We (and others) can only expect us to do what we can (as of this time) and learn in the process.
3. No matter how evil the act, there are reasons for it. If we put ourselves in the other person's situation and mental condition, we would see it from his/her point of view and understand. Even if the person were emotionally disturbed, it would be "understandable" (i.e. "lawful" from a deterministic point of view). Being tolerant of past behavior does not mean we will refuse to help the person change who has done wrong. Likewise, our own mean behavior should be understood by ourselves and others. When people feel mistreated, they can discuss the wrong done to them and decide how to make it right. That would be better than blaming each other and becoming madder and madder so both become losers.

When *is* anger justified? Some say never. Some say only when all four of these

things are true: You didn't get what you wanted, you were owed it, it was terrible you didn't get it, and someone else was clearly at fault. If any of the four can't be proven, confront your unreasonable anger. If you are sure they are all true, then be assertive (not aggressive) with the person at fault (Ellis, 1985b).

4. The universe was not created for our pleasure. Children are commonly told, "You can't have everything you want." Many adults continue to have that "I want it all my way" attitude. The idea is silly, no matter who has it. There is nothing wrong, however, with saying, "I don't like the way that situation worked out. I'm going to do something to change it." If changes aren't possible, accept it and forget it. An ancient idea is to accept whatever is. A recent book urges to want what we have, to be grateful for it, and not to desire more and more (Miller, 1995).
5. As Epictetus said, it is not external events but our views, our self-talk, our beliefs about those events that upset us. So, challenge your irrational ideas. You may be able to change external events in the future and you certainly can change your thinking. Thinking like a determinist helps (see next method). Remember no one can *make* you feel anyway; **you are responsible for your own feelings.**
6. There is a great difference between dreadful ruminations about what awful things might happen and thinking how to prevent, minimize, or cope with real potential problems. The former is useless, depressing, exhausting, and may even be self-fulfilling. The latter is wise and reassuring. Keep in mind that many of our fears never come true. Desirable outcomes are due to the laws of behavior, not due to our useless "worry." Unwanted outcomes are also lawful, and not because we didn't "worry."
7. As with procrastination (see chapter 4), avoidance of unpleasant tasks and denial of problems or responsibilities frequently yields immediate relief but, later on, results in serious problems. The life style that makes us most proud is not having an easy life but facing and solving tough problems.
8. People *are* dependent on others, e.g. for food, work, love, etc., *but* no one needs to be dependent on one specific person. In fact, it is foolish to become so dependent that the loss of one special person would leave you helpless and devastated (see chapter 8).
9. You can't change the past *but* you can learn from it and change yourself (and maybe even the circumstances). You can teach an old dog new tricks. Self-help is for everyone every moment.
10. It is nice to be concerned, sympathetic, and helpful. It is not helpful and may be

harmful to become overly distraught and highly worried about other people's problems. They are responsible, if they are able adults, for their feelings, for their wrong-doing, and for finding their own solutions. Often there is little you can do but be empathic (chapter 13). Avoid insisting on rescuing people who haven't asked you for help.

11. This helpless, hopeless "I-can't-change" attitude is contradicted by this entire book and most of the therapeutic and self-help literature. There are many ways to change unwanted feelings (see chapters 5, 6, 7, 8 & 12). On the other hand, there is merit in "being able to flow with your feelings" in certain circumstances. Being unable to feel or express certain emotions is a serious handicap but correctable. Being dominated by one's emotions--a slave to your emotions--is also a serious but correctable problem. As long as our emotions are sometimes destructive and irrational, it is crazy to unthinkingly "follow our feelings." Only our thinking, reasoning brain can differentiate between joyous, facilitating feelings and harmful, misguided emotions.
12. Wrong! There is no one perfect solution but there may be several good alternatives. Try one, see what happens (observe the laws at work), and try again if your first idea doesn't work. Perfectionism causes problems (chapter 6), including taking too much time, becoming too complicated, causing undue anxiety, and lowering our self-esteem.

Instead of insisting that things must or should be different, instead of believing people and the world are awful, instead of demanding perfection, instead of feeling helpless, instead of denying reality, there are better attitudes (also healthy attitudes are discussed in chapter 14):

1. Accept reality: Say to yourself, "It would have been better if _____ hadn't happened, but it's not awful, it was lawful." Or, "That's the way it is. I'll make the best of it."
2. Learn from past failures how to improve the future: "It didn't happen even though I wanted it to. So, now I'll get down to work and plan how to make things work out better next time. Where's my psychology self-help book?"
3. Accept responsibility for your feelings: "No one can make me feel any way. But, *I* can change how I feel. Okay, I can't be perfect, I'll just do my best and stop beating myself." "I" statements remind us that we alone are responsible for our feelings (see method #3 in chapter 13).
4. Realize that worry is useless: "All this fretting isn't doing any good. I'll make a plan-

-maybe desensitization and role playing--and see if that works." "I've worried about this matter long enough; worry isn't doing any good. I'll work on some other problem I can do something about." "I've been in pain long enough; he/she isn't worth all this misery; I've got to get on with life."

5. Tell yourself that it is better to face facts than live a lie: "I'm not going to handle this situation well unless I am realistic. I need to see my faults. I need to consider long-range goals as well as having fun today." Remember Laing's suggestion to check out your hunches about what others are feeling and thinking (see method #7 in chapter 13).
6. Recognize the difference between a fact and an inference: The difference is well illustrated by the saying "unloaded guns kill." Unloaded is an inference when, in this case, the gun is, in fact, loaded. You might say, "Just because Bill didn't call me today doesn't mean he is mad." "No one seems to be noticing me but that doesn't mean I'm unattractive today." "I got a 'D' on my first English paper but that doesn't prove I'm hopeless as a writer." When you draw conclusions (especially ones that upset you), ask "What are the facts for and against this conclusion?"
7. Challenge your illogical thinking: *Question false conclusions* --"I can't judge character by color of skin or by how he/she is dressed." "Just because I haven't overcome this jealousy yet doesn't mean I can't ever." "There is keen competition and probably several reasons why I didn't get admitted to graduate school; it isn't just that they are biased against Jews from New York... older females... young, inexperienced males like me... or that I always do poorly on tests... or that Dr. Smith gave me a lukewarm letter of reference..."

Question your overgeneralizations --"I felt he *never* showed any interest in me, *but* he does ask about my classes and eats lunch with me." "It seemed like she was always complaining *but* I've started noticing that she hardly criticizes at all for an hour or two after I have done something for or with her." "I used to think women didn't know much about politics and international affairs *but* Louise, Kathy, and Paula are very knowledgeable and interesting." "Just because I haven't gotten a good job yet doesn't mean that finishing college and working as an aid in a nursing home has been a total waste of time." "Just because I have a pimple on my chin doesn't mean I'm ugly or totally unattractive in every way." (Method #8 deals with logical thinking.)

8. Counter "driver" messages with "allower" messages: "I don't have to be perfect or always on top." "It's OK to be emotional, take my time, respect myself." See scripts in chapter 9.

9. Counter self-put-down, "witch" messages which hold you back: "Why not approach that attractive person over there *even if* I find out she/he is going with someone or *even if* she/he eventually thinks I'm forward... odd... boring?" See method #1.

Several books concentrate on controlling your self-defeating thoughts and upsetting feelings or beliefs. Some of the better ones are David Burns's (1980), *Feeling Good: The New Mood Therapy*, McKay & Fanning's (1991), *Prisoners of Belief*, and Lazarus, Lazarus, & Fay (1993), *Don't Believe It!* Many people like Wayne Dyer's (1976) best selling, *Your Erroneous Zones*, but mental health professionals think it encourages self-centeredness and shallow thinking (Santrock, Minnett & Campbell, 1994). Many other books are cited at the end of this method.

This is an important step--learning to think rationally and seeing the sources of your irrational ideas--but your emotional responses are not likely to immediately change. You may rationally see why you shouldn't be depressed, angry, panicky, etc. long before the gut responses fade away (as a result of the cognitive changes or, if necessary, other self-help methods in chapter 12, such as deconditioning).

STEP THREE: Identify the feelings and the circumstances in which you experience unwanted emotions. Write each upsetting situation on the top of a 3 X 5 card.

The irrational ideas discussed in step 1 may have sounded familiar. If so, perhaps you can start observing and tracking your irrational self-talk, and in that way discover what emotions are generated by these thoughts. However, *it is usually more practical to start by identifying the times and situations in which you have unwanted feelings* --fears, worries, fatigue, guilt, pessimism, resentment, shyness, regrets, loneliness, jealousy, envy, passivity, conformity, sadness, etc. In the next step, we will go looking for the irrational ideas you might be telling yourself that could produce the unwanted emotions. In this step, however, we are simply identifying the emotions and situations we would like to change.

The task is to ferret out irrational ideas but the surface symptoms--the emotions--are much easier to see than the underlying thoughts--the irrational ideas. Therefore, look for and write down on a 3 X 5 card each unwanted feeling *and* the situation, interactions, thoughts and/or fantasies associated with that feeling. Do this whenever you have exaggerated, prolonged, or possibly unjustified emotional reactions, whenever you are frustrated and think things "should" be different, whenever you respond differently than others do, whenever you have emotional responses you don't understand or don't like, whenever you feel pushed by your own internal pressures and so on.

Obviously, different people respond differently to the same situation. Surely some of these emotional differences are due to how these people see the situation differently and how they talk to themselves about the situation. Do the ways you respond differently from

others reveal some of your partially hidden ideas? What do you say to yourself when breaking up with someone? when failing to do as well as you would like? when starting a difficult new project? when being criticized? when you feel something is awful? Negative feelings reflect negative self-talk. Changes in feelings usually follow changes in views or ideas. Make a practice of noting when your emotions change and then (in the next step) looking for your internal judgments and self-talk in these situations. Your ideas may explain your feelings.

When you feel the need to escape, e.g. "I want to get out of here" or "I need a drink," it is possible that your self-talk is creating this urge to act or this internal pressure. Maybe you are driving yourself too hard with "be perfect," "try harder," and "don't show your anger" self-instructions. Look for these thoughts. Likewise, when we avoid our work and procrastinate by eating, drinking, cleaning, watching TV, etc., we may be telling ourselves lies, such as "I can easily do it tomorrow," "I'll work after watching TV," "I won't do it right," "I can't learn all that stuff--it's useless anyway" or "They will probably make fun of my work." Who wouldn't try to avoid all those negative self-evaluations by escaping into some other activity? Who wouldn't use excuses if we didn't question their validity?

STEP FOUR: Explore the underlying rational and irrational ideas in each situation. Challenge your crazy ideas and decide on more rational ways of thinking. This is "cognitive restructuring."

Take all your 3 X 5 cards with a brief description of the situation on the top and arrange them in order of severity. Beneath the description, draw a line down the middle of the card. The right side will be used later for more rational ways of looking at it. On the left, list the irrational ideas possibly causing this unwanted emotional reaction. A review of the common irrational ideas and the driver, self-critical, and illogical messages described in step 1 should help.

In other words, whenever you have an unwanted emotion, go looking for the possible underlying thoughts. Examples:

<u>Feelings</u>	<u>Possible Irrational Ideas</u>
Anxiety, stress	Hurry up or be perfect messages; failure expectations or too high expectations.
Sad, pessimistic	Self-criticism; hopelessness; expecting to fail.
Anger, irritable	Fantasies about being mistreated; believing the other person is evil and should be punished.
Disappointment	Expecting too much. Thinking things <i>should</i> be different.

Don't expect it to always be easy to pin point the exact irrational ideas involved. First of all, you may have repeated a wrong idea so many times you believe it is totally right. Examples: "I am fat." "I can't express myself." "Women can't fix cars." "I must do better than my brother." "I'm not attractive." Butler (1981) says the question is not "Is my self-talk true and realistic?" (because you frequently can't answer that), but rather you should ask yourself, "Is my self-talk helping or hurting me?" Example: It is not helpful to tell yourself, "She dumped me for Joe because I'm inferior to him" but it could be helpful to say, "Thinking I'm inferior may or may not be true, but, for certain, it is hurting me. I need to think differently. Let's see. If I learned to be more attentive to others, more fun-loving, and less self-critical, girls would probably like me better."

Butler also contends that we start to question and discard our irrational, negative ideas as we recognize more and more how these ideas are harming us. So, she asks her clients to consider the damage done in terms of (1) hurtful feelings, (2) troublesome behavior, (3) low self-esteem, (4) strained relationships, and (5) high stress or poor health. Obviously, repeatedly seeing the damage done by our own thoughts helps us see the importance of changing our thinking.

While Butler seems to disagree, I suspect we can frequently see the errors in our thinking if we stop and ask ourselves, "What is the evidence for this belief?" We can recognize some of our *subtle* irrational ideas and then challenge them. We can hear our internal predictions of failure ("you can't do that"), our demands that other people be different ("they shouldn't neglect me"), and so on. We can learn to say "That is a silly, harmful way to think, so stop it!" Then we can think of more positive, constructive ways of thinking (see last and next step). Butler suggests writing down what you say (or think) to yourself before and while you are upset. Seeing the thoughts in writing also helps you see the irrationality.

Cognitive therapists have developed **several methods for challenging irrational ideas** that mess up our lives (Mc Mullin, 1986). Here are some:

Try to **think of several interpretations** of an upsetting event. Suppose someone comments that you are getting flabby around the middle. You are hurt, ashamed, and, at first, conclude that you are unattractive, maybe even gross looking. But you look for other ways of viewing the situation: (1) Maybe other people don't see me that way, (2) he has a weight problem himself and is projecting, (3) he is angry because he thought I had been flirting with his girlfriend, (4) a little fat doesn't matter very much to me, and (5) that comment may help me start a diet tomorrow. Some of these interpretations will serve you better than the first one. With practice we can see there are several ways of interpreting most situations, not just one.

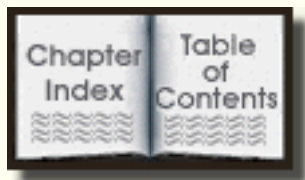
Similarly, one can often find less personally threatening explanations of a bad event. Example: a rejected lover can believe "She/he was afraid of sex" or "He/she wouldn't like anyone for long" just as easily as "I wasn't good looking enough" or "I'm boring." More objective, "clinical" explanations may be easier to take. "I don't have friends because I don't try" hurts less than "because I'm not a likable person."

Suppose a friend one day seems cold and irritated. You think he/she is mad at you, probably because you had done something with another friend the night before or because you hadn't called him/her for a couple of days or maybe because she had heard some gossip about you. All of these thoughts are rather useless speculation. The facts are that you often do things with other friends and it is common for the two of you to not call for a couple of days. What gossip could he/she have heard, you haven't done anything unusual. Maybe he/she was just in a hurry; maybe he/she was mad at someone else. It could be a million things. Don't get carried away by your speculation. Ask him/her if you misread the situation or if you had done something to upset hem/her.

Some people are catastrophizers, always making negative interpretations, making mole hills into mountains, minor setbacks into crushing defeat, tiny slights into total war, and so on. If you are one, **try thinking of the best and the worst possible outcome** in a situation you are concerned about. Guess which is most likely to happen. Then observe what actually happens and see if, in the course of time, you can become more accurate in estimating what the outcome will be in many situations.

[← Back a page](#)

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CHALLENGING IRRATIONAL IDEAS

Try to understand the origin, dynamics, and validity of your harmful thinking. Ask yourself questions like,

- "Where did this harmful idea come from?"
- "Is this belief true or false? What is the evidence?"
- "When do you remember first having this harmful belief?" "How did you feel?"
- "Why did you feel (*inadequate... cocky... unloved*) as an adolescent?"
- "Does feeling insecure have much to do with your continuing to live at home? ...staying with the same boy/girlfriend? ...staying in the same job?"
- "What attitudes do secure people have in this situation?"
- "What am I saying differently to myself when I'm not upset in similar situations?"
- "Why does this belief exist?" (Mc Mullin (1986) says some irrational ideas help us feel safe, e.g. "most people are stupid" helps us feel smart, "you are a nerd if you don't drink" helps establish rapport with our drinking buddies, "it's my fault" helps us believe we are a good, responsible person, and so on.)

Another interesting strategy to understanding negative thinking is to **imagine, for the moment, that your dire thoughts are true**. Then, ask yourself, "If that were true, what would that mean to you? Why would that upset you?" Flanagan (1990) gives this example: a student in counseling was worried because his professor had criticized him and probably thinks he is a poor student. The therapist always asks the above question, "If that were true, why would that upset you?" Student: "It would mean *I am a bad student*, he is an expert." Therapist repeats questions. Student: "It would mean I was *a failure*." Therapist: same

questions. Student: "It means I have to *leave school*." Therapist: same questions. Student: "*Everyone would know* I failed." Therapist: same question. Student: "It would mean I was *a total failure*. There would be nothing for me to do." Thus, the student's reactions to these questions imply the underlying assumptions that are so upsetting: (1) any criticism of me is right, (2) my worth is determined by success in school, (3) one person criticizes me and the world falls apart and I'm useless, (4) others will not accept my weaknesses--I must be perfect, (5) everyone must respect me, (6) if I fail in school, I will fail at everything. With this kind of thinking, it is no wonder we make mountains out of mole hills.

A similar way to discover the impossible demands you may be imposing on yourself is to ask "Why?" repeatedly (Flanagan, 1990). Example: suppose you wanted to but couldn't turn down a friend's request for a favor. Why? "Because I felt uncomfortable saying no." Why? "Because I should be helpful." Why? "Because we should all try to accommodate others." Why? "Because everyone should be happy." Why? "Because being sad wastes time and that's wrong." Why? "Because you should be accomplishing something." Why? "Because I feel guilty wasting time and my mood gets down." Why? "Well, I should be productive and in a good mood all the time." Notice all the "shoulds" in this line of reasoning that ends with a ridiculous statement.

If you can understand the ramifications of your thoughts and the true underlying problems, it will help a lot when you are developing arguments against your irrational ideas.

As with self-instructions and stress-inoculation (method #2 in chapter 11 and method #7 in chapter 12), you can **prepare and practice in advance arguments designed to counter fears, self-putdowns, anger, impossible goals, and so on**. Sometimes, it is even helpful to get mad at the stupid idea that is causing you trouble. Examples: There are so many beautiful and interesting people to meet, it is really foolish to let my shyness lead to all this frustration and loneliness. It is stupid to think that the only way to be happy is to be very successful... beautiful... a real man... a perfect lover and parent... because there is so much more to a full life (and, besides, these demanding goals create many problems).

By recording in a journal how well each argument works in real situations, you can find out which ideas or views help you most to avoid upsetting thoughts. Use what works.

Instead of arguing against a pessimistic attitude, one can **focus on thinking rationally and replacing negative words with positive words**. For instance, we can think of ourselves as having learned to be the way we are, instead of labeling ourselves as "sick," "weak," "crazy," or "mentally ill." It requires continuous conscious effort and daily practice to make these changes. Other examples of re-labeling or reframing a negative trait (see method #1 in chapter 14):

Negative words or outlook Positive words or outlook

Wishy-washy	Open minded, flexible
Loud mouth, egotistical	Expresses honest opinions
Sloppy, lazy	Casual, carefree, relaxed
Socially shy, scared to talk	I have an opportunity to meet people, have fun, and exchange ideas
Treated unfairly	A chance to stand up for my rights
Made a mistake	A chance to learn something. Remember, Babe Ruth struck out a record 1330 times while hitting 714 home runs.

Beyond the question of accuracy of your views, you can also **question the accuracy of your assumed implications** of those views. Examples: Suppose you asked someone out and he/she turned you down. There are several possible reasons for being rejected that do not have negative implications for you, e.g. he/she is interested in someone else at the moment. But let's just suppose for a moment that he/she did actually think you were a creep. You should still ask yourself, "*So what?*" Does he/she know much about you? No, so why give any weight to his/her superficial impression? Does that impression *make* you a creep? Of course not. Does that impression imply that no one will ever want to go out with you? No. Suppose you are not able to make "A's" and "B's" in chemistry and physiology. Ask yourself, "*So what?*" Does that mean you won't become an MD? Maybe. Does it mean that your life will be meaningless? No. In short, ask yourself, "Is this situation really so awful?" Look 10 years ahead. Compare this "awful" situation with a serious problem, such as a relative or loved one dying, losing your sight, etc. Ask yourself, "Am I making too much out of this?"

The most effective technique may be to **find a basic value you really believe in that counters the harmful irrational belief**. Examples:

Harmful belief

I always fail.

They won't like me, if I am different.

Contradicting value

I can't control the outcome, only how hard I try. (Inspiring stories of success through hard work might help overcome a defeatist attitude.)

My religion tells me what is right and wrong, so I'd rather be liked by God and Jesus or Mohammed than by these critical friends.

He left me for a young, pretty woman. It's terrible.

I'm a caring, interesting, intelligent person, too bad he was hung up on looks. (Reading about gratifying careers and/or second marriages might help this person turn from the past to the future.)

I want lots of "things."

Being a loving person with a gratifying family life and close friends is much more important than working 10 to 12 hours a day so I can buy things.

Finally, keep in mind that the upsetting irrational ideas may no longer be conscious or may not even exist at all. For example, it seems possible that irrational ideas originally produced the unwanted emotions, but in the process of being repeated over and over in association with a specific situation, these ideas may have become abbreviated or even omitted altogether from the chain reaction of situation-ideas-emotions. In this case, the situation may elicit (condition?) the emotion directly. Nevertheless, it may be helpful to **guess at what the original irrational ideas might have been** and then develop a more rational outlook and plan (this is an unproven method, in contrast to desensitization). For example, one may have become shy by using self-talk like "they won't like me" or "I'm not attractive." Shyness might be gradually overcome by supportive self-talk, "I can find interesting things to talk about" and "Being a caring person will make up for my weaknesses."

The crux of this method is the recognizing, questioning, challenging, and changing each irrational idea. The new thinking is based on facts. You are your-own-scientist, checking out your own ideas. It is an unending process; rational people must constantly monitor their beliefs about the past and expectations about the future, repeatedly asking, "What is the evidence?"

After you have identified the irrational ideas underlying several of the emotions and situations described on your 3 X 5 cards, you will probably find the same kind of thinking errors showing up in several situations. Are you unduly self-condemning? Are you overly critical of others or the world? Are you perfectionistic and pushing yourself too hard? Are you bitching about the way things turn out (the laws of nature)? Are you a specialist at exaggerating the awfulness? This is valuable information about your way of thinking because it will guide you to finding more rational (factual) and constructive (encouraging) ways of thinking.

Write some supportive, rational self-talk on the right side of the 3 X 5 cards. Your arguments against your own irrational thoughts can be a few words, e.g. "Ridiculous!" or "Where's the proof?," a sentence, e.g. "People will be more impressed with how much fun

I have playing ping-pong than with how well I can slam," or a complex philosophy, e.g. "My goal in life is to be a good psychologist, that is inconsistent sometimes with having fun, being popular, agreeing with important people, etc."

Refer to step 2 for rational ideas if you need to, but you must understand and believe your own self-talk that counters hurtful ideas. *Your* ideas and views need to be expressed in *your* own words; they should encourage you to face the facts, accept yourself, and be gentle with yourself and others. Method #1 will help you deal with self-critical thoughts. If you give yourself a lot of upsetting "Be Perfect" or "Hurry Up" or "Try Harder" or "Don't Be Emotional" messages, develop some "Allower" messages: It's okay to make mistakes, to take my time, to act on my feelings, to assert myself, to be average, etc. Give yourself "unconditional positive regard" by replacing the impossible "shoulds" and critical judgments with (a) recognition of your specific accomplishments and (b) the development of a workable self-improvement plan. Examples: if you get 95% on a test, don't fret about the 5% you missed, praise yourself for the 95% you knew. If you feel terrible about breaking your diet, work out a better plan that is easier to follow and allows for mistakes.

It is not easy for an emotional self-agitator to become a self-calmer. It takes work, hours and hours of work. If you can not think of rational, self-supportive views for certain situations, talk with a friend or a counselor. Accumulate a list of the arguments and ideas that effectively reduce your negative emotions. Keep on improving the challenges to your irrational ideas; it is a life-long task.

STEP FIVE: Imagine being in the upsetting situations. Talk rationally to yourself, letting the rational ideas override the irrational ideas and emotions. Continue until you feel better.

Start with a mildly disturbing situation or feeling. Say to yourself, "I know where those feelings are coming from and these emotions are too intense! I'm making too much out of this. It makes more sense to look at it this way (fill in the rational ideas from the 3 X 5 card)." It may seem strange at first to have this intellectual argument between your irrational ideas and your rational ideas, but keep trying. The unwanted emotional response will fade away and, as that happens, your belief in the rational ideas will be strengthened. Move on to imagining situations that evoke stronger emotions. Learn to change your intense, "awful" emotional reactions to more reasonable reactions: overwhelming depression becomes sadness or regrets, rage becomes irritation or a wish that things had been different, and so on.

This procedure, called Rational-Emotive Imagery, has some similarity with self-instructions in chapter 11, desensitization in chapter 12, constructive fantasy in chapter 13, this chapter's method #1 about the internal self-critic, and also method #9 in this chapter about positive, coping attitudes.

This step provides practice at attacking irrational ideas and reducing the unwanted emotions. It is preparation for real life in which you can start telling yourself rational things as an irrational emotion begins.

STEP SIX: Anticipate emotional responses. Attack every irrational idea as it occurs. Insist on behavioral changes too. Accept what you can't change.

This method is to be applied every minute of every day; otherwise, the irrational ideas will return and gather strength. Just like the therapist does, whenever you start to feel upset, ask yourself, "What crazy idea am I telling myself now?" Insist that you think factually and rationally. **You must also behave more rationally!** Albert Ellis gives "homework assignments." For example, you may realize your fear of flying is irrational. That isn't enough. You have to fly--several times. You must start doing the things that have been upsetting you--getting turned down for a date, speaking up at meetings, going out without make up, getting a "C," standing up for your rights, etc.

Staying rational is a life-long preoccupation. There are many obstacles: negative views are very resistive to change; the old "do's and don't's" are very powerful; the belief that "I will be okay *if* I can only reach some lofty goal" is hard to shake; the idea that "I can't change" is an enormous barrier; if new thoughts are tried out, the internal perfectionist may say, "You are messing up this new self-talk; you'll never learn; besides, it won't help much anyway." You have to keep slugging away at irrational ideas month after month. Positive self-talk has to become automatic. Logical reasoning is hard work. Many people give up before the job is done.

Time involved

Just understanding the basic idea may reduce certain irrational emotions rather quickly. Working through the above steps, however, will take several hours plus time each day to counteract the unwanted emotions as they occur and to do "homework" that contradicts the irrational ideas. Actually, what happens is that eventually your point of view and style of thinking changes; this change requires conscious questioning of one's reasoning many times each day. As stated above, being rational requires constant vigilance every time the brain works. If you have some particularly harmful irrational ideas, it may take a few minutes of forceful arguments against those ideas occasionally for a year or more in order to change your thinking (McMullin, 1986).

Common problems

The first objection to this method is that several people insist that it is rational to want everyone to love and approve of you or to want to always be successful or to want evil to always be punished. Ellis would say, "If you want to be unhappy, go ahead believing these

ridiculous ideas." Think about it this way: it would be nice if everyone were always considerate, competent, successful, and loved, but to actually expect or, more precisely, demand that these ideal conditions exist all the time is foolish. It is possible to have high aspirations and still accept failure and shortcomings when they inevitably occur.

Other problems with this method are, as discussed above, that the irrational ideas are hard to detect and reject in some cases. They may not actually exist. In addition, some strong emotions are reasonable and unavoidable, but in time the continuation of the emotion becomes irrational. Suppose you have been deceived by an unfaithful lover, it is hard to tell yourself, while experiencing intense pain, that this kind of self-serving deception is a fairly common and even rational and understandable behavior from the deceiver's viewpoint. Such logical reasoning doesn't make the pain go away. Your pain (or grief or anger) isn't unreasonable at this point; it is an inevitable emotional reaction to the loss and hurt. When does the pain-grief-anger become unreasonable--after one month? two months? three months? six months? after one year? after three years? (I say two months is enough suffering!)

Dr. R. L. Wessler (1992) of Pace University has recently accused Ellis's form of Rational-Emotive therapy of dogmatically imposing a view of the world on the patient without much consideration of why the patient sees the situation as he/she does. For instance, when a client in other forms of Cognitive Therapy says he/she couldn't pass a college course, the therapist is likely to simply suggest the client check out that expectation in reality. The Cognitive Therapist wouldn't instantly and bluntly call that expectation of failure an "irrational," crazy idea. (In this instance, the client might be right.) But when a client of a Rational-Emotional therapist says "I'd die if I didn't make all A's," the follower of Ellis would immediately challenge that idea as irrational (and actual death does seem improbable). The RET therapist's focus isn't on the patient's background that results in thinking that getting all A's is crucial; the focus is on getting the patient to see that the expectation of all A's in all circumstances is an unreasonable demand. It certainly is a dogmatic and dynamic approach for the RET therapist to say that it is unreasonable to insist that someone must love you or that you must get an "A." But is the client actually irrational, wrong, or stupid, when he/she insists that the world **must** be different than it is? I think so (see next method).

The final problem is that many of us are not willing or able to do the extensive work necessary to clear up our irrational thinking. It is easy to say that professional help may be needed, but realistically if we won't clean up our own thinking, are we likely to do the work *and* pay for a therapist as well?

Effectiveness, advantages and dangers

Many therapists cite case after case to support this method. Certainly, Cognitive

Therapy has been shown to be effective with many depressed persons. There is relatively little objective, long-term research support for cognitive approaches provided by typical therapists, however. Perhaps this is because the method is much more complex than desensitization. Perhaps because it is hard to know for sure that the research subject's thinking has really changed. Perhaps because results are delayed--it takes time to change the thinking which modifies the emotions which then result in visible changes in behavior. Perhaps because there are several "cognitive" approaches, all taking a different attack on irrationality and perceptual bias.

A study or two have found RET to be as effective as desensitization in dealing with fears; another study was inconclusive. As a self-help method (as distinguished from a therapy technique), there is very little evidence of its effectiveness. Ellis (1987) himself has observed that the effectiveness of books, including his own, "is still very limited." Some of the reasons are discussed above. On the other hand, there is a consensus among clinicians that cognitive therapy, which includes RET, is fairly effective with a variety of problems. But, it seems quite possible to me that others (e.g. a therapist) can detect our faulty thinking more adroitly than we can ourselves using written guidelines. We need extensive research.

The advantages of this method are its (1) potential speed and directness, (2) conceptual simplicity, and (3) applicability to almost every emotion. There are no known dangers when attacking your own irrational ideas, but one might expect an argumentative, abrasive Rational-Emotional therapist to occasionally produce excessive stress and a "casualty."

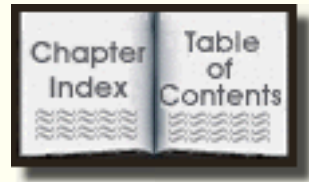
Recommended references

Note--beyond the general references cited above, there are Rational-Emotive or Cognitive books that specialize in depression, anger, procrastination, relationships and many other areas. See the specific chapters of interest. Also there has been a new wave of books addressing harmful specific beliefs and ideas, such as pessimism (McKay & Fanning, 1991; Lazarus, Lazarus & Fay, 1993; McGinnis, 1990; Seligman, 1991).

These are the better books using some of the RET and cognitive therapy ideas: Burns, D. (1980); Butler, P. E. (1981); Dyer, W. (1976); Ellis, A. (1985b, 1987), Ellis, A. & Harper, R. A. (1975a); Freeman, A. & DeWolf, R. (1989) for overcoming regrets; Flanagan, C. M. (1990); Hauck, P. A. (1973, 1974, 1975); McMullin, R. E. (1986). The most recent good references are Young & Klosko (1993), Sills, J. (1993), McKay & Dinkmeyer (1994), Padesky & Greenberger (1995) and Greenberger & Padesky (1995). Miller (1995) takes a little different approach, he urges us to be happy with what we have.

[← Back a page](#)

[Forward a page →](#)



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DETERMINISM

Determinism: accepting all behavior, thoughts, and feelings as being the inevitable--lawful--outcome of complex psychological laws describing cause and effect relationships in human behavior. Understanding the causes of any behavior helps us accept it.

The ideas of free will, determinism, personal choice, moral responsibility, and scientific prediction are old ideas, but in this century they have not been discussed seriously. Too bad, because we need a much clearer view of reality. Sappington (1990) believes some interest is being revived. He believes free will can be compatible with science. So do I. Here is what I think today.

Everything has its causes. Things don't happen by magic. According to determinism, there is nothing that "just happens," no "accidents" without a cause, no arbitrary divine intervention (or, at least, very rarely), no unavoidable fate, and no predetermined destiny. Furthermore, all events or actions are lawful, i.e. based on universal, ever present cause and effect relationships between antecedents and outcomes. Gravitational pull is lawful, as is a rocket engine to counteract gravity. There are reasons, i.e. it is expected or "lawful," for an acorn to become an oak, not a pine tree. Likewise, in human behavior, it is predictable, presumably based on complex "laws," that most people will seek love, that behavior followed immediately by a reward tends to be repeated (called the law of effect), that frustration arouses a response (aggression, assertiveness, passive-aggressiveness or whatever), that unpleasant experiences tend to be repressed or suppressed, that negative self-evaluations are related to low self-esteem, that most humans can learn, with knowledge and training, to control their future to some extent, etc. Thus, life is "lawful."

All scientific efforts attempt to discover and understand "laws"--basic dependable cause and effect relationships. If there were no order (laws) in the universe, then there would be nothing to learn (except that nothing is stable and, thus, understandable). The opposite seems to be true; every event has a cause and this cause-effect connection is potentially understandable. I'm not saying we scientists understand everything right now

(far from it) nor that we will eventually be able to predict all behavior. That's nonsense. Yet, I have a belief that we will be able to understand and control many of our own behaviors in 1000 years. It is our doubts about this matter that causes our reluctance to earnestly search for and use scientific knowledge about the laws of human behavior. Our ignorance about behavior keeps us preparing for and fighting wars; suffering hunger, preventable illness, and ignorance; making poor choices about careers, marriage partners, child rearing; having many avoidable emotional problems; etc. In short, discovering "laws" through wisdom and science, and using laws to improve the human condition is, I believe, the great hope for the future. Knowing psychological laws does not require us to be super smart; it is just understanding what's happening.

Much human behavior is unquestionably very complex, but it is reasonable to assume that all behavior is potentially understandable, i.e. a consistent, logical, to-be-expected outcome resulting from many causes. One way of looking at this is to say, "If I knew all the laws that are influencing your behavior, I would understand you perfectly. I would see that *given* your genes and physical condition, *given* the effects of past events and your memory (perhaps distorted) of past experiences, and *given* your view of the present situation, **I would do exactly what you are doing, no matter how saintly or how evil.**" If true, that is an awesome statement or belief.

If a person can learn to think this way, i.e. that all human feelings and actions are caused by psychological laws, then all behavior becomes, in a sense, "acceptable" because it is, at the moment, unavoidably lawful. The truth is everything is lawful, so far as science knows. Thus, all behavior, your's and everyone's, is the natural, inevitable outcome of the existing causes. No other outcome was possible given the circumstances (causes and laws). Such an attitude leads logically to **tolerance of yourself and others** --of all that has happened in the past. Moreover, a deterministic orientation **offers hope** that scientists and other careful observers, including you, will discover more and more useful knowledge ("laws") **for changing the future.** Accept yesterday, influence tomorrow.

A great deal of benefit can result from analyzing in depth the causes of some action--called causal attribution--and/or from changing one's views of the causes. Examples: rape victims can be helped to see the situation realistically and press charges, interpersonal conflicts can be reduced easier if the reasons for each side's position are understood, fighting couples can benefit from seeing the causes as external and temporary (not because the partner is an incurable jerk), and self-esteem can be raised if one can learn to feel personally responsible for many successes, capable of improving, and not responsible for all our failures (Baron & Byrne, 1987).

Determinism has been mentioned already in "the helping philosophy" in chapter 3, in the section on overcoming guilt in chapter 6, and briefly in the list of methods for reducing anger in chapter 7. Changing how one explains one's failures is important in coping with depression (chapter 6) and a poor self-concept (method #1 above).

Purposes

- The last method helped us recognize our irrational thinking. Determinism is rational thinking, which can be used to replace harmful irrational ideas. Determinism replaces "awfulizing" and "masturbation" (see method #3). Understanding the causes of any upsetting event is a big step towards accepting and adjusting to that event.
- Most of us have pet peeves--different kinds of behaviors, attitudes, personalities, and circumstances that bother or upset us. Many of us are deeply disturbed by how we were treated by parents, siblings, peers, bosses, etc. Adopting a deterministic attitude or philosophy will help us accept everything that has happened--it was lawful, not awful. You may, of course, be able to change some things in the future, but whatever occurs, in the past or future for good or bad, is lawful.
- Most of us don't like some things about ourselves, as discussed in method #1 above. Understanding and accepting that there were causes for whatever we have done should reduce excessive guilt (or pride) or self-criticism, without reducing our drive to do better in the future. Moreover, developing a self-accepting way of thinking (credit for the good, less fault for the bad) can help raise low self-esteem.
- Viewing behavior in this deterministic way may make it crystal clear to everyone that useful knowledge or laws based on careful observations are needed to solve many problems. That may be the first step towards becoming a successful self-helper (and a truly rational or civilized science-oriented society).

Steps

STEP ONE: Learn to think like a determinist. Think of all behavior as caused and lawful. Discover the causes. (This is a long, rather deep and tiresome discussion of determinism--stick with it. It is not easy to change how we see the world.)

The ideal determinist doesn't just look for causes. If that were the case, the person always blaming others or the paranoid who feels persecuted by someone would be a super determinist. One ideally will **search for the true causes by testing one's hunches**. Psychology may be the only discipline in which the student has a lot of false beliefs about human behavior to *unlearn* as well as *learning* a lot of new things about the causes of behavior. Throughout our lives we are bombarded with unsubstantiated or just plain wrong beliefs: boys should be different from girls, people get what they deserve in this world, you can do anything you set your mind to do, self-change is just a matter of setting goals for yourself, there will always be poor people, masturbation is bad, you have to be thin to be

beautiful, red-heads are hot-headed, the mentally ill are dangerous, men should earn an income and women take care of the house, and on and on. Each of those beliefs had their causes, i.e. it was/is "lawful" to believe those false beliefs, but it is wiser to question the beliefs, to value seeking the truth. All too frequently we do not question the beliefs passed on to us. A determinist, recognizing the value of truly understanding the laws of behavior, would constantly question his/her understanding of the causes of any thought, emotion, or action. He/she would recognize our current level of ignorance about human behavior, the degree of brainwashing done by society and religion, and the need for bold exploration into the true (proven) causes of everything. Here's an example.

Suppose we humans are capable of learning to live justly and lovingly with every other person on earth. That is, assume that the necessary knowledge will eventually become available and we are capable of acquiring and using that knowledge to interact considerately with everyone. In the mean time, are we "free" as long as we do not have and use that knowledge? Some people say "no" (Williams, 1992), to live a lie or to live in ignorance is to lose our freedom. Clearly, to be controlled by foolish emotions or false beliefs is to be enslaved by ignorance, but we are not yet knowledgeable enough to be free to live justly and considerately. We don't yet have the knowledge needed to assess what is fair nor the self-control skills to do what is just. Yet, our ignorance, while regrettable, is understandable and lawful. In short, while a hopeful, thoughtful determinist would be working hard to find the knowledge needed to be a kind person, a hopeless, unthinking, prejudiced, or hostile person is still "lawful." The latter just hasn't yet learned to value, seek, and use knowledge for better relationships.

My experience with students has taught me that there are several common misconceptions about determinism. Some are obvious errors, but a clarification is needed. For instance, the "laws" made by Congress or state legislatures are entirely different from "psychological laws." The laws of behavior or of physics *exist*, they can't be written by lawyers or challenged by courts or broken or changed by anyone. The laws of behavior determine how we act and feel in specific circumstances, just as the laws of physics determine how a rocket might go to the moon.

The most common confusion by students is between *determinism*, a way of viewing the world, and *determination*, a motivated state or a willingness to work hard for some goal. A determinist may or may not be hard working. Being lazy or indifferent is just as determined by psychological laws as being highly motivated. These concepts are confused merely because the words sound similar.

Perhaps the major objection to determinism rests on another misunderstanding, namely, each individual usually feels that he/she makes spontaneous choices and uses will power and, thus, is "free." Philosophers have debated these issues at length. No doubt we make choices--often making different choices or decisions from what we have made before. But making choices does not disprove determinism. Perhaps I can illustrate this

point. Suppose a friend told you he had decided to go into engineering and that statement aroused anxiety in you about your own indecision concerning your educational and career choices. Your anxiety might then motivate you to find a book to read about decision-making and career choices. As you read and think about your future career, you may decide to take some tests, visit and observe persons in certain occupations, take certain introductory classes in interesting disciplines, talk to a counselor, read more books, etc. After weeks or months you might decide on a life work. *It seems to you that you freely made the career choice*; indeed, you did in the sense that no one else told you what to do. However, although there were very complex causes for each of those decisions, the process was lawful and totally understandable. You never once made a choice or acted in a way that was uncaused or defied the laws of behavior. Even if you give up and say "this career planning is too much work" or "too confusing," that too is a lawful decision based on your past experience, your self-concept, your calculation of the consequences, your tired or frustrated feelings, your inclinations to deny the problem, etc., etc. Thus, there are understandable reasons and laws for both careful, wise choices and for impulsive, foolish decisions. So, the determinist would say that whatever choice we make would have to be lawful at that moment (we might change our mind in a few seconds, though). The concept of free choice is probably more of an illusion than an act without a cause. We are not free to be unlawful.

To many people, determinism and thinking of everything in terms of cause and effect relationships seems like it would restrict their freedom, maybe even imply predestination. We value freedom; we want to be free of control by others or circumstances or even fate. First of all, it should be helpful to distinguish between **two aspects of freedom**: (a) how *wide a range of opportunities* are provided by your family, your education or employer, your religion, your government, your friends, your abilities, your conscience, your economic situation, your social customs, your awareness of the possibilities, and so on? This is what most politicians are referring to when they speak of "freedom." There is another meaning: (b) how possible is it to think or *act in ways that are contrary to the laws of human behavior*? The determinist would say, "No possibility! Can water flow up hill?" As illustrated by the career decision process in the last paragraph, when any behavior occurs, the determinist assumes that it is caused, that it is lawful (the to-be-expected, inevitable outcome of the causes existing at that moment). Remember, determinism doesn't rule out making bad choices, acting impulsively, freezing up, becoming psychotic or anything else that is lawful. Determinism doesn't restrict your options (except you can't do things that are impossible or unlawful), but at any one moment only one choice or action is lawful. A moment later another choice might be lawful if you thought of another factor or started feeling differently about one of the options.

It seems like you have more freedom if you have many options and lots of self-control. Some people can see only one solution to a problem; some people think they can do very little or nothing to improve their situation. Yet, humans are so capable and there are so many possible solutions to most problems that there are usually many solutions. The

question is: how many solutions do you consider? This influences your final choice of what to do, although your choice, either simple or complex, is determined by the causes and effects operating in your head at that instant. We are "free" in the sense that **we can know and use the laws of behavior to change ourselves**, to learn more about the situation or self-help, to see more options, to view the situation differently, to change our "minds," expectations, emotions, and attitudes, to try a new approach, etc. Our mental activity becomes another cause of our behavior or feelings, sometimes the dominant cause. Our mind creates our freedom (within the limits of what is lawful). This is not always a conscious decision-making process, our minds will often change without any effort on our part because the interplay among the myriad of laws is constantly changing--we see the situation differently, our feelings change, we become interested in something else, etc., etc. This is lawful too. All our choices and changes, whether conscious, wise, quick, uninformed, emotional, careful, or otherwise, could clearly be caused by environmental and mental-emotional factors and, thus, lawfully determined. There is no magic.

Our **ideas about freedom are fuzzy** in other ways too. Examples: if you act very impulsively, is that freedom or being a slave to the whims of the moment? If you prefer to "do what you feel like doing" without much thought, is that freedom or being unthinking? If you do not have the decision-making skills or the knowledge to make wise choices, is that freedom or ignorance? If you are so upset or so in love that you can't make good judgments, is that freedom or dominated by your emotions? If you feel compelled to carefully weigh the pros and cons of several alternative solutions, is that freedom or compulsivity? The notion of a freely made decision seems unclear. Williams (1992) contends that we are not really free if we do not know the truth, if we are living a lie. Examples: if you are facing a solvable problem but don't know the solution, you are not "free" to exercise your potential. If you are dominated by an unreasonable emotion, e.g. dependency, you are not "free" to know the truth about your feelings and about how to become independent. If you have false views of the laws governing all behavior (e.g. the role of chance or of God) or false views of others or groups of others (based on race, religion, nationality, sex, sexual orientation, being on welfare, etc.), you are not "free" because you are attempting to live on the basis of a false reality. If your relationship with your spouse is not as you see it, e.g. they may not have been faithful, you are living an illusion and not "free" to see and deal with reality. Other writers even go further and maintain that freedom involves considering others and "the greatest good for all," not just selfishly acting in one's own best interest.

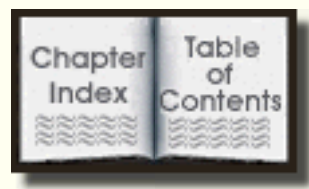
In contrast with Williams and the hermeneutic-social constructionist tradition (insisting that only realistic and moral choices are "free"), I still believe we humans are often "determined" to do stupid, mean, immoral things, because these acts are lawful in our circumstances and from our psychological history. With the wise use of these same laws, however, I believe we are "free" to become, i.e. capable of becoming, smart, kind, and moral. You can see that there are many different notions about the simple-sounding concept of freedom.

Regardless of how we define freedom, determinism is still a tenable notion for describing everything that happens. And, how do we explain the existence of these laws of behavior (or physics)? Is it merely "the nature of things?" If so, what a miracle! Is it the work of God? If so, what a miracle! We don't know why the laws exist, only that they do.

"**Will power**" is another poorly understood concept. It is not calling on some special power or an unexplainable force to enable you to achieve some desired goal. It is merely an understandable, straight-forward but maybe-unusual-for-you concentration of effort to reach a goal. We think of ourselves as being in control when we make a special effort on a project, and we are, but there isn't any magic involved in increasing our motivation to overcome the temptations or difficulties we face. There are lawful reasons or causes (usable self-help methods) for these surges of "determination," e.g. we may have increased our motivation by thinking about the importance of the project, by visualizing the possibility and consequences of failure, by confronting our despicable lack of commitment, etc.

[← Back a page](#)

[Forward a page →](#)



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DETERMINISM

Clearly, we humans do change our minds and behavior frequently which makes it seem to us as if we are in control, that we merely "will" or intend our actions. I think *we do* change but entirely in accordance with the laws of behavior set in motion by our genetic and experiential background, our perspective, and the situation we are in. We don't just whimsically decide what course of action to take, without any compliance with the laws of behavior. In fact, there is no evidence that any of our thoughts or decisions or self-instructions are unlawful or without necessary and sufficient causes. We certainly act on our own "volition," i.e. we make decisions (both consciously and unconsciously) about what to do and act on those decisions. But *our volition itself is caused*, it's lawful too. Our "will" isn't totally free; we can't instantly will ourselves to do just anything (from all possible behavioral choices); what we will ourselves to do certainly isn't accidental; the neurons in our brain leading to thoughts and actions are lawful; our thoughts, intentions, hopes, and our "will" have their causes. These mental events only seem to occur by magic because we are ignorant of their causes. No doubt our thoughts and feelings affect other thoughts and feelings and actions. Thus, we can change our own minds, thoughts change thoughts, i.e. we can sometimes come to see things differently (that often also happens without any effort on our part). But when minds change, it is likely to be due to receiving new internal or external inputs or arriving at different viewpoints.

Most of us have no problem thinking of physical objects, such as an airplane, as operating according to the laws of physics. We know there are reasons why a plane flies; we have learned it isn't magic. Likewise, we don't get mad at grass because it grows higher than three inches, because it is lawful for grass to grow. Likewise, we believe there are causes for an animal to build a nest, mate, attack and so on. We don't assume the animal simply "willed" those actions. But when we get to human behavior, we tend to think of actions as being caused by the person's intentions, i.e. "he/she meant to do it" or "he/she is that kind of person," rather than thinking in terms of how the behavior was genetic, learned from a model, satisfying certain needs, yielding payoffs, influenced by our thinking and view of the situation and so on. As discussed in method #8 also, this is called the **fundamental attribution error**: believing internal factors, such as motives, personality traits, and abilities, are more responsible than environmental factors in causing another person's behavior (Baron & Byrne, 1987). We get mad at people who are late because *we think* they

"don't give a damn about us" or "don't have their stuff together." Children disobeying us drive us up a wall because *we think* they are challenging or defying us. [Note: these irritating personality characteristics of others may be true, but the characteristics have their causes. Defiance isn't just a "mean streak," it has a history.] We frequently neglect to investigate all the reasons, internal *and* external, why people do things, such as be late or break rules. Analyzing all the causes is hard work; thus, most of the time we will accept a quick and easy explanation of a behavior. Only when the behavior of others seems strange or upsets us (or we are responding empathically) will we work very hard to understand it (Hansen, 1980; Hastie, 1984). Knowing all or most of the causes of others' behavior (to the same extent we know why planes fly) might allay our emotional reactions (see method #1 in chapter 15) to them.

By the way, we tend to be far more generous in our self-explanations than in our attributions about others. The environment seems to us to be more the cause of our behavior than our internal motives, traits, and thoughts. You fall because you are clumsy; I fall because the floor is slick (Fiske & Taylor, 1984). However, this is not true when we are successful; we tend to take credit for our successes; it is our cleverness or drive or charm. Unless we are very self-critical, external factors--a hard task, bad luck, someone else messed up--are often blamed for our failures. This is called a self-serving bias (Miller & Ross, 1975).

We misunderstand the causes of our behavior in many ways (see method #8). Examples: as discussed in chapter 4, extrinsic rewards may conceal from us and reduce the intrinsic satisfaction in an activity. We may sometimes be surprised to discover our own attitude or feeling by observing our behavior, e.g. we may feel much more discomfort than we had expected when interacting with a homosexual. Just as Daryl Bem (1972) believes we learn about ourselves by noting what we do, it is also possible that we deceive ourselves in the same way, e.g. "I have no homosexual tendencies because I have had no homosexual contacts." Finally, an interesting study by Feather (1985) demonstrates that our explanations of behavior clearly reflect our values and attitudes, e.g. conservatives explain unemployment in terms of laziness while liberals think in terms of sluggish economy. In short, there are many factors that cause us to overlook or minimize certain causes of behavior. If we are going to understand behavior, such as unemployment, we had better study all the causes, including lack of training, laziness, poverty, discrimination, self-concept, economic conditions, *and many more*.

Some of our behavior is thought to be caused by factors beyond our control; thus, we have the plea in court of innocent on the grounds of insanity. It is an old notion that a person might have an "uncontrollable impulse," e.g. when finding one's spouse in bed with someone else. In the 60's and early 70's our society became more liberal, believing that a person wasn't responsible for what he/she did under the influence of alcohol or drugs, during a psychotic break, when brainwashed or under great emotional pressure. More recently we have become more conservative again, especially in terms of refusing to excuse a person

acting under the influence of drugs or alcohol. Our society has not yet dealt with the problem of determinism, namely, that *all* behavior has its necessary and sufficient causes and could not have been different under the circumstances at that moment. Punishment as a deterrent makes sense to a determinist, but punishment as retribution does not.

Another issue our society hasn't dealt with is unconsciously motivated behavior. We humans do many things we don't want to do and don't even understand. Can a person be held responsible for his/her unconscious? It seems unreasonable. Thus, a society seems to have a choice between (a) denying there are unconscious causes (which would be absurd) or (b) refusing to hold a person responsible for unconsciously caused acts (which our society is reluctant to do). So, we refuse to think about it very much.

B. F. Skinner's (1972) book, *Beyond Freedom and Dignity*, Berofsky's (1971), *Determinism*, and Rychlak's (1979), *Discovering Free Will and Personal Responsibility*, are good references in this area. I personally find determinism very helpful and a satisfying way to look at life. I have never seen any behavior, no matter how unusual or strange, that clearly could not have been caused by behavioral laws. Besides, what are the alternatives? You could assume that cause and effect relationships are far too complex for us humans to understand, that most things happen by accident, not lawfully, that mysterious forces unknown to humans determine what we do, and so on. None seem too hopeful.

STEP TWO: List disturbing situations. Recognize that you would do what others have done, if you were them and had their past and environment. Accept your own past behavior.

Your task, when anything upsets you, is to reduce the stress by understanding why it happened. This is similar to method #7, stress inoculation, in chapter 12. To begin with, you might consider what situations and behaviors you would like to be more tolerant about, more accepting of, and less disturbed by. For example, you may be upset by a critical and hurtful parent, by a racially prejudiced relative or friend, by a critical and demanding teacher, by an unwed mother on welfare, by a dishonest and power-seeking politician, by an illegal drug pusher who sells to teenagers, or by your own internal critic which calls you stupid, weak, and naive. There are innumerable situations that bother us, i.e. where we are basically saying "it shouldn't be this way" or "It's going to be awful." But, remember, whatever has happened is lawful.

Next, it may be quite helpful to list all the causes you can think of for these upsetting situations and behaviors. Method #1 (everything is true of me) in chapter 15 may be helpful at this point. Also, note how determinism compliments methods #1 and #3 in this chapter. The idea is to understand fully the behavior. You may want to talk to other people involved and/or even to uninvolved wise persons to get their ideas about the reasons and history underlying the behavior that concerns you. One approach is to understand the causes so well that you can accept the behavior as lawful. Another approach is to simply assume--have faith--

-that there are necessary and sufficient (but unknown) causes for all behavior, enabling you to tolerate it. In this case, you don't have to laboriously search out all the precise reasons and history of an irritating behavior (which is likely to be impossible anyway). You just accept it.

Please do not misunderstand this point. I am *not* advocating accepting all behavior as being moral or desirable or commendable. I am just saying all behavior, good and bad, is caused and, thus, something we must accept. Value and moral judgments are also lawful. So, you may consider your own or someone else's lawful behavior to be mean, cruel, selfish, gross, immoral, or bad in many ways. In which case, it would be morally proper to do all you can to prevent the bad behavior from continuing. However, you would remain tolerant of yourself or someone else who was obeying the psychological laws that produced the bad behavior. However, if behavior is the natural, inevitable outcome of its causes, how can you dislike or blame the person for what he/she does? Over and over, convince yourself that "they did what they had to do... according to the laws of behavior" and that "but for the grace of God, there I go..." This is the key to tolerance and self-acceptance.

STEP THREE: On a moment by moment basis you can learn to accept behavior as lawful, not awful.

After accepting your long-standing pet-peeves and self-criticism, you need to focus on your day to day thoughts, expectations, and feelings which are still upsetting you. The procedure is the same; look for the causes, understand the behavior, persuade yourself that the action has its causes and is lawful. Your hopes and ideals about what is a "good person" may not change, but you can give up your irrational demands that things always turn out the way you want. You can challenge your "shoulds" and "musts," your insistence that you, others, and the world should have been different. Instead of getting upset because things that haven't worked out as you wanted them to, rely on applying your knowledge of behavior in the future so you can get closer to your goals and ideals.

STEP FOUR: Use the faith you have in the lawfulness of behavior to plan ways of achieving your goals. You become a confident self-helper.

The greatest barrier to improving is the lack of hope that one can change. Knowing that behavior is a result of cause and effect relationships and not the result of wishing or luck or fate, should encourage us to study behavior and try out different approaches.



I hope you now see that thinking like a **determinist** gives us tolerance and hope



Time involved

It will only take you an hour or so to absorb the idea of determinism and do some additional reading. It will probably take weeks of practice before you have revised your thinking and accepted all events in the world as lawful. Tolerance of all others and of ourselves, coupled with a dedication to changing whatever is wrong, does not come easy. Our society is saturated with criticism, cynicism, and intolerance. We probably have blamed and resented personal traits and evil intentions all our lives. We are not even "understanding" of our own children and our lovers; we are far from accepting the behavior of strangers and our enemies as being determined by lawful cause-and-effect relationships. I think it may take decades for the majority of us to adopt determinism, even though it is reality. But you can to think like a determinist (or a scientist) and receive the benefits any time.

Common problems

First, the causes of human actions are *very* complex and, thus, hard to observe and understand. It is certain that no ordinary behavior of a human being (not even a two minute conversation) has ever been completely understood, i.e. all the causes of all behavior, thoughts, and feelings known and understood. In light of this, it is amazing that humans constantly and quickly develop simple explanations for why people acted the way they did or why events occurred as they did. Needing an explanation seems to be an innate feature of our brain, which served us well for millions of years by quickly understanding we were under attack and devising a way to survive (see method #8). The quick witted survived. There were few evolutionary payoffs for the early human who tried to understand his/her attacker's psychological background and motives (they were killed). It is hard to overcome your biological heritage.

Some of us are much more confident than others of our instant, superficial explanations of behavior. Thus, people, who are comfortable with their instant analyses, have firm resistance to thinking like a determinist. More importantly, many of our explanations of human behavior are determined by our strong feelings towards the other person. If we are angry or hurt, we see the other person's actions caused by mean and self-serving motives. If we are needy or attracted to the person, we see their behavior caused by desirable motives and factors. These aren't valid, objective, comprehensive explanations of human behavior; they are more likely to be irrational manifestations of our own irrational emotions. Another example: the person who is convinced that his/her marital problems are caused by the spouse being terribly self-centered may be reluctant to give up that over-simplified, unsympathetic, angry explanation. If the person truly explored the complex causes for the spouse's self-centeredness, he/she might find the spouse not only blameless but the victim of a long, painful history which necessitated self-centeredness or self-protection from harm. We have to be willing to give up much of our strong negative emotions before we can become a thoughtful, tolerant determinist. In today's culture, we thrive on our resentment of others; that requires us to stay ignorant and justifies our selfishness.

Three hundred years ago Leibnitz, a German philosopher, taught, "Man should accept his lot, and not try to change it." Some people still believe we are helpless. Similarly, others believe that determinism means predestination or fatalism--that specific events in the future are inevitable and that no one should feel responsible for their future behavior. More rot. The determinist rejects all of these ideas. Consider this: Is it already predetermined whether or not we will travel to Mars and cure cancer or Aids? No, of course not, according to the determinist (but the fatalist would say yes). Laws don't fix the future; in fact, laws and knowledge must be *used to change the future*, i.e. to develop space travel and cures. How wisely laws are used determines how well future problems are handled. Therefore, each of us assumes great responsibility for what is going to happen, especially in our own lives.

This responsibility for improving the future is complicated by the fact that we can only know the past and the present. We have little or no way of gauging with certainty how much influence we are having or could have on the future. As we try to influence human events, we have to wait for the future moment that concerns us to occur in order to know if we were successful. Knowledge of the laws of behavior must be applied to a future time or event--an unforeseeable event. Thus, an intelligent user of knowledge is forced to always focus on the future *and* to use hindsight: what did I do one minute ago or yesterday or last year that influenced what just happened? Our answers to such questions are then used in another effort to influence the future. Thus, the thoughtful life is a series of informal experiments. We can only learn more about the laws of behavior by observing what interventions seemed to lead to what outcomes *in the past*, but the practical application of knowledge only involves trying to change *a future event*. The effectiveness of an effort to influence the future can only be known when that future time becomes the present.

In short, the determinist, who wants to be a practical activist and effective at influencing the present and maybe the future, must be future oriented and both *understand* and *use* laws ahead of time, maybe seconds ahead of time or maybe years ahead of time. The true determinist accepts, enjoys, and learns from the past and the present, observing the cause and effect relationships, and actually trying to use the laws in order to change future moments when they arrive in the present. This gives any person who tries to be a determinist an awesome responsibility, much as Reality Therapy does when such a therapist asks the client, "What do you want to happen in your life?" and "What do you need to do to make it happen?"

Effectiveness, advantages and dangers

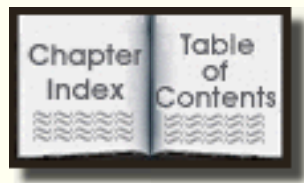
There is no proof that all behavior is lawfully determined; determinism is a faith, a reasonable assumption. However, human life is so complex and chaotic that many or most future events can not be controlled with certainty. There are no known studies of the impact of starting to think like a determinist. Casual observation suggests that psychology students, steeped in the science of behavior, become more and more accepting of their clients' aberrant or even cruel behavior as they become more knowledgeable and empathic. They see the

undesirable behavior as less despicable. As we learn to see the world the way another person sees it, we understand the other person better. (I know of no evidence, however, that psychologists are unusually empathic with spouses, bosses, persons who rip them off, politicians, competitors or critics; perhaps an empathic attitude is situation specific. Indeed, I am bothered by my own greater empathy for a murderer or drug dealer than for a self-serving, arrogant administrator.) Thinking empathically or like a determinist may not generalize easily from one situation to another, but, at least, it seems to be possible.

The advantages of determinism are spelled out above. This belief is not dangerous, unless you abhor the idea that humans operate lawfully like all the rest of the universe.

[← Back a page](#)

[Forward a page →](#)



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TRYING A NEW LIFESTYLE

Trying a new life style (Fixed Role Therapy)

A generation ago, George Kelly (1963) observed that people have certain views and explanations of what is happening in their lives. Thus, every one is a scientist; we all have theories about the world. Those theories (Kelly's "constructs") change as we get new information, as we see things happening differently than we thought they would. The cute 17-year-old who believes her Dad will buy her a nice car, if she begs him for it, has to change her mind (her construct about Dad being a soft touch and in her control) when he says, "No, but I'll help you get a job so *you* can buy one."

We keep our ideas that predict events (how Dad will react) and revise our ideas that don't fit reality. Problems, in general, result from some weakness in our theories, i.e. being unable to foresee events and how to handle them. Kelly also thought emotions resulted from a change in our personal constructs or from a need to change our ideas about the world. For example, fear results when we suspect that our ideas are not adequate to handle an upcoming event, anger is when we discover some of our ideas and expectations are clearly wrong, happiness and complacency is when our constructs (explanations and theories) seem to fit what is happening in our world. Kelly did not advocate changing emotions or behavior by directly changing our ideas, as in Rational-Emotive therapy (method #3), but rather more indirectly by doing the opposite: change one's ideas (constructs or explanations) by experiencing new events in the world, i.e. by changing one's behavior.

In short, Kelly treated clients by helping them gain a better grasp of psychology and the world so they can live their own lives better. There is no one ideal personality or optimal adjustment to strive for; there is a constant changing of one's thinking to better anticipate the future and handle it. We, as scientists, learn new and better constructs (theories) by having new experiences and we have new experiences by behaving differently. Thus, Kelly suggested that therapists encourage clients to try new ways of coping with life (and new ways of viewing themselves) by acting out new roles or life-styles for at least two weeks. The therapist would write a script--a role description--for the patient. This new role would be radically different from the person's current behavior, i.e. both an improvement and in

keeping with the person's basic needs and values.

As a result of being "a different person" for two weeks, patients frequently discovered new ways of handling situations which they adopted. In fact, occasionally a patient reported that the new role, after a couple weeks of practice, seemed as though it was their real self, perhaps a personality trait they had kept hidden and was only dimly aware of for many years.

Purposes

- To find better and more satisfying ways of behaving, interacting and thinking about oneself.
- To test out different life-styles in real life situations to see how well they work for you.
- To improve one's self-concept.

Steps

STEP ONE: Write a description of a new way of being or interacting--a new life style.

Design a new you. Consider your current weaknesses, frustrations, values, goals, strengths and opportunities, then prescribe several new ways of behaving for yourself. The new role prescription can be a radical, overall revision or limited to a specific area, but it should be a clear change in behavior you are willing to try out.

Let's consider an illustration: Suppose you tend to be overly aggressive with others, enjoying drawing them into arguments and denouncing their views. Even if the other person has views similar to yours, you tend to steer the conversation to a serious topic and end up criticizing some person, group, or the way things are done. You are a constant social critic; people may respect your mind but they are uncomfortable with your negative views; you seldom have a light, casual conversation. You can write yourself a new role, such as:

I am fun to be with. I seek contact with friends simply for enjoyment. I have a joke for most people I meet. I ask about the other person's personal life, his/her job, family, loved ones, special interests, etc. but avoid politics and heavy topics. I'm a good conversationalist but listen at least as much as I talk. I concentrate on giving praise, empathy and encouragement.

There are all kinds of possible life-roles. A stingy person can play the role of generous gift giver, a passive person can become assertive, a very emotional person can become calm

and quiet, a disorganized person can become organized, a clingy person can become a self-sufficient loner, and so on.

The fixed role may include some of the better traits you already have but, most importantly, it should specify new behaviors that have the potential of modifying your views and explanations. This isn't intended to be a way of learning new skills. It is a way of changing how you think about yourself and others.

STEP TWO: Live the prescribed life style for two weeks.

Don't try to *be* the kind of person described in the fixed role, simply try to play the role for some time. Forewarn people in your life that you are trying to change (otherwise, they may be certain you have gone wacky).

If it is difficult to get into the new role, have a friend role-play (see chapter 13) several situations with you before facing the real world. Dr. Kelly encouraged his clients to think of their old personality as being on vacation for two weeks, during which time they were to act and feel like a different person.

Many people are skeptical that they can "play a role" for two weeks. They can. Kelly felt that many people were so busy trying to be themselves that they had no time to discover their real selves or to develop a new self. Here is your chance. Keep a diary of your experiences and insights.

STEP THREE: Decide which aspects, if any, of the new ways of behaving are worth keeping. What have you learned about yourself and others?

Kelly's clients frequently after a week or so forgot that they were playing roles. They began to feel natural. With some modifications, they accepted the new behavior as a permanent part of them. The new adopted behavior reflects a new way of looking at things, new personal constructs. Personality change results from changing one's constructs which results from changing one's behavior. This is the purpose of this method.

Set aside time to review the results of your two weeks of role playing. Compare the new approach with the old way and then decide what to do in the future. You may want to go back to your old ways, or adopt some of the new ways, or try out another way of behaving.

Time involved

Probably two to three hours are needed to draft a new role description and to discuss it with friends. During the two week trial period you may not be using any more time than you ordinarily would, you are just doing things differently. There is some time involved in keeping a diary and deciding if you want to make any changes after the experiment.

Common problems

The biggest problem is overcoming your resistance to making such radical changes in your life style. In therapy, the therapist can use his/her prestige to persuade the client to try a new role. In self help, however, many people would resist drastic changes, it is scary.

Effectiveness, advantages and dangers

The technique, as used by Kelly with several hundred clients, was judged clinically to be effective. It was not studied scientifically. The advantage of this method is that one gets powerful, new experience immediately. There is no gradual shaping of a new way of behaving, no lengthy training programs. You instantly start behaving differently and seeing what happens. This shapes your personal constructs, your understanding of your real life situations, and it helps you select a better life style. There are no known dangers except that you may confuse relatives and friends, which could cause them to wonder about your stability.

Recommended reading

Kelly (1963) and Thorn and Pishkin (1974).

Paradoxical methods


A paradox is a self-contradictory or absurd-sounding statement (or one that seems contrary to popular opinion) that may nevertheless be true. For instance, the harder you try to get rid of some thought or behavior, the stronger it seems to become. Worry and demand that something happen and it never does. Examples: Blushing and sweating increase when you become embarrassed by your red, wet skin; obsessive thoughts increase when you try to suppress them (Neath, 1987); fears get worse if you desperately avoid the scary situation; stuttering increases when you become self-conscious about the speech problem; you make more mistakes when you worry about making them; the harder you try to go to sleep or to have an orgasm, the more difficult it is; anxiously wait for someone to call you and it seems like forever. It is as though a rebellious, devilish spirit causes the opposite of what you want.

Yet, when you *do* the opposite, i.e. try to increase the unwanted behavior, sometimes the problem goes away. Just as trying too hard worsens some problems, trying to increase some problems occasionally reduces them. Examples: trying for a time to exaggerate the fears, obsessions, blushing, or stuttering may actually gradually reduce these unwanted behaviors. Just as typing a mistake--"thirr"--over and over will help you type "their." Likewise, stopping insisting on getting some sleep or that someone call, helps the situation.


It is called "paradoxical intention" when a person strives to do or wishes for the thing he/she fears or dislikes (see confronting the fear in chapter 12). Thus, a person afraid of germs would expose himself repeatedly to dirt and infected persons. A person with a fear of the dark would walk in a different place every night. A person afraid of being unable to sleep tries to stay awake. A compulsive house cleaner would be told to learn to enjoy dust and messes, maybe even add some dirt here and there. A sexually non-responsive person is told to give maximum pleasure to his/her sexual partner and to carefully avoid having a climax him/herself.

It is also called "symptom prescription" when a therapist suggests that the client increase the unwanted action or feeling. Note that this is different than paradoxical intention in which you act out repeatedly what you are overly afraid of doing, such as come home after dark. In symptom prescription you intentionally increase the fear or the compulsion. Thus, a therapist might tell a fearful client to increase the intensity or frequency of his/her fear, to feel even more terrified (see chapter 5). The repetitive hand washer may be asked to wash his hands twice as often. In a similar way, a family therapy team may reframe or re-define the "symptom-carrier's" problem behavior into a positive, desirable trait and then recommend changing the way the family interacts. For example, if one child develops very weird mannerisms, the therapists may say this is the child's way of holding the family together and preventing the mother and father from fighting and divorcing. Then, the child may be asked to try even harder to show his concern and love for the family by having more mannerisms. The rest of the family is asked to recognize and show their appreciation for these "signs of love."

Paradoxes are common in ancient Chinese writings: to get what you want, you must accept whatever happens and continue on your way.



Yield and you need not break:
Bent you can straighten,
Emptied you can hold,
Torn you can mend. -Lao Tzu, 300 B.C.



By yielding you can overcome force; goals striven for mightily, such as happiness, are rarely achieved; thus, the wise person desires nothing.

Likewise, the Bible speaks of paradoxes--the meek shall inherit the earth. Those who want to be first, shall be last. Viktor Frankl (1962, 1985), founder of Logotherapy, was one of the first to explicitly use paradoxical intention therapeutically. Actually some form of paradox is involved in many therapies: cognitive-behaviorists (challenge the irrational thinking), Gestaltist (go look for the opposite feeling), hypnotherapists (tell the client to

freely rebel against the suggestions), family therapists and others (tell an overprotective mother that her major task will be to teach the child that he doesn't need her).

Both paradoxical intention and symptom prescription work sometimes. But it is not known how these paradoxical techniques work. Perhaps, by learning you can increase the symptom, the unwanted behavior, you come to feel more in control. Then you can give up the symptom. Perhaps, by exaggerating the unwanted behavior, you learn it isn't so bad to blush, to stutter, to feel a little afraid, to have a dirty house, etc. Perhaps, when you are spending half your day doing some useless activity, you realize how ridiculous it is. Perhaps, by seeing the contradictions and the situation differently, one can find a new, more acceptable solution to a problem. Perhaps, striving to increase the unwanted behavior just confuses the rebellious "little devil" inside. Perhaps, symptom prescription is merely extinction via satiation, fatigue, response inhibition or punishment.

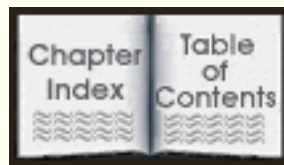
Purposes

Some paradoxical approach could be used with almost any unwanted thought, action, or feeling. The goal is to reduce the behavior, ironically by increasing some related behavior.

The most common behaviors treated with paradoxical methods are compulsions, obsessions, perfectionism, insomnia, fears, anxiety, repetitive unhappy family interactions, and other bad habits.

[← Back a page](#)

[Forward a page →](#)



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PARADOXICAL INTENTION

Steps

STEP ONE: Make plans to take a paradoxical approach to your problem.

As implied by the various examples given above, there are many paradoxical techniques but they can be lumped roughly into three major approaches:

1. **Paradoxical intention** --try to go in the direction opposite of what you want or fear. This method focuses on the underlying fear, not the surface symptom.
 - Trying to do the opposite of what you feel compelled to do now, which is closer to what you really want to do in the end. Examples: An overly orderly and perfectionistic person should insist on experiencing the feared messiness and failure, the student obsessed with getting "A's" might try for some "C's" and "B's." A person afraid of the water should go swimming 3 or 4 times a week. A shy person should greet people, get involved, express opinions, and generally be assertive. A folk remedy for hiccups is to offer a dollar if the sufferer can produce 10 realistic hiccups in a row without any occurring accidentally. Tics too have been cured by voluntarily producing them.
 - Trying to do the opposite of the frustrating habit or urge, which is not what you want to end up doing. Examples: if you want to be happier, concentrate on learning how to be deeply depressed: feel helpless, remember all the mistakes you've made, feel lonely and different, dwell on your faults and guilt. If you can't get to sleep, change your goal: try to stay awake. If you feel guilty about masturbating, try feeling more guilty by masturbating twice as often as usual for a while. If you are afraid of the dark, you should frequently, say 2 or 3 times a night, experience the darkness, not because you want to be in the dark every night but because you want to be less afraid.

- Give up struggling for some goal. Examples: the insomniac stops trying to go to sleep and finds something interesting to do. An impotent male stops trying to get an erection and focuses on having fun and pleasing the partner. The overly picky lover gives up looking for the ideal partner. A love relationship improves after giving each other some space (Brenner, 1985). The tennis player does better when he/she gives up self-criticism and awfulizing (Gallwey, 1974). Therapists occasionally make suggestions that they expect the clients to resist, i.e. the paradox is they are told to do one thing, but they do another. Example: a bright, unhappy housewife is encouraged to "do everything for your husband" but the result is, as expected by the therapist, she soon starts a career outside the home.
- Give up impossible dreams. Look for the negative consequences of having your wishes come true. Examples: suppose you want to feel superior rather than inferior: you wouldn't be liked, it would be hard to accept others, there would be no competition. Suppose you would like for your partner to be perfect instead of with faults: you would be inferior and he/she would likely go looking for a better lover, all problems would have to be your fault, and perfection might get real boring.

2. **Symptom prescription** --doing the unwanted habit to get rid of it.

Carry the behavior to a ridiculous extreme. Chapter 5 describes overcoming a fear of coming home after dark by telling oneself exaggerated horror stories about the dangers that might lurk in the dark. Other examples: If you worry excessively or have an obsessive thought, set aside five minutes every waking hour to do nothing but worry or have this unwanted thought. Carefully schedule the "worry time" and insist that the time be entirely used for worrying, no matter how hard or boring it becomes. McMullin calls this method "forced catastrophes," and he might ask a client to take 3 or 4 hours to "go crazy" if that is what he/she is afraid will happen. Other behavioral examples are if you compulsively bite your nails, clean your house, check the locks, wash your hands, etc., try to increase the habit by 50% each week until it becomes overwhelming and impossible. If you sweat so much it is embarrassing, try to sweat even more.

Lazarus (1971) calls this the blow-up method because the behavior is blown up to such an extreme that it becomes humorous or ridiculous. He describes a young man with sweaty palms. Lazarus told him to avoid wiping his palms and, in fact, to try to flood the other person with his sweat. He also had the young man imagine perspiration gushing out of his palms, spraying all over other people, and flowing across the floor. He might even imagine going outside and washing the cars with the endless sweat pouring out of his palms and so on, until the fantasy becomes

crazy and funny.

3. **Taking a different view** --turning the undesirable into the desirable and other ways of challenging irrational ideas.

A sense of humor helps here too. Think of how you can make an already bad situation much worse. At least think of ways to give up resisting the unwanted habit. Or, think of ways to stop trying to change. Examples: Instead of constantly dieting, occasionally try to gain two pounds in three days. If you have been arguing with someone a lot, try to pick even more arguments (hopefully some of the comments will be rather silly and funny making the situation lighter). If you swear too much or spend money (small amounts) carelessly, tell yourself that cussing is healthy, cathartic and honest communication or that shopping is good, inexpensive treatment for depression.

This paradoxical redefining the problem as being something tolerable is clearly reflected in the RET saying, "It ain't awful, it is lawful." Or, in some cases a fear can be turned into a wish. Patients have turned feared panic attacks into wishes that the heart will beat wildly which stops the panic (Frankl, 1985). More examples: when an obnoxious teenager argues and fights about everything, especially homework and chores, and you think the situation is hopeless, try to see the situation as one in which the young person is preparing to become an independent adult or attempting to get love and attention. This is called "reframing" (see chapter 15). Most of the techniques in method #3 of this chapter are paradoxical, i.e. one learns to think differently. Some paradoxical therapies promote valuing contradictions and prizing an inquiry into the many mysteries and paradoxes that exist in the world.

Think of ways to confront or contradict an idea or behavior, perhaps you can switch roles with a friend and practice arguing against your own irrational ideas. Perhaps you can carry your irrational ideas to an extreme and, thus, see that your thinking is faulty (and relationships unreasonable). Example: if you believe that people are always responsible for their own problems, then try proving that being born retarded, deformed, poor, schizophrenic, or with an alcoholic parent was the person's own fault.

McMullin (1986) provides several examples of "self flimflam," i.e. fooling one's self. This might be someone who exaggerates how important it is that he compete and win (for praise and ego inflation), exaggerates how tolerant he is of a lover exploring another relationship (so he will look kind and self-sacrificing and she will feel guilty), or over plays how unhappy he is--the "poor me" role--(to get comfort and sympathy). Such a person, looking for the flimflam, will start to

recognize how phony he is being, see the sought-after pay offs and, hopefully, give up the "act" and try to be honest. In other cases, where false beliefs cause problems, trying to prove these beliefs with evidence and logic can often result in clearer thinking.

Students who can't study because of all the fun distractions have been helped by being told that they can't, under any circumstances, study more than 2 hours per day. This is reversing roles: you can only do this good thing--study--for a limited time and you *must* do other things--socialize or play--all the rest of the day.

STEP TWO: Put your paradoxical plan into effect--do it with zest.

Paradoxical intention: Do what you fear! (Don't try to increase the fear reaction.) Worry even more! Try to stay awake! Try to like a messy house! Like dirty floors and dishes! Avoid trying to have a climax!

Symptom prescription: Increase the unwanted behavior! Increase the fear! Do the feared action more often! What do you have to lose? You have been doing the unwanted behavior anyway! If you have no trouble producing more unwanted behavior, do more! Since that damn, lousy habit wants to occur so badly, make it occur over and over! Do it until you are sick and tired of it (like the boy caught smoking and forced to smoke three strong cigars, one after another).

Changing your outlook and goals: What seems crucial to you at one time may paradoxically become unimportant in the long run. Small breast development may humiliate a girl at 16 but please her at 35. You may long to be the best guitarist, basketball player, or sex object in school but get very little satisfaction out of that skill when you are 50. It might be nice to have someone's love but it isn't a necessity! It hurts to be rejected but it isn't the end of life! Challenge your harmful irrational beliefs!

STEP THREE: Keep following the plan until the desired goal is reached.

In several of the paradoxical methods there is a strange situation, namely, you are trying to produce acts you really do not want to continue. Thus, you actually win by failing, i.e. you finally stop producing the unwanted behavior and it does not occur as often as it did before. In effect, you will threaten to begin producing the unwanted behaviors in excess again *if* the behaviors do not go away and stay away. At this stage, you will often find your acts or your worries somewhat silly or humorous and certainly unnecessary. If so, you are successful.

Time involved

It may take only a few minutes to say, "to hell with struggling with this problem any more" and think of ways of increasing or exaggerating your problem. Ordinarily, the results will come in a week or two and, occasionally, even sooner. Sometimes you will need to read about the method and put considerable effort into producing the unwanted habit ad nauseam.

Common problems

This method, thus far, has almost entirely been used by therapists with clients. In most cases, the therapist does not explain the method to the client but instead with tongue in cheek prescribes more and more ridiculous behavior. For example, a therapist may seriously tell a compulsive housekeeper that cleanliness is important and perhaps she should get up at five AM to do a couple of housecleaning chores before breakfast, then wash and vacuum the floors every day, wax all the wood work, and hire a cleaning person once a week to wax her floors, take the wax off the woodwork, and clean the silverware. Furthermore, throughout the day she should take five minutes every hour to tell herself how important it is to everyone in the world that *her* house be spotless, that *her* dishes sparkle, etc. Eventually, as more and more cleaning is added to the daily schedule, the patient realizes that the therapist is being facetious. This kind of playful teasing and ridicule may not be possible in self-help, certainly you can't deceive yourself about the purpose. But you can learn to laugh at yourself.

Effectiveness, advantages and dangers

Many therapy cases have demonstrated that paradoxical methods work, but case studies are open to a lot of misinterpretation. Frankl (1975) also mentions that many people have simply read about paradoxical methods in his books and applied the methods in their own lives.

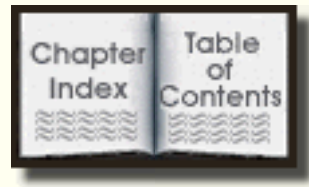
In the last ten years, more research has been done (Weeks, 1991). One finding is that different methods are needed with resistive clients (those who rebel against the therapist's directions). For instance, when procrastinating students were told to "try to bring about your procrastination deliberately," only the resistive ones procrastinated less. The non-resisters didn't reduce their procrastination (Shoham-Salomon, Avner, & Neeman, 1989). Paradoxical methods have been shown to work with insomnia and maybe agoraphobia and other fears but many studies have design faults. We need better controlled studies and research that compares a variety of treatment methods, including self-application or bibliotherapy.

The greatest advantages of these methods are their simplicity and speed (when they work).

The greatest danger, obviously, is that trying to make the problem worse may work. It would be foolish for a suicidal person to attempt to make him/herself more depressed and destructive. There is no data, to date, indicating how often paradoxical intervention (in therapy or self-help) exacerbates the problem. This is crucial information to get.

[← Back a page](#)

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INCREASING MOTIVATION

Chapter 4, focusing on understanding behavior, has a lengthy section about motivation. Method #5 in chapter 11 describes ways of increasing your level of motivation. You should read those sections along with this one. I believe most of the time you need to be intensely motivated to make difficult changes in your life. That probably means working on only one or two changes at a time.

We have all known highly motivated people; they are eager, driven, determined, confident, single-minded, and obsessed. Strong motives take us in many directions: saints and crooks, stars and repeated failures, love and hate, awe-inspiring and disgusting. Think of Lincoln studying law by candle light in New Salem. Think of Gandhi fasting. Think of the work to become a champion in any area. Edison said, "Genius is 1% inspiration and 99% perspiration." What makes us want to sweat that much? We have burning needs; we strive for meaning and values; we seek external pay offs and self-satisfaction with zeal; we develop keen interests.

Some of our drives may be innate--the natural condition of the species. But, certainly, many motives are learned, so they can be changed. For instance, Adler (1951) thought children quickly learned they were inferior and spent a lifetime striving for superiority. Field Theory says that environmental forces and the ways we have learned to view our situations determine our incentives, goals, and intentions. Social Learning Theory suggests that motivation depends on observing how to get the rewards we want in the environment and our faith in our ability (self-efficacy) to do it. Attribution theory states that achievers have learned that they are able to succeed, that hard work increases the chances of success, that learning about themselves facilitates success, and that succeeding is enjoyable and worthwhile. If you want to succeed but haven't learned those things, you can *if* you want to.

All of us are pushed in many directions by many powerful physiological, social-cultural, and psychological needs. Most of us yearn for food, air, shelter, sex, affiliation, love, self-acceptance, achievement, power, mastery, self-actualization, etc. Those needs increase our motivation in various specific, usually positive directions. Moreover, there are

drives and emotions that push us in many negative directions, such as feelings of inferiority that become self-fulfilling prophecies, desires to avoid responsibility and success, beliefs that we do not deserve success, self-defeating rebellion against doing what we are pressured to do, tendencies to avoid any self-evaluation, and, of course, greed, hatred, and other self-destructive or self-defeating drives. All of us try to generally increase our desired motivations and/or to reduce our negative motivations.

While the power of our physiological and conditioned drives are undeniable, we must remember that by deciding and declaring "By God, I'm going to _____ (get a 3.5 GPA, get a divorce, start jogging, stop drinking...)" we have created our own powerful motivator. Likewise, by amassing lots of good reasons for changing we have created another powerful set of motives. If we are determined to change in some specific way, our task is to maximize the positive, pleasurable motivations and reasons for doing the desired behavior and to, likewise, maximize the negative, painful factors associated with continuing the unwanted behavior, i.e. failing to change. Once determined to change, most people can either "just do it" or they can easily read chapters 4 and 11, and find ways (methods) to get where they want to go. It seems to be necessary to believe we can probably accomplish the change we want, while at the same time we are scared of what will happen if we fail to change.

Recent theories (Cantor, Markus, Niedenthal & Nurius, 1986) suggest that our notions of what is possible play a major role in motivation. Our self-concept contains many "possible selves:" "I *could* become" selves, "I'd *like to* become" selves, "I *should* become" selves, and "I'm *afraid of* becoming" selves. These possible selves reflect and influence our "life goals" and, at the same time, our progress toward our life goals alters our possible selves. Thus, parts of our selves are constantly changing (even though the total self is pretty constant). Our current and possible selves and our personal plans change our behavior in complex ways. For example, on the same exam, why does good student A set high goals and study hard, while good student B expects to fail and works frantically, and good student C blows off studying altogether? All three want to achieve and have been successful. Their different possible selves may explain the differences in their attitudes and behaviors.

Student A is an "optimist," expects to do well, and works hard to meet or beat his/her past achievements.

Student B is a "pessimist," fears careless failure, overlooks past successes, and predicts doom to soften the blow when it comes. He/she tries real hard to avoid all the awful outcomes he/she is imagining.

Student C is a "self-handicapper" who wants to impress others but fears getting an average score which would tarnish his/her image of being brilliant, so he/she hopes

to do fairly well on the exam while letting everyone know he/she hasn't studied, thus, preserving the image of being *real* smart.

We don't yet know why people use different strategies, but surely we can learn to change our thinking about our possible selves and our future, thus, changing our achievement motivation.

Likewise, different possible selves may explain why three people, all interested in socializing with the opposite sex, might behave very differently, e.g. one goes to parties or the bars every night, another only goes to places where he/she already knows people, and a third doesn't go out at all. There are many possible selves involved: "I'm attractive," "I'm unattractive," "I'm shy," "I'm not likely to meet anyone interesting," "All they are interested in is sex," "I'd like to be the center of attention," "I can drink and have fun anywhere," "I don't want to look like I'm on the make or loose," "I don't want to be seen out alone," etc. We can change our self-concept, then our behavior (or the reverse, see method #5).

The nature of a "weak will" seems to involve a conflict between (a) being willing, for complex reasons in specific situations, to do the work and make the sacrifices necessary to succeed and (b) resisting making the effort, especially if we can excuse or con ourselves into believing that it is okay not to try very hard. "I have no will power" is a cop out. See the discussion of procrastination in chapter 4.

Probably one-third to one-half of all students have the intellectual ability, under current conditions, to be "A" students, but two-thirds of these potential "A" students are not willing to compete and do the necessary work. Likewise, one-third of us have the musical talent to play in a band, but most of us don't practice enough. We could play a sport well or have great knowledge of history or know hundreds of jokes or.... We know how to achieve these objectives, we just don't want to badly enough, there are other things we would rather do.

So, there are several critical aspects of self-directed motivation: *One is deciding* what you value--what you want to achieve--and how much you are willing to invest to be successful. *Second is making a commitment* to change, which includes arranging and recognizing the wonderful pay offs of changing and the terrible disappointments of failing to change (see step 4). *Third is giving up the old way* of behaving and *deciding how--step by step--to accomplish the goals* you value highly. This requires self-discipline, self-control, scheduling, practice, and reinforcement (see chapters 4 and 11).

If, on the other hand, you decide you would sort-of-like-to change, that is you have some high, maybe even noble aspiration but never get much accomplished in that direction, you may simply be enjoying having the goal but *living a lie*. Example: the

person who wants to be a music or sport star but only practices for 15 minutes two or three times a week. The pleasurable fantasy is there and they tell everyone "I want to be really good" but the commitment and passion are not there. Most likely, such a person will never muster the drive or motivation to get "over the hump" that stands in the way of all goals. Here we only deal with that one crucial factor--mustering up the motivation.

Purposes

- To help you decide what goals you really value and are willing to work for.
- To suggest some methods for getting the motivation to reach your truly desired goals.

Steps

STEP ONE: Decide what you really want to accomplish. What price are you willing to pay? Deal with early distractions and your own resistance.

Within the context of having many motives, there are two fundamental needs for many of us: (a) the need to achieve and (b) the need for social affiliation or love. Ordinarily, the latter provides its own motivation or drive, but it is not uncommon for someone who truly wants to achieve some distant goal, e.g. become a doctor, to find it very difficult to give up partying, hanging around with friends, listening to music, watching TV, playing sports, etc. We want to have it all. But often we can't. So, the first question is: "Is there anything you are willing to throw yourself into, to sacrifice for?"

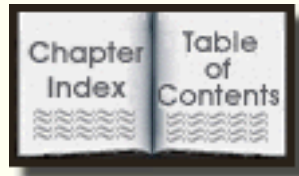
If your answer is "no," it is not something to feel guilty about. For example, I have heard powerful arguments that it is better to personally and directly help friends right now than to strive to excel in the future as a psychologist or to develop "the best" department or to write a book. There are many good ways to live. Being overly competitive--always trying to beat the competition and excel--may not be the ideal life style (Kohn, 1986). Likewise, there are tolerant ways of looking at a low or moderate need to achieve: perhaps you are still maturing psychologically and need love and attention from friends or a lover more than anything else at this time (see Maslow's theories in chapter 4). Perhaps you need to build your own self-esteem before you can devote yourself to others and a career. Perhaps you correctly realize your limitations and/or prefer to live at a leisurely pace. We don't all have to be high achievers.

If your answer is "yes, I would make many sacrifices in order to _____," you probably already know what you need to do (by noting what other successful persons have done). Becoming highly motivated isn't easy, if it doesn't come naturally to you. But it is possible. I've seen many students change and devote themselves to a career, to studying, to

taking charge of their life. Here are some things to do to heighten your motivation:

- Write down all the **reasons** why you want to (*e.g. be a psychiatrist*) . (You are most motivated when doing whatever is *your* choice, not someone else's, and gives meaning to your life.) The more reasons you have, the more motivated you will be.
- Be sure your long-range **goals are realistic and moral**. Talk to others about your motives. This will clarify your thinking. Be sure the means and the end-goals are in line with your values.
- Consider what a highly motivated person with your goals would do. Observe and talk to a role model.
- Set sub-goals, e.g. get all "A's," and **plan daily schedules**, e.g. study 8 hours a day. See scheduling in chapter 13. Plan your life well enough and get enough self-control that you expect to succeed.
- Consider the most likely distractions, make plans for avoiding them. Guard against immediate temptations distracting you from your more important long-term goals.
- List all the **sources of resistance** you can foresee--your ways of avoiding the work, your temptations, your excuses, and self-cons. Ask what these resisting forces are trying to achieve for you; see if those needs can be met some other way. Look for the fears that cause you to resist change and try to handle these fears.
- When you have definitely decided what goals you want to be your priorities, stop thinking about the decision. Get on with it.
- **Commit yourself** publicly, specifically, and wholeheartedly to reaching your goals.

Altogether, these ideas boil down to--learn self-discipline. A critical part of discipline is learning to postpone pleasures and stick with the job until it is done. You must be able to envision the desired pay offs in the future but stay steady, organized, and dependable along the way.



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INCREASING MOTIVATION

STEP TWO: Acquire the skills you will need to succeed. You aren't likely to be motivated and enthusiastic about your work unless you are competent.

Ask what skills will be needed. Learn the skills before they are needed. Examples: decision-making, study, scheduling, communication, assertiveness skills (chapter 13).

Beyond special skills, learn the fundamentals of whatever you are doing. First, in school, by realizing that general knowledge taught in school provides the foundation for all other useful, practical information. So, learn to comprehend what you read well; learn to speak and write well; learn math and history and psychology... Second, on the job, no matter what level you start at, get experience at the lowest level. Don't be in a rush to advance; if you are working your field, get to know everything about it. If you know what you are doing, you will be more at ease, more secure, and more passionate about the work.

It is eye-opening to realize that Howard Gardner describes seven intelligences. Schools only teach two: math and language. There are five more: spatial orientation and art, psychomotor skills and athletics, musical talent, an understanding of others and an ability to work with them, and an understanding of yourself and the ability to handle your own problems. Develop all your intelligences. This is the highest level of motivation--self-actualization.

Look for and hone any special talents you have. If you are a good teacher or speaker, get experience. If you relate well or have a talent for drawing or whatever, polish those skills and look for opportunities to contribute your talents to good causes. Experience the joy of using all your potential. We are driven to be outstanding, not to be mediocre.

STEP THREE: Make changes in the environment, learn the self-instructions, and provide the rewards necessary to get done what you need to do.

See chapters 4 and 11, especially learned industriousness. Reinforce your constructive behavior several times a day, give larger rewards every week. Shift from extrinsic to

intrinsic reinforcement (See chapter 4).

Talk to yourself, taking responsibility and giving directions, pep talks, and praise. Confront negative self-talk, like "I'm too stupid to be an engineer," by testing out the idea, "I'm smart enough if I work hard." (See methods #1 and #3 in this chapter.)

Associate with friends who support your achievements. Encourage each other. If you admire or identify with someone, hopefully he/she will model the desired behavior for you. Be prepared to leave friends as you move on.

Surround yourself, if possible, with able and highly motivated people. You will be threatened, but you will learn much more, you will be motivated by them, and your group will achieve much more. Some "hot shots" can't stand to get help from others or to share success. The experience of being part of a highly effective team is the thrill of a lifetime. Don't let your ego or your insecurity deprive you of the experience.

Follow your own directions, set your own goals. Research has shown that high achievers are independent, while low achievers conform to others' wishes. So, try to avoid being too desperate for others' approval or to belong to a group (unless that group supports your achievement).

Record your "target" behavior daily and plot it. Most people will seek success if they think success is likely. Thus, maximize the probability of success and minimize the stress of failing. Low self-esteem people give up (self-handicapping) when failure seems likely, so make sub-goals easy. Failure motivates high esteem people (Raynor & McFarlin, 1986). Use failure as a cue to try harder.

STEP FOUR: Enrich your self-concept: both with wonderful fantasies of possible successes and with visions of ways you might fail.

Read inspiring stories which you can relate to your life by using American Guidance (1977), *The Bookfinder*. Find other motivational books, such as *My Power Book* by Dan and Marie Lena (1991), Ziglar's (1975, 1987) *See You at The Top* or *Top Performance*, or Robbin's (1991) *Awaken the Giant Within*, which are mentioned in chapter 4. Any of the *Chicken Soup for the Soul* books (Canfield & Hansen, 1991-6) are touchingly inspirational.

Observe successful people, role play taking risks and succeeding, and gain knowledge increasing your expertise. Do everything to increase your ability and confidence, because believing you can succeed increases your motivation.

Nurture positive, confident, optimistic attitudes. See method #9. A self-doubting pessimist can hardly be highly motivated. **Imagine in detail how wonderful life will be**

when you succeed, how pleased you'll be. Do this every day.

Using the methods outlined in chapter 4, learn to think "I am responsible" (note relationship between outcome and effort), "I am in control" (note you can change), "I have ability" (note how success increases as your skills develop) and "I value being successful" (note the pay offs of doing well). These beliefs lead to hard work and pride.

A negative, defeatist attitude towards oneself is likely to be detrimental, to involve a lack of confidence, to reduce motivation, and so on, so work on improving your self-concept if that is a problem (see method #1 in this chapter). However, high self-esteem does not lead to high achievement. Rather, doing well academically and socially leads to increased self-esteem (Nielsen, 1982).

Research suggests that optimally motivated persons have **a balance between their positive selves and negative selves**, i.e. their positive expectations and their frightening awful possible outcomes. Both dreams and fears are needed; **dreams draw us to success and visions of failure scare the hell out of us when we goof off** (Cantor, Markus, Niedenthal, & Nurius, 1986). Some anxiety is helpful.

Anthony Robbins (1991), a motivation writer, expresses a similar idea. He says we should associate *massive pain* with not changing and *massive pleasure* with changing, and do it *now!* The examples he gives of massive pain include having an agreement to eat a can of dog food if you go off your diet, the humiliation of publicly admitting you have failed (reporting to a support group how you are doing or jumping up in a restaurant, point to your chair, and shout "Pig! Can't you control yourself?"), thinking about getting cancer from smoking, thinking about the terrible loss if your spouse caught you having an affair and divorced you, etc. Ask yourself: "What will I lose if I don't change?" and "What will I gain if I do change?" Also, how will my failing to change affect others--my loved ones, my business, my chances to do other things? What will changing do for others or permit me to do? The idea is to make the pay offs and consequences so strong in your mind that you feel you must change immediately.

Force yourself every few days to assess the progress you are making towards your major life goals. This is hard for some people, called **certainty-oriented**, who do not want to know how well or poorly they are doing, how able they are, what the outlook is for them, etc. If you resist taking personality tests, dislike reading and using methods for increasing self-understanding, and criticize the test or person giving you accurate but negative feedback, then you are probably certainty-oriented and failure threatened (Sorrentino & Short, 1986). Guard against burying your head in the sand. Indeed, if they will face facts, greater awareness of potential future failures may be quite motivating for these people.

STEP FIVE: Avoid continuing distractions, especially hedonistic temptations and strong emotions. Keep focusing on the important-for-the-future-tasks at hand.

Stay relaxed. Keep disruptive emotions under control (see chapters 5, 6, 7 and 8). Try to "lose yourself" in your work. See **flow** in method #13 in chapter 11. As soon as a tempting distraction occurs, immediately remind yourself of your reasons for taking on this project, the desired pay offs and all the unfortunate consequences of not doing what you intended to do. **Guard against being seduced by immediate pleasures** which cause you to neglect your long-term objectives.

If you suspect you are motivated to fail because of repeated failures, seek professional help. Learning to handle set backs and failures is important. Read about the failures in Abraham Lincoln's life; he bounced right back.

STEP SIX: Enjoy the fruits of your labor.

A major motivation is self-enhancement, i.e. treasuring your strengths and feeling good about your accomplishments. Feel proud.

Success yields status and material gains. Enjoy them. Celebrate each step towards success--tell friends, party, re-dedicate yourself to the next task.

Time involved

Depending on the techniques you select to use, it may take only 15 or 20 minutes per day or many hours over a period of weeks.

Common problems

If you lack motivation, how can you do the things recommended in this method? Perhaps you can start with a very simple, easy method, such as scheduling your time a little better, rewarding some desired behavior, or daydreaming about the future.

Other complex factors are intertwined with motivation--values, emotions, skills, expectations, self-esteem, irrational thoughts, unconscious motives and so on. Simple approaches may not work.

Effectiveness, advantages and dangers

Relatively little is known about motivating ourselves. McClelland and Steele (1972) suggest most of the above steps but much of this research by McClelland lacks control groups and focuses primarily on developing entrepreneurs in foreign countries. That is a

far cry from helping a person who doesn't know where she is going or doesn't do his home work. McCombs & Pope (1994), McHolland & McInnis (n. d.), Alschuler (1973), and de Charms (1976) have, however, raised the academic motivation of students.

This method gets at the crux of the matter, in my opinion. That is why chapter 4 deals with motivation so much. With enough motivation you could produce almost any self-improvement you wanted. I suspect the eventual key to having "will power" lies in our philosophy of life, our dreams about the future, and our willingness to take responsibility for our lives.

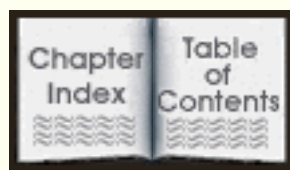
There may be some dangers associated with "trying too hard." You may give up prematurely because it seems too difficult to make changes or achieve the goals you have set. It may also hurt more if you fail after trying very hard to succeed.

Brim (1992) has a neat book about managing ambition: how we handle our drive for success or mastery, how we adjust our goals to fit our ability, how we find satisfaction in doing what we can. He tells a delightful story of his father's retirement to a hillside farm. In his sixties, he trimmed trees and cut grass all over the mountain side. He had a garden everyone talked about. In his seventies, he tended only closer to the house, focusing on the lawn and garden which still supplied the neighbors. In his eighties, he cut less grass and had a small productive garden. In his nineties, he hired a neighbor to mow the lawn and he only had a few tomatoes in his garden. In his last few years, he still stood or sat near his flower boxes and tended them lovingly. My father did the same thing. We all adjust our goals to fit the ability we believe we have. But coping with success and failure is a complex process; it may help to know how others managed their lives.

The Sybervision organization (1-800-678-0887) offers a variety of audio and video tapes about self-discipline, achievement, winning, setting high goals, positive mental attitude, etc.

[← Back a page](#)

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STRAIGHT THINKING, COMMON SENSE, AND GOOD ARGUMENTS

For most of the last 2000 years or more, we humans were considered the only "rational animal." Then, about 100 years ago, Freud challenged our rationality with the idea of powerful unconscious motives. Since then psychology has found many, many ways in addition to unconscious drives that we humans make mental errors. Humans are still remarkably clever but we have our blind spots and our false beliefs. For instance, 93% of college students believe they can feel someone behind them staring at them, which is untrue (we remember when our intuition is correct). This chapter reviews a host of faulty ideas and denial mechanisms. You can't avoid all thinking errors, but you can learn to detect and purge some of them.

In our culture, we tend to think of people as falling along a continuum from very smart to very dumb. Smartness, in most cases, is usually related to how well you do in school, your book-learnin', your mental capacity for taking tests. The skills used in schools are mostly verbal or mathematical. But several years ago, Gardner (1983, 1993) questioned the notion of a single intelligence, suggesting instead that we all have seven different intelligences: linguistic and mathematical (the school smarts), body kinesthetic (physical coordination and athletic ability), spacial (art and sensing the physical relationships among objects), musical (an auditory sense and musical ability), interpersonal (understanding other people and relationships), and intrapersonal (understanding ourselves and having self-control). We see intelligence differently when we realize that there are many important ways to be smart, talented, and effective. Our view of intelligence influences how and what we teach kids.

Goleman (1995) says academic intelligence alone does not give us common sense, emotional control, or the skills needed to understand and relate to others. In short, book-smarts (high IQ's) alone may only enable us to be nerds. He says success at work, with friends, and in marriage requires "emotional intelligence" or people skills. This is the abilities to (1) know what you and others are feeling, (2) handle our emotions and impulses, and (3) have self-discipline, social skills, optimism, and empathy for others. Basically, Goleman's emotional intelligence is Gardner's intrapersonal and interpersonal intelligences. Whatever it is called, self-knowledge and social intelligence are surely as important as

academic ability.

Our quick, intense emotional reactions sometimes overwhelm our rational brain, forcing us to over-react or misperceive the situation. But it is our emotional intelligence, according to Goleman, located in the prefrontal cortex, which enables us to understand and manage our intense emotions. So, to be a good leader or a caring spouse or an effective parent we need knowledge about emotions, control of our feelings, and interpersonal skills. Of course, articulate speech and technical knowledge are usually necessary to make accurate predictions and accomplish goals too. But, high academic intelligence (as measured by school achievement or intelligence tests) does not give you much assurance that your judgment in many areas will be accurate. Persons who do well in school, just like the "slow students," make the kind of thinking errors dealt with in this section.



Only two things are infinite, the universe and human stupidity, and I'm not sure about the former.

-Albert Einstein



About 300 years ago, John Locke (1632-1704), who influenced Thomas Jefferson's drafting of the Constitution, said there were three kinds of people who have mistaken opinions:

1. Those who accept hand-me-down beliefs from parents, friends, ministers and others, and don't do much thinking for themselves.
2. Those who let their emotions and needs dominate their thinking and reasoning.
3. Those who try to be logical and reasonable but lack good sense and/or expose themselves to only one viewpoint.

Locke was making a distinction between the inexperienced, poorly educated, emotionally swayed mind and the highly intellectual, objective, systematic, thorough, and logical mind. He was also making the point that straight thinking and reasoning skills aren't just inherited; accurate thinking is the result of inherited ability *and* a lot of experience and wisdom. Recent research, according to Herbert Simon at Carnegie Mellon University, has shown that a true "expert" needs enormous stored knowledge (10+ years of intense study and practice), a mind capable of systematically searching that memory for useful information, and the skill to detect defective, distorted thinking. Being smart isn't just a matter of being born that way.

How do we, even the more intelligent and expert among us, come to misunderstand the

situation and/or draw erroneous conclusions? This is important for us to understand. The usual conception is that we have a logical, reasonable mind which is somehow occasionally deceived or over-powered by our emotional biases. This certainly seems to happen, e.g. after hearing the same evidence, there were two very different opinions: three fourths of all whites thought OJ Simpson was definitely guilty and three fourths of Blacks thought he was framed. Sometimes we are well aware of our emotional needs, sometimes we aren't. In any case, as you read many of the examples of erroneous thinking given in Step 1 below, you will see that humans often view things the way they want to see them, e.g. one viewpoint has a psychological pay off (less stress), it is convenient (simple and easy), or it is wishful thinking.

In other situations, also illustrated in Step 1, the human mind simply seems programmed to see things wrongly, e.g. we have a style or habit of thinking that is wrong or we have perceptual/cultural/moral blocks to seeing reality. Piattelli-Palmarini (1994) gives many more examples of "cognitive illusions" that inhibit our ability to reason. Examples: we make unwarranted assumptions about people and, thus, marry the wrong person; we may hesitate when action is needed. There are a lot of ways to be wrong.

Instead of just thinking of a rational mind occasionally disrupted by irrational emotions, it may be fruitful to think in terms of having two, three or more minds functioning at the same time. Perhaps most of us just use or attend to certain of our minds more often than others or only under certain circumstances. Recent writings suggest the possibility that we have at least three minds: (1) a thinking, reasoning, knowledge-based mind, (2) an intuitive, common sensical, experience-based mind, and (3) an unconscious mind filled with repressed drives and feelings, a la Freud. The first two are discussed together next; unconscious processes are discussed at length in the next chapter.

Epstein and Brodsky (1993; Sappington, 1988) have convincingly argued for humans having two kinds of intelligence. One commonly known as the **typical IQ or school smarts**; this **rational intelligence** is based on deliberate, controlled, logical reasoning and on information from school, books, educational programs, etc. It is the intelligence we use to design a rocket, predict the weather, research the effectiveness of some treatment method, etc. Their second intelligence, similar to Goleman's "emotional intelligence," is based on everyday life, especially emotional experiences, which, as we accumulate more wisdom, yields **quick, automatic, intuitive reactions** which guide us in many situations. With experience, we automatically like some people and dislike others; we sense or "know" when we are being manipulated or when someone is feeling upset. This kind of intelligence isn't based on logic; it involves subtle sensitivity and communicates its wisdom to us via emotions and good or bad feelings about something; it is based on our interpersonal experience, not on book-learning.

Both intelligences, "knowledge-based" and "experience-based," influence our lives constantly, but the **"life experience-based" intelligence** guides most of our ordinary,

unthinking, every day actions and reactions. We effortlessly draw on this "common sense" intelligence to help us cope with practical problems, other people, and our emotions. This experience-based intelligence is automatic; it enables us to quickly make decisions, such as "Should I trust this stranger?" or "How should I answer that question?" This intuitive mind helped our species survive in the wild for the seven or so million years before our current cerebral cortex developed 35,000 to 100,000 years ago. It doesn't have to think of and weigh the pro and cons for every alternative; it has the remarkable capacity to add all our past experiences together and to quickly interpret the current situation in light of our history, especially our traumatic past. We needed that for survival.

Both our rational and experience-based minds make mistakes. According to Epstein, when emotions run high, the experience-based mind is likely to take over because it responds quickly and has had experience with emergency and emotional situations. And, once the experience-based mind is in control, it is hard for the rational mind to intercede. Thus, the danger is that the experience-based, more emotional mind will misinterpret a situation or choose an inappropriate reaction, e.g. you might be excessively fearful of your male boss because your father was harshly critical and aloof when you had made a mistake. This dual-mind theory helps explain why intellectually smart people do not solve everyday problems better than average people; bright people can't handle their emotions any better than the rest of us, so they don't have better marriages nor better kids nor better mental or physical health. The knowledge-based mind can't deal with hundreds of problems every day. But, this rational mind needs to monitor your actions, your experience-based mind, and your emotions for irrationality, asking "Why are you assuming the boss will get mad like father?" or "Won't your fears get in the way of doing a good job?" We need the rational mind to keep us reasonable. But we need the experience-based, intuitive mind to handle most situations, to sensitize us to danger in situations, to guide us in handling the danger, to detect the needs and emotions underlying our actions, and to arouse our emotional ire when something is unjust.

As you can see, as Epstein conceptualizes these two minds, *both contribute vital information* to our constructive thinking, i.e. to our coping with personal and interpersonal problems. Yet, we spend years in schools trying to train the rational mind but that doesn't help us much with solving ordinary problems, such as finding love, controlling our irritation, managing diets or money, dealing with difficult people and so on. On the other hand, the intuitive mind, which automatically guides us through these complex situations, gets very little attention in school and almost no training (additional experience, i.e. besides interacting in the halls).

A well-read person will also recognize the similarity between Epstein's two intelligences and men's vs. *Women's Ways of Knowing* in the seminal book by Belenky, Clinchy, Goldberger, and Tarule (1986). Men's "separate knowing" involves a doubting mind, i.e. critical thinking, argumentation, and scientific method, and reflects rational intelligence. Women's "connected knowing" involves a believing mind, i.e. listening to others' stories,

empathizing with their feelings, experiencing their pain and joy, and reflects experience-based intelligence. Both male and female ways of knowing (and intelligences) are critical to learn and use.

We all remain vaguely aware of our two or more minds because we know they disagree sometimes, e.g. one of our minds wants the cute, little sports car (with a miserable repair record) and another mind wants the practical car recommended by *Consumers Report*. One mind worries about things that are very unlikely to happen, repeatedly compares ourselves unfavorably to others, jumps to the conclusion that something awful is going to happen, sees doom and gloom everywhere, etc., while the other mind knows these ideas are probably wrong (Freeman and DeWolf, 1992).

One current theory is that many specialized parts have developed within our brain, each evolved as a reasoning-coping mechanism during millions of years as hunter-gatherers (Barkow, Cosmides & Tooby, 1992). Thus, we may have inherited specialized clusters of nerves that originally aided in foraging for food, that operated when we were threatened, that directed us in selecting a mate, that guided us in seeking justice and cooperation, etc. We may even inherit tendencies to think certain ways and to have certain feelings, drives or motives, which shape the cultures we develop. Like birds, bees, and all foraging animals, we humans have remarkable abilities to make sound probability judgments under certain conditions. However, humans in today's world may occasionally be misguided by our own mental mechanisms based on our evolutionary past rather than on current reality.

Teaching critical thinking skills is emphasized in some classes these days. The general idea is to learn to do what Socrates asked his students to do, namely, give reasons for their opinions. It is said that today's students can, if they want to, memorize and recall but can't interpret, infer, judge, reason or persuade (Benderson, 1984). What skills are needed for these activities? Many thinking skills methods have already been described in this book: problem-solving and decision-making (see chapters 2 and 13), challenging irrational ideas (see method #3 in this chapter), methods for coping with disruptive emotions (see chapters 5, 6, 7, 8 & 12), persuasion and negotiation skills (chapter 13), and a willingness to seriously consider the purposes of one's life (chapter 3). There are many ways to straighten out our thinking.

One of the best sources of thinking skills is an audiocassette program, *Masterthinker*, by Edward de Bono from Prentice Hall (or one of his books, de Bono, 1992 or 1994). As an introduction, he makes the point that highly intelligent people often think they don't need to learn thinking skills, their brain is all they think they need. They have confused intelligence with thinking; one can have a very powerful computer but not use it accurately or effectively. High intelligence poses other traps: since he/she can defend almost any opinion, such as person may not carefully explore the issue before making a pronouncement (and, thus, be a poor thinker). Also, very intelligent people find they get recognition by quickly and cleverly criticizing another person. If they stop there, little constructive thinking is

accomplished. An intelligent person, who wants to maintain a reputation, hates to be wrong. Therefore, they resist admitting being wrong and changing their minds, which is not good thinking. In the same way, a fear of being wrong may inhibit them from considering and advancing new, tentative ideas. When an intelligent person reads this method, I suspect he/she will conclude that his/her thinking has several flaws (no matter how big his/her computer is). Brains aren't enough. de Bono says, "good thinkers aren't born, they're made."



It ain't so much the things we didn't know that get us into trouble. It's the things we know that just ain't so.

-Artemus Ward

The art of being wise is the art of knowing what to overlook.

-William James



The first focus of this method is on common ways we get our facts wrong or think illogically. Many of my examples come from a 40-year-old book by Stuart Chase (1956) and more recent books by McMullin (1986, pp. 256-266) and Nezu and Nezu (1989). Several types of false reasoning will be described briefly in hopes you will recognize your own illogical thinking. (This is just wishful thinking unless you take the time to seriously question and analyze your specific thoughts and conclusions.) The first four methods in this chapter have already covered many harmful ideas and beliefs.

The second brief focus within this method is on reducing the disruptive emotions that derail our rational thinking. Several other chapters cover emotions well. Gilovich (1991) deals in depth with "How We Know What Isn't So." For instance, Gilovich asks if self-handicapping ("I was partying and didn't study for this exam") is to deceive others or ourselves. Actually, other people don't tend to believe that you didn't study. Your real purpose seems to be to avoid learning how able or unable you really are.

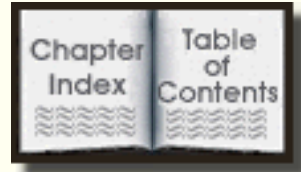
The third focus of this section is on increasing the effectiveness of our intuitive, experience-based mind. Reading and logic will not help much here; you will need new experiences.

Purposes

- To become more able to detect fallacious reasoning by others.
- To become more accurate in our own thinking and communication.

[← Back a page](#)

[Forward a page →](#)



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STRAIGHT THINKING, COMMON SENSE, AND GOOD ARGUMENTS

Steps

STEP ONE: Recognize common errors in thinking and arguments.

I think it will amaze and maybe horrify you to see how many ways the human mind makes mistakes. This isn't a complete list. Indeed, certain irrational ideas have already been discussed extensively in previous cognitive methods, especially #3 above. These thoughts lead to unwanted emotions which, in a circular fashion, further distort our thinking. In addition, we all have our "touchy topics" or "sore points" that set our minds reeling and mess up our thinking. For example, making a mistake or being surprised may shut down your brain for a moment, being laughed at or treated with disrespect may infuriate you, being envious or jealous may distract your thoughts, etc. It is important to understand what is happening to our thinking in these situations, in order to gain some control and peace of mind.

The recent emphasis on Cognitive Therapy has led to several books cataloging an assortment of toxic ideas or beliefs. For example, Freeman and DeWolf (1992) say the 10 dumbest mistakes are (1) assuming a catastrophe is about to happen, (2) thinking we know what other people are thinking (or they should know what we think), (3) assuming responsibility for other people's troubles or bad moods, (4) believing too many good things about ourself and our future, (5) believing too many bad things about ourself and our future, (6) insisting on being perfect, (7) competing or comparing with everyone and losing, (8) worrying about events that never happen, (9) being abused by our own excessive "shoulds," and (10) finding the negative aspect of everything good. They offer solutions too.

Other books (Lazarus, Lazarus & Fay, 1993) list thoughts that cause us trouble, such as "it is awful every time something unfair happens," "why would anyone settle for being less than perfect?" "I'm always losing," "you can't count on others, if you want something done right, you've got to do it yourself." Likewise, McKay & Fanning (1991) discuss basic beliefs

that define our personality and limit our well-being. Shengold (1995), a psychoanalyst, contends that infantile beliefs ("I'm omnipotent," "Mom loves me most") continue into adulthood and mess up our lives. Sutherland (1995) and vos Savant (1996) also attempt to explain why and how we don't think straight.

Hopefully, by becoming aware of the following typical "errors in thinking" or "cognitive distortions," you should be able to catch some of your own false reasoning and correct it. An additional corrective step might be to explore your history to gain some insight into the original experiences that now prompts the experience-based mind to think in these stressful, unhelpful ways.

Also included in this list are fallacious, misleading strategies used by debaters to persuade the opponent of their viewpoint. These are ways we get fooled and fool ourselves too.

a. **Over-generalizing and common mental errors** --coming to a conclusion without enough supporting data. We hear about many teenagers using drugs and alcohol, then conclude that the younger generation is going "to pot." We hear that many black men desert their families and that many black women go on welfare, then assume (pre-judge) that most black men are sexually irresponsible and most black women want babies, not work. On a more personal level, the next teenager or black we meet we may suspect of being "high" or unfaithful. We are turned down by two people for a date, then conclude "no woman/man will go with me." We have found school uninteresting and conclude that we will never like to study. We find two red spots on our nose and conclude we have cancer (also called catastrophizing).

Anecdotal evidence is another example of taking one incident and assuming it proves a larger principle. Example: "I had a case once in which the marital problems disappeared as soon as the woman learned to have orgasms, so I do sex therapy with all couples." This thinking won't surprise anyone, but there is a troubling tendency to give more weight to a single person's opinion or experience--especially if the information is given to us face to face--than to a statistical summary of many people's opinions or experience. One person's story is *not* an accurate sample! Frankly, there is evidence that we don't read tables very well, e.g. we attend more to what a diagnostic sign (like a depression score) is related to, than we do to what the absence of the sign is related to. Let's look at an example.

The situation may become a little complicated, however. Suppose you had a psychological test that you knew was 95% accurate in detecting the 5% of people who are depressed in a certain way. Further suppose that 35% of non-depressed people are misdiagnosed as being depressed by this test. If a friend of yours got a high depression score on this test, what are the chances he/she really is depressed? What do you think? The majority of people will say 65% or higher. Actually the chances are only 13%! The test is very good at detecting the 5% who are depressed (and we notice this score), but the 35%

"false positives" is terrible (but not noticed), i.e. the test is misdiagnosing over 1/3rd of the remaining 95% of people as being depressed when they are not. But unless we guard against ignoring the base rates (the ratio of non-depressed to depressed persons in the population), we will, in this and similar cases, error in the direction of over-emphasizing the importance of the high test score. Guard against over-generalizing from one "sign." One swallow doesn't make a summer. Also, guard against ignoring missing information; this is a general human trait which results in wrong and more extreme judgments.

In short, we often jump to wrong conclusions and make false predictions. We spill our morning juice and conclude we are going to have a bad day. We may make too much of a smile or a frown. We may sense sexual attraction where there is none. We see the teacher as disapproving when he/she is not. Indeed, perhaps the most common errors of all are our "mental filters" in one of two opposite directions: **negative expectations** (of ourselves, of others, or of the world, as we saw in chapter 6) and **excessive optimism**. The latter is sometimes a "oh, no problem" or a "everything will work out fine" attitude, which is anxiety reducing and advantageous if you still work diligently on solving the problem. If you neglect the problem, it is an attitude that will bring you grief.

Gathering all the relevant information before deciding something is hard work, time consuming, and, often, impossible. We of necessity must operate most of the time with very limited information; most of the time incomplete data isn't a serious problem but sometimes it is.

b. **Over-simplification and cognitive biases** --it is far easier to have a simple view of a situation, but the simple view is usually wrong, e.g. "Abortion is either right or wrong!" And we have favorite ways of being wrong. Examples: we think things are true or false, good or bad, black or white, but mostly things are complex--gray. We ask, "Is this leader competent or incompetent?" In reality, there are hundreds of aspects to any job, so the question is very complex, "How competent is he/she in each aspect of the job?" You ask, "Will I be happy married to this person forever?" The answer almost certainly is, "You will be happy in some ways and unhappy in others." A simple view of life is appealing, but it isn't real.

For every complex problem, there is a simple answer--and it is wrong!

-Mark Twain

Yet, humans (especially the experience-based mind) use many devices to simplify things. The truth is we must interpret so many situations and events every day, we can't do a thorough, logical analysis every time. So we make mistakes. If we make too many misinterpretations, they start to accumulate and our minds go over the edge and we either become unreasonable in our behavior or we become emotional--depressed, anger, scared,

etc. The more reasonable we can stay, still using both our rational intelligence and our experience-based intelligence, the better off we will be. Therefore, we need to recognize the common kinds of mistakes we make.

We use **categorical (either-or) thinking** and **labeling**. Some people believe others are either on their side or against them, either good or bad, good socializers or nerds, intelligent or stupid, etc. Then once they have labeled a person in just one category, such as bad, nerd, real smart, etc., that colors how the entire person is judged and responded to, and inconsistent information about the person is ignored. Likewise, if there are either sophisticated or crude people, and you are sure you aren't sophisticated, then you must be crude. The world and people are much more complex than that.

When explaining to ourselves the causes of a situation, we often commit **the fallacy of the single cause**. There are many examples: Traits of adults are attributed to single events, such as toilet training (Freud), being spoiled, birth order, being abused, parents' divorce, etc. It's usually far more complex than that. When a couple breaks up, people wonder "who was at fault." There are many, many complex causes for most divorces. The first method in chapter 15, "Everything is true of me," addresses this issue. Usually 15 to 20 factors or more "cause" a behavior.

If we do not attend to all the factors, such as the multiple causes of our problems or the many ways of self-helping, we are not likely to understand ourselves or know how to change things (see chapter 2). For example, if you assume your friend is unhappy because of marital problems, you are less likely to consider the role of the internal critic, irrational ideas, hormones, genes, children leaving home, or hundred's of other causes of depression. Similarly, if you assume that the person who got the highest SAT in your high school will continue to excel at every level of education and in his/her career, you are likely to be wrong. There are many factors involved, resulting in the "regression to the mean" phenomena, which is illustrated by having an unusually high or low score on some trait, but, in time, your score on that trait tends to become more average.

On the other hand, having a lot of evidence is sometimes not enough. Even where you have considerable evidence for a certain view, such as for ESP or life after death, that evidence must be stronger than the evidence against the view or for an alternative interpretation. Consider another example: "Drugs have reduced panic attacks and since intense stress is caused biochemically, psychological factors have little or nothing to do with treating panic attacks." You must weigh the evidence for and against all three parts of the statement: drugs work, stress is chemical, and panic is reduced only by chemicals. All three statements would be hard to prove.

Few of us are without sin (misjudgment). Almost every judge is biased on some issue, e.g. at the very least, the therapist or scientist or sales person wants his/her product to be the best. When evaluating other people's judgments, we have many biases, including a tendency

to **give greater weight to negative factors** than to positive factors, e.g. being told "he sometimes exaggerates" is likely to influence us more than "he is patient." Likewise, in marriage, as we all know, one scathing criticism or hurtful act may overshadow days of love and care.

Another favorite way to over-simplify is to **find fault**: "It was my spouse's fault that we got divorced." "I failed the exam because it had a lot of trick questions." Obviously, this protects our ego, as does an "I-know-that" hindsight bias: When asked to predict behavior in certain situations, people may not have any idea or may do no better than chance if they guess, but when told that a certain behavior has occurred in that situation, people tend to say, "I expected that" or "I could have told you that."

Another common error is **the post hoc fallacy** --A preceded B, so A must have caused B. Example: Young people started watching lots of television in the 1950's and 60's, after that ACT and SAT scores have steadily gone down; thus, TV watching must interfere with studying. In truth, TV may or may not contribute to the declining scores. We don't know yet (too many other changes have also occurred).

Likewise, a correlation does not prove the cause. Examples: the economy gets better when women's dresses get shorter. Also, the more Baptist ministers there are in town, the more drinking is done. Obviously, women showing more leg don't improve the economy nor do ministers cause alcoholism. Other more complex factors cause these strange relationships. (On the other hand, a correlation clearly documents a relationship and if it seems reasonable, it **may** be a cause and effect relationship. Thus, in the absence of any other evidence of cause and effect, the correlation may suggest the best explanation available at this time. But it is not proof.)

Research has shown another similar fallacy: the most visible person or aspect of a situation, e.g. the loudest or flashiest person, is seen, i.e. misperceived, as the moving force in the interaction (Sears, Peplau, Freedman & Taylor, 1988), even though he/she isn't.

The answer or hunch that first comes to our mind, perhaps merely because of a recent or a single impressive experience, will often be the basis for our judgment--and it's often wrong. Examples: If a friend has recently won the lottery or picked up someone in a bar, your expectation that these things will happen again increases. If you have recently changed your behavior by self-reinforcement, you are now more likely to think of using rewards. In a similar way, assuming **how-things-are-supposed-to-be** or using **stereotypical thinking** impairs our judgment. Examples: If you hear the marital problems of one person in a coffee shop and the same problems from another person in a Mental Health Center, you are likely to judge the latter person to have more serious problems than the coffee shop patron. We expect clients in Counseling Centers to have grave problems. Guard against these impulsive first impressions.

Here is a clever illustration of the power of the first impression to influence our overall judgment:

A. If you start with 8 and multiply it by $7 \times 6 \times 5 \times 4 \times 3 \times 2 \times 1 =$

B. If you start with 1 and multiply it by $2 \times 3 \times 4 \times 5 \times 6 \times 7 \times 8 =$

Without figuring, what do you guess the answers are?

The average guess for A is 2250 and 513 for B. The correct answer for both is 40,320. Your ability to guess numbers isn't very important, but it is important that we recognize the fallibility of our minds. Our ability to judge the actual outcome of some economic or political "theory" or promise is not nearly as high as the certainty with which we hold our political beliefs. Likewise, our first impressions of people tend to last even though the first impressions are inconsistent with later evidence. This is true of trained therapists too.

It may come as a surprise to you but considerable research indicates that, in terms of predicting behavior, better trained and more confident judges are frequently not more accurate than untrained, uncertain people. Why not? It seems that highly confident judges go out on a limb and make unusual or very uncommon predictions. They take more chances and, thus, make mistakes (which cancels out the advantages they have over the average person). The less confident predictor sticks closer to the ordinary, expected behavior (high base rate) and, thus, makes fewer mistakes. (Maybe another case where over-simplification is beneficial.)

While it is not true of everyone (see chapter 8), there is a tendency to believe we are in control of our lives more than we are (not true for depressed people). For example, people think their chances are better than 50-50 if you put a blue and a red marble in a hat and tell them that they will win a real car if they pick out the blue marble, but they get only a match box car if they draw out the red marble. Gamblers have this I'm-in-control-feeling throwing dice, obviously an error. We *want* to believe we are capable of controlling events and we like others who believe in internal control (Sears, Peplau, Freedman & Taylor, 1988); it gives us hope. This is also probably related to misguidedly **believing in "a just world,"** i.e. thinking people get what they deserve. We believe good things happen to good people ("like me") and bad things happen to bad people. There is little data supporting this belief, but, if bad things have happened to you, people will conclude you must have been bad and deserve what happened (and, therefore, many will feel little obligation to help you).

Some people believe they are the sole cause of other people's actions and feelings: "I am making him so depressed." Not only do some people feel in control, others feel they *should be* in control, i.e. have special privileges (a prince in disguise). "I shouldn't have to help clean up at work." "Everybody should treat me nicely."

A special form of over-simplification is **cognitive bias**, i.e. a proneness to perceive or think about something in a certain way to the exclusion of other ways. One person will consistently see challenges as threats, while another person will respond to the same challenging assignments as opportunities to strut his/her stuff. Cognitive biases have already been mentioned in several psychological disorders, e.g.:

<u>Problem</u>	<u>Thinking bias</u>
Anxiety	Expectation that things will go wrong.
Anorexia	A belief that one is getting fat and that's terrible.
Depression	Negative view of self, the world, the future.
Anger	A belief that others were unfair and hurtful; "it's
Conformity	Exaggeration of the importance of pleasing others.
Social addiction	I can only have fun with my friends.

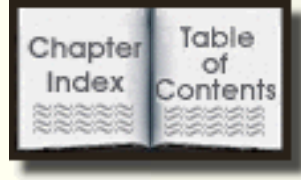
There is one cognitive bias so common it is called **the fundamental attribution error**: we tend to see our behavior and feelings as caused by the environment but we think others' behavior and feelings are caused by their personality traits, needs, and attitudes. In short, we are psychoanalysts with others but situationists with ourselves. Example: When rules are laid down to a teenager, the action is seen by the parents as being required by the situation, i.e. to help the adolescent learn to be responsible, but the teenager becomes a little Freud and sees the rules as being caused by the parents' need to control, distrust, or meanness. When rules are broken, however, it is because "the kid is rebellious" (parents now do the psychoanalyzing) or "my friends wanted me to do something else and, besides, my parents' rules are silly" (the teenaged Freud suddenly doesn't apply this psychology stuff to him/herself). This kind of thinking is over-simplified and self-serving. More importantly, it causes great resentment because the troubles in a relationship are attributed to the bad, mean, selfish traits of the other person.

In spite of the fundamental attribution error, we will make an exception for ourselves when we are successful: Our successes are attributed to positive *internal*, not situational, factors--our ability, our hard work, or our good traits. In keeping with the fundamental attribution error, our failures are usually considered due to bad external factors--the lousy system, the terrible weather, someone else's fault, bad luck, and so on. Sometimes we are so desperate to protect our ego from admitting we don't have the ability to do something that we will actually arrange to have a handicap (see self-handicapping in method #1) or excuse for failing, "I was drunk," "I didn't get any sleep," "I forgot," etc. Sometimes, we just lie and make up an excuse, "I was sick," "I'm shy," "I have test anxiety," "I've had bad experiences," etc. Likewise, people exaggerate their contributions to any desirable activity; they tend to see themselves as being more important or more responsible than others. And, we believe

that the majority of others agree with our opinions, even when that is clearly not the case. These misconceptions--self-cons really--help us feel better about ourselves by overlooking important facts.

[← Back a page](#)

[Forward a page →](#)



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STRAIGHT THINKING, COMMON SENSE, AND GOOD ARGUMENTS

We consistently **misperceive how others feel about us**. For instance, most people think most others see them like they see themselves. That isn't true (Kenny & DePaulo, 1993). Other people's reactions to and feelings about us vary greatly; we are not liked equally by everybody, just as we don't like everyone equally. But we think most people see us in about the same way. We are largely unaware of the discrepancy between how we think another person views us and reality (and many other people hope to keep it that way).

Many people also tend to find psychological causes for events and ignore other causes: "My head is hurting, I must be up tight," "I forgot to call him, I must not want to do it." Other people find mystical causes: "Hypnotic regression to past lives and the experiences of people who have died and come back to life prove that there is a life after death." Most of us find "good" socially acceptable causes for what we do, called **rationalizations** (see chapter 5). But, if we do harm someone, we may illogically attempt to deny our responsibility by denying any intention to harm, "I didn't mean to hurt you," or by blaming the victim, "He was a scum." These are all biases.



The greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind.

-William James, 1890



c. **Self-deception** --when some thought or awareness makes us uncomfortable, we have a variety of ways to avoid it (Horowitz, 1983):

- Avoid logical conclusions--"I have never taken my studies seriously, but I'm going to really hit it next semester." "He'll stop drinking if we have a baby."

- Avoid appropriate feelings--"I don't think much about the millions who test positive for AIDS virus or the 50 million children who die from *preventable* diseases every year."
- Avoid working on solutions--"I can't do anything about world hunger...nuclear pollution...poor teachers..."
- Avoid unpleasant memories--"I won most of the time I gambled last year."
- Avoid the truth--"It was an accident; it won't happen again" (a battered women in an emergency room with a broken arm and two teeth knocked out). "I only spend a few bucks on drugs and booze" (a student who spends \$25 to \$50 a week on drugs and alcohol).
- Avoid reality, replace it with self-enhancing fantasies. John Dean, President Nixon's Legal Counsel, distorted his role in the Watergate scandal, making himself appear as having a fantastic memory (he was frequently wrong), as being highly successful and praised by Nixon (not true). Our memories often become wishful fantasies.


I would add to this list: avoid reality by believing in **mystical forces and myths**. Did you know that more people in America believe in ESP than believe in evolution? that 1 in 4 Americans think they have had a mental telepathy experience? that 1 in 6 have spoken with the dead? that 66% of Americans believe in the devil? that 1 in 10 say they have talked with the devil? There is some pay off for believing in superstition, astrology, and psychics. To the extent we surrender to or depend on mystical forces, we lose a chance to discover the real causes and make things better.

Daniel Goleman (1985) provides a fascinating book about **self-deception** as a way of avoiding stress. Lockard and Paulhus (1988) have edited a more specialized text. When patients with a divided brain are given written instructions to the right half of the brain only, e.g. "leave the room," they do not realize they received the directions. Yet, they obey the instructions. Furthermore, they believe they are directing their own behavior and say, "I want to get a drink." Perhaps many of the things we think we have consciously decided were actually decided by unconscious thought processes for reasons unknown to us. Denying our blind spots makes it impossible to cope. Admitting our blind spots gives us a chance to cope.


We are taught as children to deny the causes of our emotions. Children hear: "You make me so mad," "You make me so proud," "I can't stand the messes you make," and on and on. Is it any wonder that adults still assume that other people cause their feelings?

It isn't just that we avoid the unpleasant. We also seek support for our beliefs, our prejudices, our first impressions, our favorite theories, etc. Example: The psychoanalyst finds sex and aggression underlying every problem. The behavioral therapist finds the

environment causing every problem. The psychiatrist finds a "chemical imbalance" behind every unwanted emotion. The religious person sees God everywhere; the atheist sees Him nowhere. We all like to be right, so "don't confuse me with too many facts." As we think more about an issue, our opinion usually becomes more extreme.



The mind is like a parachute. It only works when it is open.



In all fairness, it must be mentioned that investigators are busy documenting that self-deception may at times be beneficial to us physically and emotionally (Snyder and Higgins, 1988; Taylor, 1989). Examples would include certain kinds of rationalizations, excuses, unrealistic optimism, denial of negative information, illusions enhancing oneself, and so on. They make us feel better.

d. **Attack the messenger** --if you can't attack the person's argument or reasoning, attack the person personally. If you don't like what a person is arguing for but can't think of good counter arguments, call the speaker names, such as Communist, homo, women's liber, a dope, etc., or spread nasty rumors about him/her. An "ad hominem" attack means "against the man," not the argument, such as "If you aren't a recovered alcoholic, you can't know anything about addiction."

Likewise, if you are being criticized by someone, there is a tendency to counterattack with, "You do something that is worse than that," which is totally irrelevant. Besmirching the speaker, "You're so stupid," doesn't invalidate the message.

Another way to unfairly attack an argument is to weaken it by making it look foolish. This is called a *straw man argument*. Examples: The only reason to stop smoking is to save money. You won't make love with me because you have a hang-up about sex.

e. **Misleading analogies** --making comparisons and drawing conclusions that are not valid. Keep in mind, many analogies broaden and clarify our thinking. But, other analogies often confuse our reasoning, e.g. suppose you are arguing against nuclear arms by saying that nothing could justify killing millions of innocent people. Your opponent challenges, "Wouldn't you have the guts to fight if someone were raping your daughter?" That is a silly, irrelevant, hostile analogy which is likely to stifle any additional intelligent discussion. Suppose someone expresses an idea and others laugh at it. The person might respond, "They laughed at (*some great person*) too!" But that is hardly proof that his/her idea is great. Many foolish ideas have been laughed at too.

f. **Citing authority** --reverence for a leader or scholar or authority can lead us astray.

Aristotle was revered for centuries; he was smart but not infallible. We are raised to respect authorities: "My daddy says so," "My instructor said...," "Psychologists say...," "The Bible says...." Some people become true believers: "Karl Marx said...," "The president says...," "E. F. Hutton says...." Any authority can be wrong. We must think for ourselves, circumstances change and times change.

Sometimes the authority cited is "everybody" or intelligence, as in "Everybody knows...," "54% of Americans believe...," "Everybody wants a Mercedes," "It is perfectly clear...," "If you aren't stupid, you know...." Likewise, an old adage or proverb may be used to prove a point, but many adages are probably not true, e.g. "Early to bed, early to rise...," "Shallow brooks are noisy," "He who hesitates is lost," "The best things in life are free," etc. Knowing the truth takes more work--more investigation--than a trite quote.

A similar weakness is over-relying on general cultural beliefs. It is called "arguing ad populum" when social values are blindly accepted as truths: "Women should stay home," "Men should fight the wars," "Women are more moral than men," "God is on our side," "Marriage is forever," etc.

Another undependable authority is one's intuition or "gut feelings." "I just know he is being honest with me. I can tell." We tend to be especially **likely to believe a feeling if it is strong**, as when we say "I'm sure it is true, or I wouldn't be feeling it so strongly." A Gestalt therapist might say, "get in touch with your gut feelings and do what feels right." Neither intuitive feelings nor brains have a monopoly on truth or wisdom.

g. **Over-dependence on science and statistics** --we take one scientific finding and pretend that it provides all the answers. Just as we revere some authority and look to him/her for the answers, we accept conclusions by scientists without question. While science is the best hope for discovering the truth, any one study and any one researcher must be questioned. Read Darrell Huff's (1954) book, *How to Lie with Statistics*. Also, watch out for predictions based on recent trends: although life expectancy and divorce rate have doubled or more while SAT scores and birth rate drastically declined, it is unlikely that humans will live for 200 years in 2100 and have several spouses but only a few retarded children. Don't be intimidated by numbers. Ask the statistician: "How did you get these numbers?" Ask yourself: "Does this make sense?"

h. **Emotional blackmail** --implying God, great causes, "the vast majority," your company, family or friend supports this idea. Propagandists make emotional references to our belief in God (and our distrust of the unbeliever), to freedom, to a strong economy, to "this great country of ours," to family life or family values, to "the vast majority" who support his/her ideas. When you hear these emotional appeals, better start thinking for yourself. Remember: in war both sides usually think God is on their side. Remember: 100 million Germans can be wrong. Remember: freedom and wealth (while others are starving, uneducated and poor) may be sins, in spite of being in a "Christian" democracy. Remember:

millions have gone to war, but that doesn't make war right or inevitable.

When it is implied that your friends and/or family won't like you, unless you believe or act certain ways, that is *emotional blackmail*, not logical reasoning. Cults, religions and social cliques use this powerful method when they threaten excommunication, damnation, and rejection.

By the same token, it may become clear to you that your company, lover, friend, family and so on may be real pleased *if* you think or act in a certain way. This is a powerful payoff, but that does not make the argument logical or reasonable. In the same way, many want to buy and wear what is "really in" this spring. To buy something just because millions of others have done so is called *the fallacy of the appeal to the many*.

An appeal to pity may be relevant at some times (Ethiopians are starving) but not at others (give me a good evaluation because I need the job). A good job evaluation must be based on my performance, not my needs.

i. **Irrelevant or circular reasoning** --we often pretend to give valid reasons but instead give false logic. Moslems believe their holy book, the Koran, is infallible. Why? "Because it was written by God's prophet, Muhammad." How do you know Muhammad is God's prophet and wrote the book? "Because the Koran says so." That's circular and isn't too far from the child who says, "I want a bike because I need one." Or, from saying, "Clay knows a lot about self-helping because he has written a book about it." Or, from, "Man is made in God's image. God is white. Therefore, blacks are not human."

To argue that grades should be eliminated because evaluations ought not exist is "begging the question," it gives no reasons. Likewise, "I avoid flying because I'm afraid," and "I'm neurotic because I'm filled with anxiety" are incomplete statements. Why is the person afraid? ...what causes the anxiety?

To argue that people should help each other because people should always do what feels good is illogical--feeling good is not necessarily relevant to the issue of doing good unto others, helping others frequently involves making sacrifices, not having fun.

j. **Explaining by naming** --by merely naming a possible cause we may pretend to have explained an event. Of course, we haven't but many psychological explanations are of this sort. Examples: Ask a student why he/she isn't studying more and he/she may say, "I'm not interested" or "I'm lazy." These comments do clarify the situation a little but the real answers involve "Why are you disinterested? ...lazy?" How often have you heard: "He did it because he is under stress... hostile... bisexual... introverted... neurotic... self-centered"? True understanding involves much more of an explanation than just a name.

k. **Solving something by naming the outcome goals** --when I ask students how to deal

with a certain problem, such as procrastination or shyness, they often say, "Stop putting things off" or "Go out and meet people." They apparently feel they have solved the problem. Obviously, solving a problem involves specifying all the necessary steps for getting where you want to go, not just describing the final destination. Freeman and DeWolf (1989) describe "ruminators" as regretting their past and wishing they had lived life differently. Such persons think only of final outcomes, not of the process of getting to the end point. Langer (1989) says a self-helper will focus on the steps involved in getting what he/she wants, not simply on the end result. A student must study before he/she becomes a rich doctor.

l. **Irrational expectations and overestimating or underestimating the significance of an event** should also be avoided --believing things must or must not be a certain way (see method #3). Making wants into musts: "I have to get her/him back." "I shouldn't make mistakes." "Things should be fair." "I should get what I want." A related process is *awfulizing or catastrophizing*: "I'll bet my boy/girlfriend is out with someone else." "I don't know what I'll do if I don't get into grad school." "If something can go wrong, it will." "Flying is terribly dangerous." In short, making mountains out of mole hills. Of course, there is the opposite: "Oh, it (getting an A) was nothing" or "Employers don't care about your college grades, they want to know what you can do" or "I'm pregnant but having a baby isn't going to change my life very much." That's making mole hills out of mountains.

It is fairly common for certain people in a group to assume that others are watching or referring to them specifically. Often, such a person makes too much out of it. Thus, if someone makes a general but critical comment or walks out of a meeting, such people feel the individual's action is directed at them. Or, if a party flops, certain people will believe that it is their fault. This is called **personalizing**. Another common assumption is that the other person **intended** to make you feel neglected, inferior, unathletic, or whatever. This thinking that you know what the other person is thinking is called **mind reading**.

m. **Common unrealistic beliefs** are similar to the irrational ideas in l. above and in method #3 (Flanagan, 1990). Included are the assumptions that most people are happy and that you should be too. This idea may come from people putting on their "happy face," so they look happier than they are. Seeking constant happiness is foolish; with skill and luck we can avoid constant *un* happiness. Secondly, we humans often assume that others agree with us and do or want to do what we do. Sorry, not true. We are very different. If you sat in one seat in one room alone for month after month (like I am doing writing this), many of you would feel tortured. A few of you, like me, would like it. Some of us love silence; many people experience sensory deprivation if music isn't playing most of the time. The party animal can't understand the person who wants to quietly stay at home. Many of these differences can cause serious conflicts if one person or both start to assume the other person has a problem and is weird, a nerd or boor, a social neurotic, etc. Lastly, there is the very inhibiting belief that you can't change (see chapter 1) and that others won't change. These beliefs exist because they meet certain needs, like a need to be right or accepted, or reflect

wishful thinking, like wanting to be very happy. Instead, they may cause unhappiness.

n. **Blocks to seeing solutions** --a very clever book by James L. Adams (1974) describing many blocks to perceiving and solving a problem. These may be *perceptual* blocks, such as stereotyping and inflexibility, or *emotional* blocks, such as a fear of taking a risk and a restricted fantasy, or *cultural* blocks, such as thinking intuition and fantasy are a waste of time, or *intellectual* blocks, such as lacking information, trying to solve the problem with math when words or visualization would work better, and poor problem-solving skills. Adams also suggests ways of overcoming the blocks and cites many other good books.



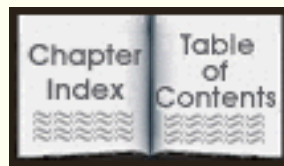
It is so easy and there are so many ways to be wrong, but it is so hard and there are so few ways to be right.



By reading this bewildering collection of unreasonableness, it is hoped you will detect some of your own favorite errors. Unfortunately, I was probably able to gather only a small sample of our brain's amazing productivity of nonsense (for more see Gilovich, 1991, and Freeman & DeWolf, 1992, and for overcoming it, see Gula, 1979). Next, you need to diagnose your unique cognitive slippage.

[← Back a page](#)

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STRAIGHT THINKING, COMMON SENSE, AND GOOD ARGUMENTS

STEP TWO: Recognize the cognitive factors that affect your coping with problems and managing your emotions. Discover your self-help Achilles' heel.

It is obvious that some mental errors are self-inflating, others are self-defending, some are "leftovers" from emotional experiences, and some may be due to the quirks of our cognitive processes. What are the more common obstacles to living wisely and effectively? Seymour Epstein (1993) tried to answer that by asking his students to record their most pleasant and most unpleasant emotion each day for a month. They also recorded their automatic thoughts associated with these emotions. From this data and further research, he identified **six characteristics of "constructive thinking"**, i.e. the most successful players in the game of life. He found two constructive ways of thinking and four destructive ways. Here are sample items:

Constructive thinking: (the more of this, the better you cope)

- Emotional coping: I don't worry about little things or the past; I don't demand perfection; I accentuate the positive most of the time; I avoid the "blame game;" I realize "you can't win them all," etc.
- Behavioral coping: I do something when I'm unhappy; I see problems as challenges; I accept that unpleasant jobs have to be done; I cheer myself on rather than criticize myself; I carefully think through how to handle most problems; I handle things pretty well most of the time, etc.

Destructive thinking: (the less of this, the better you cope)

- Categorical thinking: I feel people are either for you or against you; if someone does something wrong, they should be punished; I am quick to judge people; I usually believe I know the right way to do something; people are either good or bad.

- **Superstitious thinking:** Wishing for something or talking about it keeps it from happening; it seems like a string of good luck is followed by bad luck; there are good and bad omens; some people just have bad luck; I don't walk on cracks or under ladders or across a black cat's path.
- **Mystical thinking:** I think there are ghosts and spirits; I believe in my good luck charm; some people can predict the future and some can read minds; my astrology sign is pretty accurate; occultism scares me; the future is more determined more by spiritual forces than by humans.
- **Unwarranted optimism:** If you have enough willpower, you can do anything; everyone should love their parents; after a success, I feel I can do anything; religious people can be depended on; I think good things will happen to me if I am good; my family calls me a lucky person, so I will do well in life.

You can estimate how you would do on Epstein's tests designed to predict success in living. The subtests may reveal weaknesses you need to change. Obviously, some of the constructive thinking comes from the rational mind and some from the experience-based mind; this includes relaxing, planning, being positive and active. The destructive thinking comes mostly from the intuitive (experiential) mind; this includes over-simplifying, inflexibility, being judgmental, believing in fate, luck, and superstitions, believing in mystical forces and psychic powers, and a vague belief that things will turn out wonderful. Wonder why beliefs in luck, superstitions, and spiritual-mystical-psychic powers are associated with poor coping? Perhaps because these people depend on outside forces to solve their problems, rather than depending on their own constructive thinking.

STEP THREE: Use good reasoning to make your own good decisions or arguments.

What is a good thinker? Look up *The Mind's Best Work* by D. N. Perkins (1981) for outstanding examples, but for ordinary, everyday thinkers Ruggiero (1975) says:

- He/she has good ability--a vivid imagination and accurate intuition.
- He/she tries to understand the issue, including noting and questioning his/her own reaction to the issue before accepting his/her first impressions.
- He/she carefully decides what evidence is needed to solve the problem and gathers the data accurately.
- He/she draws a tentative conclusion based on the facts, avoiding "pat" and emotionally appealing answers.

In the simplest sense, one might say that the best way to win an argument is to be right (see chapter 13). Being "on the side of truth" gives you enormous advantage. But we can never know the truth for sure. That is why scientists speak a special language, such as "the data suggests...", "the difference is significant at the .05 level" and so on. A scientist is never certain; only true believers (basing their opinions on faith) are certain.



If a man's actions are not guided by thoughtful conclusions, then they are guided by inconsiderate impulse, unbalanced appetite, caprice, or the circumstances of the moment.

-John Dewey



In contrast to the poor arguments discussed in step 1, Missimer (1986) says *Good Arguments* have these characteristics:

- Define your terms and the issue clearly, then state your claim--what you believe to be true or should be done--and give your reasons. This is the essence of an argument, it consists of an issue, conclusions, and reasons.
- A critical thinker, listening to an argument, will look for alternative arguments and try to improve the reasoning. Try arguing for the opposite conclusion. Try opposing the reasons given by the other person. Try acknowledging the validity of the opponent's reasons, but argue that your reasons for a different conclusion are stronger than his/her reasons. If that isn't possible, look for exceptions, places where his/her reasoning doesn't hold up, e.g. you say school/work is boring, but Jane/John loves school/work. Look for big factors that have been overlooked or for the strongest-case kind of argument. Finally, maybe it is clear that more evidence is needed before a conclusion can be reached, in which case suggest some fact-finding experimentation.
- Ask, "How good is the evidence?" Evidence may be based on scientific experimentation, after-the-fact correlations (smoking and cancer), case studies (the effects of divorce on children), or an appeal to the most convincing situation (torture is justified to save hundreds of lives). Doubt any claim that something has been "proven;" scientists say, "the evidence to date suggests...." Search for and collect evidence for a different conclusion. Evaluate the data, the supporting facts, and the reasoning; ask yourself repeatedly how strongly the conclusion is supported by the evidence.

When reasoning deductively, you start with a statement about "all," "every" or "only," and the conclusion logically follows: (1) Everyone in my group of friends likes rock music. (2) Bill is in my group. (3) Therefore, Bill likes rock. The real question is if (1), the generalization, is accurate.

When using another form of reasoning called inductive, you start with some specific observations and draw generalizations: (1) I noticed that many students in my school like rock music. (2) Therefore, "most" students like rock music. The question here is: Have you made enough accurate observations to warrant making the "inductive leap" to *most* students in your school? to students in the state? to students everywhere in the world? Statisticians use careful sampling techniques and statistics to make accurate predictions, such as what people will buy or how they will vote.

- Look for the assumptions being made. If someone says, "Abortion is murder," one has to question the term murder. The dictionary says murder is the killing of one human being by another. When is a fetus a human being? When its heart beats (15 days)? When it has brain waves (4th month)? When it has a 50-50 chance of surviving on its own without massive medical assistance? When he/she is born at full-term? These are unprovable personal opinions, individual beliefs, but they are critical to the idea of murder. Unfortunately, emotional issues, like "Abortion is murder," get infused with dogmatic religious beliefs which the believers would like to force on others.

If someone says, "Students are either serious or party animals," the assumption is being made that students can not be both serious and party-lovers and that students can not be disinterested in both studies and parties.

In most arguments, there are many assumptions about both values and facts. Many are subtle, e.g. that hiring the "best person" is better than affirmative action, that personal gain is of more value than serving others, that expressing anger reduces future anger, and so on. Uncover the assumptions being made and decide if you agree with them.

- Rather than being a hostile debater and trying to win, try to think constructively, i.e. by thinking together perhaps you and the other person can come closer to the truth.

STEP FOUR: Develop other skills and methods that enhance your critical, clear thinking.

We all have learned about scientific methods in many classes throughout school. These methods help us think straight and, hopefully, realize there are many possible causes for any event. By experimentally varying one variable while holding other variables constant we can find "laws," what causes (contributes to) what. In everyday life, there may be too many factors and too little control to draw conclusions, but the idea is still valid: carefully observe the connections between specific causes and their effects. Ruchlis (1992) teaches us how to evaluate evidence and how to detect common deceptions.

For fifty years educators, psychologists and management consultants have tried to teach creativity, problem solving, and productive thinking (see section f below). There is evidence that such skills can be taught; however, thus far the skills taught seem to be used largely in the subject matter areas in which they were learned (Mayer, 1984). For example, if you teach students strategies for solving math or engineering problems, the students do not automatically learn to use better strategies to solve social or personal problems. That isn't surprising. Probably very different strategies are needed in different problem areas, such as math and self-control.

As mentioned in the introduction, recent findings indicate that good problem solvers need (1) lots of specific knowledge (e.g. 10 years of practical experience and lots of research-based information) and (2) specific instruction and practice on how to use that knowledge in understanding the problem, setting goals, discovering and organizing a plan of attack, carrying out the treatment plan, and evaluating the outcome. In short, there are still no easy ways to become an expert in any area, including self-management.

Problem-solving techniques (for self-help) are given in chapter 2. Decision-making, persuasion, and other thinking skills are taught in chapter 13. Methods for correcting irrational thoughts that produce unwanted emotions are given in this chapter. Chapters 5 to 8 help control emotions that may influence our thinking and attitudes. Self-understanding methods are given in all the chapters but especially 9, 14, and 15. Self-awareness is surely critical because some of the major obstacles to clear thinking are within ourselves, i.e. our defenses, our emotions, our blind spots.

Also, according to Alice Isen and others, happy, relaxed people in general think more clearly and creatively than unhappy people (Hostetler, 1988). However, happy people, in some situations, tend to over-simplify the problem, use impulsive hunches and guess at the solution and, thus, are wrong more often (but they may not care!). The notion that relaxation enables us to learn more or better is an old idea from the 1960's or earlier. But there is also evidence that concentration while reading is improved if the body is moderately tense. Clearly, much more research is needed.

Benson's (1987) latest book, with the hokey title of *The Maximum Mind* suggests (1) learning to relax, as in his first book (see chapter 12), (2) deciding how you want to change and that you *can* change--with the help of a "maximum mind guide," meaning a counselor, and (3) using "focused thinking" about the desired changes 10-15 minutes a day, like being happier or more creative--which supposedly helps "rewire" your mind. It appears that Benson in his first book re-discovered meditation and now has re-invented self-hypnosis as well.

Finally, you must keep in mind that straight thinking requires more than mental rumination by yourself. Ideas must be tested in reality. Talk to others with different views (not just supportive friends). Try out your ideas, see if they work, see if others agree, see if

your ideas can be improved.

STEP FIVE: Ways to improve your intuition or your experience-based mind, which is needed along with the knowledge, skills, and logic of the rational mind.

Epstein and Brodsky (1993) believe you can't change your automatic thinking (intuition, irrational ideas, biases, etc.) by willpower nor by reading and getting some intellectual understanding. He says the experience-based mind only changes with experience. So, the main priority is to *identify the automatic thoughts that cause your problems*, that arouse unwanted emotions or create misconceptions (this is much like detecting the irrational ideas in method #3). You need to find the experience-based feelings, thoughts, memories, opinions, judgments, attitudes, etc. which could *explain why you had the emotions or the faulty thinking you had*. Often it is your view of the situation that determines how you respond emotionally, such as berating yourself, attacking someone, or withdrawing. Examples: Losing one's boy/girlfriend or doing poorly in one class is seen as ruining your entire life. A decision by a supervisor to re-do part of your work is seen as an insult or as leading up to being fired. The question is: Is your view or interpretation of the situation or other peoples' behavior rational? If not, why did you misunderstand the situation? *A review of step 1* may help you recognize your thinking errors. *A review of similar prior traumatic experiences* may help you recognize the source of your emotional reactions.

Your experience-based mind must have the experience over and over of being corrected and taught to think and feel differently (more rationally) about the situations. Every day take time to analyze a distressing event in this way: (1) explain to the intuitive mind how it misunderstood the situation or person; (2) note the mental rumination or fantasies that resulted from your faulty interpretation of the situation; (3) note how you responded internally and overtly in the situation. Then, go back over the event, pointing out to the experience-based mind why it went wrong, where the emotions came from, and so on. Recognize how your train of thought, following the mental error or misinterpretation, went awry, making the situation worse. Lastly, review how you could have responded in a better way, if you had seen the situation accurately. This process of substituting constructive thinking (a new rational view) for destructive thinking is critical; otherwise, your intuitive mind will continue to misread future situations.

This process is very similar to disputing irrational ideas in method #3 and to reframing in chapter 15. Perhaps the best way to change your experience-based mind is to have new experiences. If you fear your boss, get to know him/her better and talk to others about him/her. If you are uncomfortable with very old people, get to know several. If you feel you couldn't be a leader, find a cause and try your hand at leadership roles.

In chapter 15 several methods (getting in touch with your feelings, focusing, guided fantasy, and meditation) are described which will enable you to learn more from your experience-based mind. This, in turn, will help you understand the feelings that underlie

many of the emotions and misinterpretations which cause you problems. Emery (1994) wrote a workbook to increase your intuition, especially in the workplace and in leadership positions. Ruchlis (1992) teaches you ways to evaluate the in-coming evidence and be a little more reasonable in daily life.

Time involved

It may take you only 30 minutes to read the steps above and ask, "What are the facts supporting a particular belief I have?" On the other hand, to understand the cognition underlying a troublesome reaction you have in a specific situation may take a few hours. Correcting the intuitive mind by experiencing constructing thinking will take 15 minutes every day for a month or so. If you want to clean up your cognition generally and become an expert thinker and problem-solver in some complex general area, like self-help, it may take years.

Common problems

The first obvious problem is failing to recognize our well entrenched erroneous thinking or reasoning. Simply reading the examples in step 1 will almost certainly not correct our thinking. We may need to be confronted by ourselves (our rational mind?) or by others many times to acquire critical thinking skills. Actually, many different skills and much knowledge are needed to be a straight, creative thinker. We need to acquire much knowledge and know how to accurately recall that information, how to analyze arguments, how to test hypotheses, how to make decisions, and how to problem-solve. There are several somewhat applied courses addressing these issues offered around the country; the best-selling textbook about critical thinking skills is by Diane Halpern (1995). This kind of training should come before a lifetime of careful thinking.

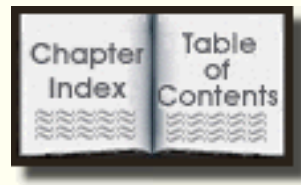
Effectiveness, advantages and dangers

Hopefully, within the context of our emphasis on critical thinking in schools, we will soon have many studies of the effectiveness of this classroom training in terms of practical decision-making at work, in interpersonal relationships, in guiding one's own life. And, fortunately, Venezuela has already done a large-scale evaluation of teaching thinking skills in schools (Herrnstein, Nickerson, de Sanchez and Swets, 1986). The question was: Can good thinking--observation, reasoning, decision-making, inventiveness, problem-solving, and persuasive communication--be taught? To answer the question, several teachers developed a year-long, 56-lesson course and taught it to 400 seventh graders. This remarkable study convinced the experimenters that **cognitive, general intellectual skills can be taught**. Note that the course took an entire year and altered how the teachers and students interacted (students became more active and logical, asking more questions and acting more independently). As yet, we do not know which parts of the course experience were helpful, how much is a placebo effect, nor how long the effects will last. Much more

research is needed. The content of that course has been translated into English (Adams, 1986).

[← Back a page](#)

[Forward a page →](#)



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DEVELOPING ATTITUDES THAT HELP YOU COPE

The same circumstances may crush one person, hardly concern another, and even be considered an interesting challenge by a third person. What makes the difference? One's attitude! Thus, advice-givers often suggest certain attitudes: "have a positive mental attitude," "believe in yourself," "look for the best in people," "whatever happens is for the best--it's God's will," and so on. These ideas may help some people feel better and perhaps do better, *if* they can figure out how to adopt the suggested attitude. Clearly, a negative attitude--dire expectations, pessimism, distrust, fear, anger, fault-finding--can create problems. A positive, excited, hopeful, confident, enthusiastic person can be a joy to be with (and he/she sells more insurance). The problem is how to get rid of bad attitudes and learn good ones.

Our attitudes influence our behavior and vice versa (Sears, Peplau, Freedman & Taylor, 1988). Not surprising, many attitudes have already been dealt with in this book. Examples: in chapters 1 and 2, positive but realistic attitudes about self-help are advocated. In chapter 3, the importance of deciding on your major purpose for living is emphasized; the Golden Rule is advocated. A major form of therapy, Frankl's (1970) Logotherapy, means "health through meaning." In chapters 2 and 4, the belief that you can change your behavior, that your problems are solvable *by you*, leads to better problem solving. In chapters 5 and 6, the expectation that things will get worse and that you will be helpless produce anxiety and depression or a pessimistic attitude. In chapter 7, the view that others should have behaved differently leads to anger (and as we have seen in this chapter, determinism leads to tolerance). In chapter 8, the submissive person must start to believe she/he has a right to equal treatment in order to effectively demand her/his rights. In chapter 9, if we think of ourselves as being the result of several constantly competing parts, we will have more self-understanding. In chapter 10, we will see that our attitudes toward the opposite sex, marriage, and sexuality have great impact on our interpersonal relations, sexual preferences, commitment, etc.

An **attitude** is defined as a manner, disposition, or feeling about a person, event, or thing. Recognizing the three components of every attitude may be helpful: (1) the **cognitive or knowledge part** (what you know, think, or believe about the person or situation), (2) the **feeling or evaluative part** (what emotions you have towards the person or situation), and

(3) the **behavioral part** (your actions with the person or in the situation). Ordinarily, the cognitive aspect of an attitude is much more complex than the feeling aspect, e.g. our positive or negative thoughts about virginity are much more complex than our emotional or behavioral reactions in sexual situations. Perhaps because of its simplicity, the emotional part of an attitude usually has more influence over our behavior than the complex, ambivalent, and easily overlooked cognitive part has, but each part may affect the other two parts (Sears, Peplau, Freedman & Taylor, 1988).

Any one of the three parts of an attitude may be changed as part of a self-help effort to change the other two parts. Examples: First, *changing your cognition* or viewpoint may change your feelings and action. Most of the suggestions given below in this method illustrate this approach. Secondly, *changing your behavior* may also change the feeling and cognitive part of your attitude. This occurs primarily when you feel personally responsible for your decision to change (not forced or bought off--you had a choice, made it, and could have foreseen the consequences). For example, if you have had to choose--and it's a close call--between two schools or two friends or two boy-girlfriends, afterwards your thoughts and feelings about the chosen one become more positive while the rejected one is seen more negatively. Another example: If a poor student decided to study much harder next semester, managed to do so, and got better grades, his/her attitude toward studying would become more positive and his/her attitude towards socializing, TV, etc. would become more negative. Thirdly, *changing the strong emotions* you have about something will, of course, change your behavior and your cognition. Example: If a certain kind of sexual activity, say mouth-genital contact, were repulsive to you, but you desensitized (extinguished) this emotion, then your thoughts about this activity would change and so might your actions. Obviously, there are many ways to change attitudes.

A self-helper needs to have hope. Even when people suffer serious losses (divorce, get cancer, permanently disabled), individuals have all kinds of reactions--sadness, anger, stress, apathy--but under certain conditions a person will strive mightily to regain his/her mastery over the situation (Sears, Peplau, Freedman & Taylor, 1988, pp. 147-152). Cancer victims, for instance, sometimes learn all they can and vigorously fight the cancer, which can be helpful. People who have been rejected by a lover try to understand what happened; that can help. Paraplegics, who take some responsibility for their accident and don't entirely blame others, cope with their paralysis better. Women, who avoid blaming their moral character ("I'm irresponsible, weak, bad...") for their unwanted pregnancies, handle having an abortion better than self-blamers. It is important to believe we can help ourselves... and to prove it by our actions.

This method summarizes several specific methods for changing our attitudes, our expectations, or our views of the situation.



The greatest discovery of my generation (about 1900) is that human beings can alter their lives by altering their attitudes of mind.

-William James

Purposes

There are many attitudes that may help us feel better about ourselves or others, more in control of our lives, and more accepting of whatever happens to us. Here are some suggestions.

Steps

STEP ONE: **Accurately assess your attitudes.**

From self-observation, you realize certain attitudes--you are pessimistic or optimistic, religious or agnostic, extroverted or introverted, careful or impulsive, etc. From others' comments, you may suspect that you have certain traits--tolerant or critical, perfectionistic or sloppy, chauvinist or feeling inferior, etc. From tests or scales, you can get factual information about how your attitudes compare to others, for example several previous chapters provide brief measures of concern for others (chapter 3), stress (chapter 5), sadness and perfectionism (chapter 6), anger and distrust of others (chapter 7), internalizer-externalizer (chapter 8), strength of parent, adult and child (chapter 9), meaning of sex to you (chapter 10), self-esteem (chapter 14), use of defense mechanisms (chapter 15), and others. There are hundreds of attitude tests, including.....

- Optimism
- Fear of negative evaluation
- Trust
- Altruism
- Self-criticism
- Self-monitoring--the masks we wear

When our attitudes (the feelings and cognitive parts) are strong and clear, our behavior is usually in line with the attitude. But it is not uncommon for our behavior to differ from our weak or ambivalent attitude towards an act. Examples: we smoke or drink in spite of knowing the harm it can do and feeling that smoking or drinking is a nasty habit. We think we agree with the Golden Rule but we don't act that way. We procrastinate in our studies in spite of knowing many reasons to study and feeling good about doing well in school. We act friendly towards people we dislike or think badly of. This situation where you think one way but act another is called **cognitive dissonance**. There is a tendency--a pressure--to become cognitively consistent, i.e. to get the three parts in agreement, so we tend to change our thinking to fit our feelings or change our thinking-feelings to fit our behavior and so on. The

point here, however, is that you should not be fooled by these inconsistent attitudes. There are probably many of them. Carefully attend to all three parts of an attitude--thoughts, feelings, and actions. Any of the three may be a problem or in need of strengthening.

To understand our attitudes, we need to explore several areas:

- How strong are my feelings about a person, a belief, a thing, or a situation? Are these emotions changeable and in need of change? Am I prejudiced? Are my emotions irrational?
- How detailed and clear-cut are my thoughts and judgments about this person, thing, or event? Where did these ideas come from? Are my ideas and views reasonable? Am I using stereotypes or over-generalizing? What other information do I need? Are there other ways of looking at the situation?
- How would I like my behavior to be different? Can I change the behavior directly or do I need to change my thinking or feelings first?

This kind of self-exploration will clarify your current attitude about any issue that concerns you and, in fact, may lead to changes rather automatically or, at least, help you plan for changes.

STEP TWO: Find new attitudes that seem useful.

New or different attitudes are advocated by many sources. Religions preach certain attitudes, like love one another, respect your parents, everything comes from God, sin is punished, etc. Therapies teach us to like ourselves, take responsibility for our feelings, expect treatment to be effective, etc. Sales managers tell the sales force to think positive, to be enthusiastic, to act as though it is a foregone conclusion that the customer will give a big order, to follow up with service, etc. This book says knowledge is useful, take charge of your life, you can change things, etc. These are all attitudes.

I have already reviewed for you (2nd paragraph) some of the attitudes discussed in different chapters. In addition, six major areas will be focused on here: meaning in life, optimism, self-efficacy, acceptance of life, crisis intervention techniques, and faith in religion or science.

Moral self-direction: Have you found your "place," a satisfying purpose in your life, a way to make your life meaningful? Have you learned the skill of finding or making something meaningful in any situation you face? Which purposes are worth your life? That is, what activities will you spend your life pursuing? If you are seeking the highest possible purpose, Frankl (1970) and Fabry (1988) say you can never know for sure the "ultimate meaning" of life. Like religion, ultimate meaning is a personal belief or a faith, not an

established, proven truth that every rational person accepts. You could search for the ultimate meaning forever. You may someday think you have found it, but others will say, "I'm glad you are at peace" and go on their way unfazed by your discovery. Of course, you could be approaching "the truth;" you just can't be certain of it. There is wisdom about purposes and meaning to be had, e.g. in religious sayings, in some laws and customs, and in the writings of great thinkers. But, in the end, each person chooses the purposes of life that are meaningful to him/her (or defaults by accepting someone else's judgments). Today, values and judgments about what has meaning are changing.

There are lots of preachers, politicians, teachers, philosophers, elders, singers, and friends trying to persuade you of what is meaningful. My chapter 3 gives you my best shot. Please note that there are at least two steps involved here. First, you go *searching for the answer*, as in chapter 3 where you consider and compare many purposes of life, such as serving God, doing good for others, being happy, making lots of money, having a good family life, being successful, being content, and others. Second, after deciding on a goal--in this case an answer to "What is most important?"--you must then focus on the details of *how to achieve your goals*. We don't just automatically do whatever we decide we should do, right? This book and hundreds of others focus on enhancing these on-going, life-long, purposeful efforts. Surely there are advantages to knowing what your guiding principles are.

But separate from the searching for "**ultimate meaning**"--an overall purpose or philosophy of life, like the Golden Rule--the logotherapists do an excellent job of helping a person find a "**meaning of the moment**." You can almost always find something helpful to do in any situation, something considerate of others. Meaning, in this sense, is everywhere. How do you find special meaning in every situation, even boring or stressful ones? Fabry (1988) suggests these *five guideposts for finding meaning* wherever you are:

1. How can I discover more about myself? The more you see yourself from different angles and in different settings--and the more honest you are about your feelings--the more meaning you will see in the world around you.
2. Can I think of lots of choices I have in this situation? There are usually many alternatives. The more freedom of choice you have, the more meaning the situation has for you.
3. Can I make a unique contribution in this situation? The more you feel that only you could or would have done what you did, the more meaning you get out of the situation.
4. Can I take some responsibility for improving this situation? Something positive can be done in most situations. The more responsibly you behave, the more meaningful your life will be.

5. How can I help others? How can I take care of others' needs, rather than my own?
Self-centeredness--thinking about yourself--lessens the meaningfulness of a situation;
altruism--thinking about others--increases it.

These questions are designed to help your conscience decide what to do. A logotherapist focuses on your positive traits, your hopes, your peak experiences, and any other hint as to what would be meaningful to you. The idea is to *feel good by finding something meaningful to do*. And, meaningful acts, according to Frankl, are *not* seeking fun, status, money or power. But, how do you convince yourself to adopt these new attitudes? It sounds a little feeble just to say by "self-confrontation" (see chapter 3).

Optimism: Do you believe that, in general, things will work out pretty well for you in life? Optimism is your explanatory style--your attributions and, even more so, your hopeful expectations of the future. Optimism is good for you! More and more research supports this view (Seligman, 1991, 1995; Scheier & Carver, 1992), but as a society we are becoming more and more pessimistic. Having hope and expecting positive outcomes buffer you from the ravages of psychological distress. You have better mental and physical health. Seligman says success at work requires ability, motivation, *and optimism*. If you don't believe you can do something, you won't try, no matter how talented you are or how much you hope for success. Underachievers tend to be pessimists, overachievers optimists. Optimism is related to but different from self-esteem, self-efficacy, and being happy. Having a hopeless view (chapter 6) contributes to depression. Because women worry and ruminate more about their problems than men (men play basketball or "do yard work" on the weekends), they are twice as depressed as men.

A healthy optimist is not blind; he/she faces facts and problems, avoiding the denial of a pessimist. Also, do not confuse optimism with simply a Pollyanna attitude. Optimists are not always cheerful, everything isn't always "wonderful," although they are more ready and able to see different ways to see and solve a bad situation. When it is needed, they are more likely to change their diets, exercise more, give up drinking, recover from suicidal depression, etc. They see themselves as active agents influencing their futures. And, as change agents, they may tend to become overly optimistic and, in deed, their mental and physical well-being may improve as a result of their unrealistic views of their ability to change things (Taylor, 1989). How do you become a more active optimist? Should you even develop positive illusions? Taylor says yes.

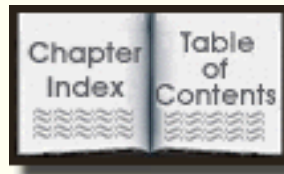
Seligman (1995) recommends raising self-reliant children to protect them from depression and provides parents with many steps for developing an optimistic child.. McGinnis (1990) also devotes an entire book to increasing optimism and suggests 13 steps: (1) face reality, expect bad times, and become a problem-solver, (2) look for the good in bad situations, perhaps there will be a partial solution there, (3) cultivate a faith in your self-control, (4) seek ways to renew your spirit, your energy, and your devotion to a cause, (5) challenge your negative and irrational thoughts, (6) learn to "smell the roses" and appreciate

life, (7) use your fantasy to rehearse for future challenges, (8) smile, laugh, and find something to celebrate even in hard times, (9) believe in the awesome power of humans--and you in particular--to solve problems, (10) love many things passionately--nature, art, play, but above all love people, (11) vent your anger but temper it with empathy and tolerance, (12) don't complain, instead, share good news with others, and (13) accept what can't be changed. You will quickly realize that most of these prescriptions are described in detail in this chapter or elsewhere in this book. An optimistic attitude is a blessing.

You will recognize that psychology is encroaching on a stronghold of religion, namely, positive thinking. To his credit, Norman Vincent Peale helped us think positively about the power of positive thinking. Other tele-evangelists also jumped on the bandwagon, such as Robert Schuller. The problem is this: religion relies primarily on faith and prayer to give us hope. Mental health professionals say religious optimists imply that all problems are solved quickly, easily, automatically just by simply being religious and expecting miraculous changes (Santrock, Minnett & Campbell, 1994). Science sees it differently. Psychology relies on science and the laws of behavior to discover specific, proven methods of solving problems. Knowledge is a source of power and optimism.

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DEVELOPING ATTITUDES THAT HELP YOU COPE

Self-efficacy: Do you see yourself as having a lot of control over what happens in your life? "Believe in yourself" is common advice. Americans are more likely to believe they can control their lives than are people in other cultures. When asked why one person succeeds while another with the same skills and training fails, about 1% of Americans say it is fate or God's will, while 30% of people in developing countries give this explanation (Sears, Peplau, Freedman & Taylor, 1988, p. 153). What would your answer be? Perhaps this difference between cultures is due to our having more opportunities to do what we want *or* due to our greater need to blame the poor for their poverty *or* due to our thinking more of ourselves as individuals having free will *or* due to different religious views *or* due to some other factors.

What were the results of your Internalizer-Externalizer (I-E) test in chapter 8? The I-E scale clearly measures whether you believe you are in control of what happens in your life or not--your locus of control. It does not measure, perhaps, the *degree* of control you think you have--your self-efficacy (see below). But it seems unlikely that you would see yourself as an internalizer and responsible for guiding your life and, at the same time, believe you are (and actually be) ineffective in doing so. We are just learning some of the complexities involved in measuring self-confidence and personal power (see Sappington, et al. below).

Bandura (1986) believes that self-efficacy judgments, i.e. **one's belief in his/her ability to effectively control specific events in his/her life**, play a role in almost everything we do, think, and feel. Hundreds of research studies support this notion (see Bandura's chapter 9) and hundreds of wonderful children's stories, like *The Little Engine that Could*, illustrate the importance of a positive attitude. The average person agrees that self-efficacy influences our actions; we'd call it confidence or belief in ourselves or a sense of personal power. However, self-efficacy is *not* used by most researchers as a global concept; it is not a single score applied to all aspects of your life. Self-efficacy is a judgment about your competence in one specific situation. It is easy to see why. To believe you could effectively handle almost any problem situation--e.g. bring peace to the world, replace fossil fuels, educate everyone, solve Russia's problems, and stop a bad habit--would require many phenomenal skills. But some people do see themselves as being an

effective change agent in many important areas of living. Others, no doubt, feel ineffective. Still others think they can shine in only a few arenas. As yet, psychology has not adopted psychological tests measuring generalized or specific self-efficacy. Instead, researchers usually ask each subject to judge what specific tasks he/she can do well (and his/her confidence in that judgment) or "How well will you do on this task?"

Self-efficacy involves or is related to **four different concepts**:

1. Predicting our performance: "I think I can make 5 out of 10 foul shots."
2. Rationally-based ("consider the facts") self-efficacy judgments: "I'm a good shot. I'd rate myself an '8' on a ten point scale" or "I cognitively realize the fact that I'm not good at all shooting foul shots. I probably would make 1 or 2 out of 10 shots."
3. Gut-feeling-based ("don't worry about the actual facts") self-efficacy judgments: "Oh, I love basketball. I'm a good shot, I'll make 8 or 9 out of 10!" or "I feel I'm terrible at this. I emotionally feel I can't make any out of 10."
4. The extended outcome or consequences expected from your performance: "It will impress the hell out of my girlfriend if I sink 6 or 8 out of 10" or "the other players will hate me *if* I miss this shot."

You can see *the difference between a and b* by realizing that a professional basketball player, averaging 75% of his foul shots, may consider himself a poor free throw shooter and lack faith in his ability to make his next shot, whereas an 8th grader averaging 40% of his/her shots may think of him/herself as a really good shot and feel pretty cocky about the next shot. Both skill (percentage of shots made) and confidence (self-efficacy) are related to actual performance, but skill, of course, is much more important in the case of shooting baskets. (Naturally, skill and confidence are usually closely related.) Confidence is probably more important than skill in other situations, such as deciding to approach someone for a date.

Most studies have not heretofore distinguished *between b and c*, but recent work underscores the difference between intellectual-rational assessment and emotional-intuitive judgment about your efficacy. For instance, Sappington, Richards, Spiers, & Fraser (1988) point out that a person may intellectually know that he/she can not catch cancer or AIDS from a friend but may still *feel* as if it is contagious. Our feelings are not rational, but emotions are related to performance. For example, when patients at a pain clinic intellectually estimated (as in b above) their ability to reduce their own pain, it had no relationship to the actual outcome of their self-help efforts to overcome pain. But the patients' gut-feeling estimates (as in c above) of their pain-control ability were clearly related ($r=.53$) to actual results; the higher the *feelings* of confidence, the greater pain

reduction. The same researchers also found that students' I-E (Internalizer-Externalizer; see chapter 8) test scores answered on the basis of emotional, gut-level feelings were related to their Abnormal Psychology test scores, but rationally answered I-E test scores were not. Students who *emotionally* felt personally in control of their lives did better on the classroom examination.

These results suggest the popular advice of "believe in yourself" should be modified to: "EMOTIONALLY BELIEVE **DOWN IN YOUR GUT IN YOUR SELF-CONTROL.**" Unemotional, intellectual belief in personal control seems less personally helpful in certain situations. However, this research is very new and primitive. We need better measures, better understanding of what is happening, more insight into beliefs in self-control and placebos, etc. Perhaps the instructions to the self-raters in c encourages more unbridled optimism and pessimism, which leads to more variable scores and accounts for the higher correlations with performance. Perhaps an emotionally enhanced "faith" or enthusiasm or zeal about our ability to change ourselves or a problem situation helps us conquer problems. Coaches everywhere seem to think so. So, how do you get this highly emotional, zestful, reassuring confidence? Sappington, Richards, Spiers and Fraser (1988) say it must come from an emotional experience, not from logical, factual information. For example, **high feelings of confidence might be generated by**

- watching a person similar to you struggling with a familiar problem, then you get so emotionally involved in his/her efforts to succeed that you feel exhilarated when they master the situation,
- listening to a person, who has successfully coped with a serious problem, describe his/her techniques, setbacks, traumas, and other emotionally meaningful or moving experiences, and
- having actual, uplifting experiences that conclusively demonstrate to us that we have more control over ourselves or the situation than we thought we had.

Some psychologists believe that excessive self-confidence could cause problems, not just in terms of appearing arrogant but perhaps by causing failure since you don't see your limitations and may, thus, overextend yourself. Or an inflated opinion of ourselves may lead us to become poor planners, lax, and prone to backslide or relapse with some bad habit we have recently overcome (Haaga & Stewart, 1992). These consequences seem likely but there is only a little evidence, thus far. Excessive negative thoughts and low self-efficacy *are* clearly associated with emotional problems and relapsing; excessive over-confidence may sometimes get us in trouble (relapse); moderate confidence in maintaining our desired behavior in spite of full awareness of the risks will rarely cause problems. In short, a combination of realism and confidence seems to work best.

The following discussion and **summary of findings** (mostly from Bandura, 1986) are based on research using each subject's single rating of self-efficacy, not both their intellectual and emotional beliefs. *People who believe they are efficacious* tend to see their successes as resulting from high ability and their failures as resulting from a lack of effort. As mentioned above, an over-estimation of your ability might encourage you to test your limits and maximize the effects of positive expectations. If you can accept some failure and also feel generally confident in your self-help ability, you will feel less stress, take more risks, and try harder and longer to make the changes you desire. The harder you try, the more success you will have. Being successful increases self-efficacy, one then wants to learn more useful skills. Success and confidence alter our goals. Eventually, you can gain self-control and "produce your own future," according to Bandura. In a similar way, managers-coaches-teachers think employees-athletes-students perform better when leaders expect them to do well, i.e. "I think *you* can." This becomes a self-fulfilling prophecy.

Low efficacious people, similar to depressed people, think they lack the ability to help themselves which makes them nervous and further impairs their performance. Examples: self-doubting students predictably avoid school work, but how much homework is done by highly anxious students is not predictable. Having strong physiological responses while socializing will not tell us if a person will act and feel shy, but self-evaluations of "I'm shy" or "feeling tense is normal" will tell us. Without confidence, most people give up... but some decide to learn some new coping skills. On the other hand, over-confident people are unlikely to feel the need to prepare in advance to meet problems and may, therefore, not do well in spite of having confidence. This complicates matters. For example, smokers and drinkers who believe they can abstain are actually more successful in doing so, *but* those who believe they could overcome a relapse are not as successful at abstaining as those who think "one drink leads to a drunk" (Bandura, 1986, p.437; Haaga & Stewart, 1992).

If you are inaccurate and over-estimate or under-estimate your effectiveness in a certain situation, there can be unfortunate consequences, e.g. you might attempt impossible tasks or avoid tasks you could handle. Sometimes, as with a placebo, reality doesn't matter. Example: if you are taught that relaxing your head muscles prevents tension headaches and are convinced by the experimenter that you are able to relax those muscles effectively (even though you are in fact tensing the muscles), you will have fewer headaches in the future (Holroyd, et al, 1984). Faith in doctors, pills, therapy, God, witch doctors, and self-help can be powerful forces, usually for the good. Believing we are helpless is just as powerful in the other direction (see depression in chapter 6).

Where does this belief in or doubts about your self-efficacy come from? How can self-efficacy be increased? Bandura (1986) cites research suggesting **past successes or failures** --as judged by us--resulting from our efforts in relevant areas are primarily responsible for our efficacy judgments. (How many free throws have you made out of 10 in the past?) It's not easy to change our self-appraisals. To increase our confidence we need to repeatedly (not once) handle a difficult (not an easy one) situation without working too

hard and without outside help. If you have to work much harder than others seem to, you may doubt your abilities. Many people find it so hard to become and stay efficacious that they lose hope, give up personal control, and start depending on others (Langer, 1979).

Bandura contends that feeling efficacious has no consistent relation to feeling good about yourself, e.g. he says a person may feel effective (as a manipulator) but take no pride in such activities or feel incompetent (as an artist, mathematician or tight rope walker) without feeling low self-esteem. While these examples are valid, I still say that success-- e.g. being an effective self-helper--in most cases raises our self-esteem as well as our feelings of self-efficacy (see method #1). In order to feel able, in most situations you need to learn to be able.

By seeing or imagining others model successful or unsuccessful responses in specific situations may give us confidence or the jitters. We get the biggest boost in our confidence by watching several persons (not one) similar to us (in traits and ability) successfully conquer a tough challenge by determined effort (not easily nor by virtue of great skill). Watching talented models will get us familiar with the situation and give us some "tips," but such models may intimidate us. Watching failures gives us confidence if we think we can do better (failures may show us what *not* to do).

Other people could also model for us how to solve problems and accurately form efficacy judgments by talking aloud as they solve problems and compare their effectiveness with others. We could hear how others think, how they assess their ability. This is called cognitive modeling (Meichenbaum & Asarnow, 1979) or coaching.

We can be persuaded by a believable evaluator (perhaps not an uninformed friend), especially via encouraging feedback, that we have the ability to do something. Also, we can be cheered on to try harder (which increases our chances of succeeding). Books try to build our confidence (see motivational books cited in the motivation section of chapter 4).

However, persuasion has not been, as yet, a powerful means of building self-efficacy; actions seem to speak louder than words. Interestingly, it is probably much easier for negative feedback to undermine our confidence, than for encouragement to build it. Self-doubts lead to not trying or to timid efforts which quickly and easily confirm the negative self-evaluations. It is harder to be successful than to fail.

Persuasion is the approach of the super salesperson or the efficiency expert. They tell us to believe in our sales ability (or in the customers' gullibility). Clearly, the insecure, self-doubting, nervous sales person is easy to turn down (unless he/she is 7 years old and you want to offer encouragement).

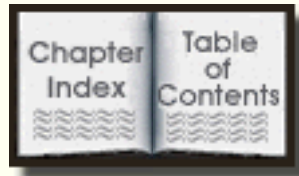
Observing how "up tight," tired, or physically upset we are in specific situations

probably influences our judgments about our efficacy. The self-doubting speaker probably interprets his/her sweating as a sign he/she is doing poorly rather than as a reaction to a warm room. The depressed person remembers previous failures while confident people remember past successes; this further influences self-efficacy estimates. A good mood and a healthy, comfortable body generate positive expectations.

Many therapies emphasize assuming responsibility for and having control over your own life, especially Reality therapy, Gestalt therapy, Existential therapy, Cognitive-Behavioral therapy, and Rational-Emotive therapy. Several of these therapies add another related concept: choice or "free will." Existentialists say, "You are who you are because you want to be" (Poduska, 1976). The saying is: "No one can make you feel any way," you choose to feel the way you do. You also choose to do whatever you do. Who else is responsible for your actions, feelings, and thoughts as much as you are? Self-help books, like this one, and psychoeducational approaches make the same point: humans can influence their own lives if they know effective methods.

Research evidence piles up suggesting that self-efficacy is related to good health, satisfying relationships, and success (Schwarzer, 1992). What is not clear, yet, is how much obtaining these outcomes in life is responsible for raising your faith in your ability to control your life vs. how much the faith alone should be given credit for producing these outcomes. That is, which comes first the confidence or the accomplishments? Clearly, it works both ways. So, raising your self-efficacy is a good idea, but there have to be accomplishments too. Indeed, if it were easier, you could surely start with the achievements first.

Certain Eastern philosophies teach a very different point of view: you are not responsible for what happens in the world. In fact, you can't do much about it, so accept whatever happens. The oriental sages say you can only *control your internal reaction* to the external world. Trying to change things is like trying to stop a river with a teaspoon. So, flow with the river. Accepting the inevitable and the laws of nature are parts of the next attitude discussed. Different Eastern philosophies speak of karma, which suggests we receive from the world according to what we give. This can be positive karma: by giving love, we get more love in return; by letting others be free to make choices, we lessen our responsibility for others and increase our own freedom. It can be negative karma: by being unkind and dishonest, we will be disliked; by over-eating and over-drinking, we will shorten our lives. Today, you experience the results of yesterday's acts, but you aren't responsible for controlling what happens.



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Acceptance: Do you accept whatever happens or are you being dragged down the path of life kicking and screaming, "This shouldn't be happening!"? Methods #3 and #4 in this chapter-- Challenging Irrational Ideas and Determinism--focus on acceptance of things as they are and avoidance of the "tyranny of the shoulds." This doesn't mean we can't change things. It means trying our best to change things and then accepting whatever we can't change. It means accepting our selves and finding our own fulfilling life (Kopp, 1991). Several other viewpoints emphasize acceptance of others: Carl Rogers (1961) recommended **unconditional positive regard** (chapter 9) in which we respect every human being regardless of what he/she may have done. This is similar to Buber's "I and Thou" relationships in which people revere one another. In **empathy** (chapter 13) the focus is on understanding, not judging, the other person. Any personality theory or insight method (chapter 15) which increases our understanding of others also increases our acceptance.

Christ: Love the sinner, condemn the sin.
Buddha: Love the sinner, realize sinning is a part of life.

Blaming others for who they are, without recognizing who they may become, is short-sighted.

Folk wisdom (Fleming, 1988) tells us that **understanding and forgiving others** who have hurt us are two major steps towards a healthy life (see chapters 3 and 9). Miller (1995), drawing on Buddhist, Jewish, and Christian writings, encourages us to accept life as it unfolds and resist asking for more "goodies." Seek contentment with life through *compassion* with others (practice it rather than being critical or suspicious), *attention* to the nice and wondrous things happening at the moment (rather than on past regrets and future worries), and *gratitude* for all the things in life that we take for granted.

Every meal is really a communion.
-An old Quaker notion



Also, remember that many skills, such as tennis or public speaking, are performed better if you can relax and "just let it flow." That is self-acceptance, mistakes and all.

Attitudes that help us cope with crises: Do you have the stability and internal strength to weather crises? Can you see some potential good in almost any bad situation? Well adjusted, secure, self-actualized people handle crises without depression or bitterness. Such people may, in fact, become more sensitive and caring, less vindictive, and wiser, while others are crippled by the same crisis. How do they do this? They seem to have a **"center" core of calm, optimism, personal faith, and tolerance** that helps them weather emotional storms. There is also the concept of **"centering"** which (a) involves finding the middle ground between opposites so one can have a balanced, clear view of an issue, (b) removing yourself from stresses so you can find peace, as in meditation, and (c) building a solid center of self-esteem so one is not self-critical or buffeted by contradictory reactions from others. By withdrawing into our "center," we can "settle down" and avoid many destructive emotions.

There are several **attitudes that help people cope with crises and problems:**

1. **The "so what if" technique.** If you are worried about something bad happening, ask yourself, "So what, if this happens?" Many people create their own anxieties, e.g. "What if I make a fool of myself?," "What if they get mad at me?," or "What if he/she left me?" These "what if..." questions imply a terrible outcome, but realistically it may not be so bad. So, to reduce some of the worries, ask yourself two questions (Lazarus, 1971):
 - How big an "if" is in "what if"? How likely is this event I'm worrying about? How often have you worried about things that never happened?
 - So what if (*this awful thing*) actually happens? Would it be so terrible? Could some good come of it? Do others see it differently?

If the event is unlikely, minor, or something you can't prepare for, stop worrying (see thought stopping in chapter 11).

If the event is likely, major, and something you can prepare for, figure out the best way to handle it, make preparations (like role playing), and then forget it. Don't waste time worrying. Some people feel better by asking themselves, "What is the worst that could happen?" and telling themselves "I could handle it" or "it could be worse, I could be handicapped."

2. **Time projection** (Lazarus, 1971). If you are depressed by oppressing circumstances, ask yourself, "What will I be doing in 1...5...10...20 years?" and "What are some of the good things that could happen?" Be optimistic. The future offers so many opportunities that looking into the future is an effective antidote to gloom.

If you are lost or unmotivated and just marking time today, ask yourself, "What do I want to be doing 30...20...10...5 years from now?" Once the long-range goals are set, then tell yourself, "if my dream is going to come true, I will have to make progress towards those goals every day." Make up a daily schedule and get moving! Reality therapy takes this approach.

3. **Lowering expectations.** Some people are unhappy because they had hoped for too much. They could feel better by being satisfied with less, by lowering their goals. Make your goals reasonable and achievable. Base them on your past performance--maybe a little higher and gradually increasing. Give up impossible dreams. Examples: If you want all A's but make C's, try for a B or two next semester (and increase your study hours, study with a good student, improve your study skills, and so on). If you are working hard but making low C's in chemistry, give up the goal of becoming a doctor.

Caution: It may be hard to find the middle ground between having frustratingly high goals and not expecting enough of yourself. Lowering your expectations may become a way of excusing oneself or of avoiding hard work, "Oh, I didn't expect (wasn't trying) to win." Having high ambitions motivates us. Having high but barely attainable goals and doing your very best are unavoidably demanding and stressful. But, how else can you fulfill your potential? However, perhaps the solution to this dilemma is to have highly inspiring dreams but at the same time be tolerant of the inevitable occasional failure. Shoot for the moon, but expect some falls.

4. **"I can think clearly and creatively."** We may be able to learn new attitudes and techniques that enable us to be more creative, more innovative, more original--to go further in our thinking than most people go (Adams, 1986; Schank & Childers, 1988). In straight thinking and common sense (method #8 above), we learned some pitfalls to avoid; in chapter 13, we reviewed decision-making. D'Zurilla (1986) recommends therapists adopt a problem-solving approach. In the last 10 years, educational specialists have tried to teach thinking skills in school via asking probing, challenging questions, group discussions, enhancing listening, attending and categorizing skills, teaching problem-solving and decision-making, and so on. We have to feel responsible and able to think before we take problem solving seriously; otherwise, we let authorities, writers, friends, and others think for us. This is an important attitude to bolster our independence.

Faith: in a religion, in priests and healers, in science, in spirits, in others, in ourself, in drugs, in treatment and so on. Beliefs in sources of help, such as science or religion, have a powerful influence on our lives. **Over 90% of Americans believe in some kind of higher power**, a superior being or force. Awesome powers and consequences are thought to be involved: God answering each person's prayers, determining everything that has ever happened or ever will happen, arranging for ever-lasting life in heaven or through reincarnation, providing an intimate, personal relationship with the supreme being, and so on. In addition, many people all over the earth (and since prerecorded times) depend on God or spirits to heal physical diseases, to bring good weather, to provide necessities, and to relieve mental suffering. Examples: faith-healers like Oral Roberts, witch-doctors in Africa, medicine men among the Indians, Buddhist devotion to ancestral spirits,

and shaman in primitive tribes.

Keep in mind that 75% of the people on earth today have *no* access to modern, scientifically based medicine...or to psychotherapy or psychological self-help. For that 75%, spiritual help and community-family support is all that is available. Even after modern medicine and psychotherapy are made available, it takes a generation or two for a culture to give up the old beliefs and accept the new. For example, 90% of Native Americans felt helped by going to the tribe's shaman but only 40% felt helped by mental health counselors (Cordes, 1985). Having faith in your source of help is a critical factor in determining its effectiveness, especially in religious and psychological treatment (Frank, 1974). In fact, in some instances, the power of your own belief system--the "suggestion or placebo effect"--may be much greater than the drug, faith healer, religion, therapy, or self-help method you may use. In addition, belief in culturally accepted healing methods--religious or scientific--is often powerfully reinforced by a caring community and by a supportive family. There are many reasons why the things we believe in actually work for us. Knowing the truth, however, about what really works and why should help us in the long run.

As observed in chapter 6 on depression, becoming more "in tune with" **a protective, caring, loving, omnipotent God** is surely spiritually and emotionally uplifting. With religion, life definitely has some special meaning; you become significant. What could be more reassuring and comforting than to be approved of and loved by God? Many people who are lonely, depressed, anxious, self-critical, purposeless, and lost would be well advised to investigate the benefits they might get from a carefully selected and loving religious group. There are thousands of books attempting to persuade people to become religious and depend on God. Norman Vincent Peale would be an example. Many studies, however, have found little or *no relationship overall* between religiosity and honesty, helping others, obeying the law, or psychological adjustment. Yet, George Gallup & Jones (1992) say that the *most committed* 13% of the believers are the happiest, most tolerant, and ethical (compared to the less committed). Likewise, among only the *more active* religious youth, there is some suggestion of less delinquency (Cochran, 1989) and greater closeness with their parents. On the other hand, the highly religious seem to be more guilt prone (Richards, 1991). Some people become "addicted" to their religious beliefs. Father Leo Booth (1992) helps people escape from religious addiction. And, Winell (1994) helps former fundamentalists with their guilt, fear, anger and other losses. The benefits of religion seem to be limited primarily to the most devout, but the most devout are also the most susceptible to becoming addicted or obsessed.

Another viewpoint is held by certain Humanists who contend that religious involvement frequently distracts us from helping others in need. For instance, some churches are much more interested in "saving souls" than in "helping the poor." Some would rather build an expensive church than feed the poor. Fundamentalists sometimes believe everything is God's will; thus, all you have to do is believe in God and pray, then the world will be as it should be. Other churches agree with the Humanists, emphasizing that we each must love one another and take responsibility for making things better. I find it hard to believe that any God would approve of 42,000 children dying every day from preventable illnesses and hunger, 600,000 mothers dying in childbirth every year from lack of medical care, and 1.2 billion people living on less than \$1 a day, while others of the same species live in luxury. If religions can't influence our moral decisions (including killing for religious causes), what are they for?

It is firmly believed by almost all caring, giving people (whether religious or not) that helping others helps you feel good too. Chapter 3 tries to help you find meaning in life, which may or may not involve religion. James Fowler (1981) says all religious faith develops in seven stages (like Kohlberg's stages of moral development) and involves making meaning out of our lives, starting with the primitive belief that "if I am good, God will be good to me," through youthful acceptance of "hand-me-down beliefs," on to maturely accepting "responsibility for deciding what is meaningful," and, finally, on to "feeling at one with God and everyone, and acting accordingly." You may want to read more about faith in order to strengthen or challenge your own beliefs.

STEP THREE: Establish the desired attitude cognitively, emotionally, and behaviorally.

As stated in the general idea above, there is a cognitive, an emotional, and a behavioral component to every attitude, just as there are five parts to every problem (chapter 2). Therefore, if you think you want to adopt a new, more helpful attitude, you need to (1) be sure you really believe and accept the attitude, (2) modify your feelings so they are in keeping with the desired attitude, and (3) start behaving in ways consistent with that attitude. Examples: If you don't live your values, they aren't really your values. If you think you want to be a people helper but don't eagerly seek out the needed knowledge and don't feel positive about the hard work involved in acquiring information about helping, your attitude towards people-helping isn't consistent; you aren't wholeheartedly committed to being a people helper. In short, cognitive attitudes or ideals must be scheduled and acted out routinely. Moreover, the thoughts and actions must be associated with positive feelings.

Suppose you have been a perfectionist and have decided to lower your expectations because you have often been upset by failing to meet your impossibly high goals. Let's say you have cognitively set lower goals and accepted the reasoning for doing so. You can also change your behavior by becoming less driven, less obsessed, and able to attend to other activities. But whenever you fail to reach the very high, perfectionistic standards you have sought for many years (but recently decided to change), you may still get anxious, self-derogatory, and depressed. Thus, the emotional component is not yet in line with the cognitive and behavioral aspect of the attitude. Perhaps you could desensitize yourself to these "failures" (that are a part of your new rationally set lower goals); you might even need to plan to have several such "failures" in order to learn to tolerate the new standards.

Another example: Beginning students in psychology wanting, cognitively, to become understanding and tolerant of all potential clients frequently continue to respond with strong negative or fearful emotions to psychotics, criminals, abusers, homosexuals, and so on. These are our clients. Every psychologist must conquer these critical emotions. Therapists-in-training can use desensitization, expose themselves so long to such clients that they are no longer bothered, talk themselves out of having such emotional responses, and/or become so knowledgeable about such people (and all other types) that they "understand and accept" such clients. This is the mark of a learned person; however, in no way should such an attitude imply approval of the awful actions committed by the violent criminal.

Some additional ideas about how to change your own attitudes: once you have decided on what attitude will work best for you, mentally rehearse thinking, feeling and acting that way until you can adopt that attitude in real life. If you think your situation is awful, try to imagine a worse-case

scenario, e.g. suppose you haven't just lost a sale but lost your lover or your sight or your child, or reframe the situation, e.g. rather than wanting to get drunk to escape being upset, try to figure out how you could act more constructively. Remember too that you can change your self-talk: "I-can-handle-it" talk is a lot more productive than "I-don't-know-what-to-do" talk. Encouraging sayings can help, such as "I will try for what I want; I will want what I get," "every crisis presents an opportunity," "every experience, even failure, teaches me something," "if what I'm doing isn't working, I'll try something else," "positive thinking gets me further than negative thinking," "everything passes," "the situation bothered me but it's behind me now," "maybe something good will come out of this mess," etc.

Time involved

Most of the attitudes mentioned in this section would require considerable time to learn, if you were starting with a negative attitude. One doesn't develop a new philosophy of life or a broad belief in self-efficacy or an acceptance of others quickly. But, fortunately, most people already have many positive, helpful attitudes.

Common problems

Each attitude would have its own problems, i.e. different obstacles to the adoption of that attitude. For instance, many people are conditioned to have negative reactions, even by age 18 or 20, to racial groups, to mental illness, to obese and unattractive people, to old people, to violent criminals, etc. As a result, the development of tolerant, understanding attitudes towards these people is very difficult. The only solution I know of is to get a lot of experience with the type of person you don't understand or don't like. Examples: If you feel negatively towards welfare mothers, get to know several intimately and find how they got in that situation. If homosexuality is disgusting to you, make friends with many gays and lesbians; empathize with their needs for love.

Effectiveness, advantages and dangers

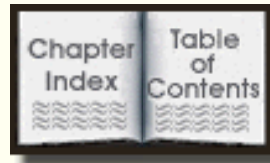
Very little is known scientifically about how to change your own attitudes or about the effects of doing so. There is a great deal of clinical and practical knowledge about these matters, however. Love one another is an old idea (but we can't do it yet). Quite a bit is known about persuading others (see chapter 13), mostly sales. Most of the attitudes mentioned above sound beneficial and have been advocated by outstanding philosophers, therapists, and wise people. But, the ramifications of broad general attitudes, such as "I'm in control of my life" or "tolerance of others," are so vast that the precise measurement necessary for science has not yet been done. The limited research findings (primarily about self-efficacy) are theory-oriented, proving only that thinking you are effective is associated with being effective. Research findings are not very practical thus far in terms of actually showing us how to build self-efficacy and gain control of our lives. The research will probably become more personally useful in the next 10 to 20 years.

There are no known dangers but some are conceivable: beliefs in self-efficacy may exaggerate how much control you actually have and could lead to an unrealistic sense of self-responsibility; a demanding philosophy of life may increase stress and guilt; an accepting attitude based on determinism may reduce your zeal to wipe out injustice and so on. These risks seem small relative

to the gains some of these attitudes might yield.

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SELF-HYPNOSIS AND MENTAL IMAGERY

With a little practice, most people can be hypnotized and can use self-hypnosis. Hypnosis allows us to experience thoughts, fantasies and images as almost real (Soskis, 1986). The hypnotized person knows the experience is not real, however, because he/she doesn't act like it is real. Under hypnosis we may vividly imagine being at the beach but we don't take off our clothes and try to jump into the water. Yet, by experiencing a situation differently, e.g. seeing public speaking as a way of influencing minds, we may act and feel differently (more positive, less scared).

The mental scenes can seem very real to us but we know it is all just in our head. It is the same experience as watching a film and feeling we are there, we really get "into it" and become afraid, inspired, sexually aroused, very sad and so on. This imagery is something *we* do, not something done to us. It used to be thought that the hypnotist gained power over the subject through "animal magnetism." Actually, there can be no hypnotic experience without the subject's agreement and participation. Thus, all hypnosis is in a sense self-hypnosis. Could anyone force you against your will to get deeply emotionally involved in a good book or movie? No. But you can do it by yourself...and feel wonderful.

No one knows who discovered hypnosis. No doubt a storyteller thousands of years ago. We do know that hypnosis was used to treat illness long before Christ. During the Middle Ages, priests used self-hypnosis to make God more real to them and to intensify their relationship with God. Hypnosis has been used by physicians and faith healing by preachers to cure people. In the early part of this century, a Frenchman, Emile Coue' (1922), popularized the idea of auto-suggestion. His most famous self-instruction was, "Every day in every way I'm getting better and better."

At first, you are likely to believe that an experienced hypnotist could perform impressive feats but you couldn't possibly do much. That is a reflection of the stories you have read and movies you have seen. Research has shown (Fromm, 1975) that some people reach deeper trance states in self-hypnosis than with a hypnotist. They have more vivid, richer imagery. Self-hypnosis costs nothing, is easy to produce, and allows the person to make changes in the procedures so that they work best for him/her. So, again, an old therapy technique may become even more effective in the hands of an informed self-helper (Fisher,

1991). Alman & Lambrou (1991) also provide a self-hypnosis induction method and specific self-instructions for several specific problems, like self-confidence, pain relief, weight loss, phobia reduction, etc.

It is not necessary to be hypnotized in order to have vivid imaginary experiences. Daydreams are vivid. The basic idea of hypnosis and mental imagery is this: if you want to do something, imagine yourself doing it over and over. This is also called goal rehearsal. The idea is father to the act. Books by Lazarus (1977) and Fanning (1988) are filled with examples of visualization (without hypnosis) serving many purposes.

Purposes

By using hypnosis or mental imagery (without hypnosis) a person can sometimes produce impressive results. Perhaps the most astonishing is the control of pain. Many people (not everybody can) have had dental work, surgery, and babies without pain. One of the easiest experiences to have is relaxation which can counteract fears and stress. If your behavior or someone else's is hard to understand, the key is likely to be uncovering the thoughts and images occurring between perceiving the situation and responding. Example: One paraplegic sees only misery, another plans on going to graduate school. Developing new intervening images and self-suggestions can change certain behaviors, such as studying and concentration, help control anger and sadness, build self-esteem, reduce bad habits, and so on.

Steps

STEP ONE: **Become familiar with self-hypnosis and/or mental imagery.**

There are several things to learn. First, you need to get a "feel" for what is involved--some basic understanding. Second, you learn a simple procedure for inducing self-hypnosis or using visualization. Third, you practice these procedures several times. Fourth, you make plans of exactly how to use hypnosis or visualization to change the things that concern you. Only after this preparation do you start actually trying to use hypnosis or visualization as a self-help method.

Almost all of us daydream. Our daydreams tend to be helpful re-living of the past or rehearsing for the future, i.e. useful stuff. Very few of our daydreams are self-aggrandizing or erotic fantasies. Sometimes they relieve the boredom, but most of the time they involve some emotion--a important event, a threat, a frustration, a hope, etc. Daydreaming is like brainstorming, a chance to mentally test out and practice different solutions. There is evidence that daydreamers concentrate better, are more empathic, less fearful, more lively and alert, may enjoy sex more, and generally are more fun to be around (Klinger, 1987). Of course, obsessions with harming others, using drugs or eating, past or possible future catastrophes and so on are a serious problem. In most cases, however, a good fantasy life

should be of great value, nothing to be ashamed of.

Most of us know how to daydream, it comes naturally. Perhaps you can encourage more daydreams and guide your fantasies into more constructive, fruitful, creative areas, rather than leaving it entirely up to the "whim of the moment." You might refer to chapter 15 where guided fantasies are used for insight. Perhaps your re-occurring daydreams reveal some frustrated needs that deserve more conscious attention. Otherwise, I'm going to assume you know all you need to know about daydreams and go on to hypnosis.

Most hypnotists start by giving the subject some introductory experience, often a demonstration of "suggestion effects" or an illustration of how ideas influence behavior, called ideomotor action. For example, they will ask you to clasp your hands together and imagine that your palms are tightly stuck--glued--together. Then they ask you to try to take your hands apart. Many people find it is somewhat difficult to separate their hands after the suggestion is given. Other hypnotists will have you stand with your eyes closed, heels together, and imagine swaying backwards. Most people actually sway backwards (the hypnotist must be prepared to catch the subject). In other words, thinking of some action tends to produce that action *if* your imagination is vivid enough.


You can have similar experiences by yourself (Soskis, 1986). For example, make yourself a pendulum out of a small, round object that has some weight to it. A spherical button or glass ornament is ideal, but a medallion or set of keys or heavy ring will do. Make the string about 10" long. Then draw a circle on a piece of typing paper and draw two lines intersecting in the middle of the circle. Put the paper on a table in front of you. Put your elbow comfortably on the table and grasp the string at the point where the pendulum is just resting on the center of the circle where the lines cross. Now, lift the object off the paper slightly (1/8 inch) and *think of the object moving back and forth along one of the lines*. Don't consciously move your hand or fingers, just think of movement back and forth in a certain direction. Guess what? The pendulum will start to move (an inch or so) in the directions you are thinking about. Wow! Then think of the object moving in the other directions, then in a circle, and so on. Play with it for a while. Of course, your thoughts aren't moving the object, very tiny imperceptible movements in your hand are. Most people are impressed.

Another hypnotic experience is extending your arms in front of you and carefully noting that the palms are facing each other at the same height and about two inches apart. Then close your eyes and imagine your right arm is getting heavy while your left arm is getting lighter and lighter. Tell yourself over and over that the left arm is feeling very light...the right arm and hand is getting heavier and heavier all the time. Dwell on those images...then add to the images...a helium balloon might be attached to the left arm by a soft ribbon and it is gently lifting that arm higher and higher into the air. On the right arm there is a bookstrap and several heavy books are pulling it down...further and further down. After imagining this for a minute or so, open your eyes and see how far your hands have actually moved. Six inches or more is not unusual but an inch or two makes the point that thoughts influence


behavior.

Consider some other factors about hypnosis. It should be an interesting experience and it may be helpful. However, *if you have had a bad experience with hypnosis*, you should not use this method by yourself. If you expect magical, instant, major changes, like a cure for cancer or a new personality, forget it. Yet, pain can be lessened and new attitudes learned. Also, you can get started on a diet or quitting smoking, but one hypnotic session isn't all you need.

You may wonder if you will be able to respond, e.g. to a telephone or the door, while hypnotized or if you will remember what happened. The answers to both are yes. You can come out of it at any time. Is hypnosis like sleep? No, you know what is going on (although it is easy to fall asleep while so relaxed). If you fall asleep, don't be concerned, just take a nap. You won't do anything weird, like with a stage hypnotist, because you are in control. You won't hurt yourself. Much of the effects of self-hypnosis is due to expectations or placebo or suggestion.

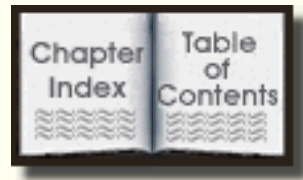


Decide if you want to use self-hypnosis and what you want to use it for.



Before trying self-hypnosis, you may want to do some reading or talk to a friend or a professional. But in the kind of experiences I will suggest you try, there are no more dangers than in using other self-help methods. As suggested under purposes above, hypnosis is best used with (a) problems that primarily concern only you, not your spouse or boss or family, (b) recent problems, (c) problems that involve your feelings (e.g. anxiety), not your performance (take a speech class if you want to be a more skillful speaker), and (d) problems that can be helped by new cognitions--thoughts, attitudes or images--not problems requiring insight or new knowledge.

Do not use self-hypnosis with (a) serious, long-term mental illness, (b) problems involving a troubled relationship with someone else or if you are a loner with "spacey" or peculiar ideas, (c) problems that have not responded to professional help in the past, or (d) problems which you are not willing to devote 15 minutes each day for a month or so. Also, do not try to uncover suspected traumatic early childhood experiences, e.g. abuse or incest, or to explore past lives. In fact, don't try to use hypnosis to "discover the truth" about anything because many of the vivid "memories" one might have under hypnosis may be radically different from reality. Yet, mental imagery is used (with caution) to gain insight and new awareness (see chapter 15).



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SELF-HYPNOSIS AND MENTAL IMAGERY

STEP TWO: Prepare a specific method for inducing self-hypnosis.

You may want to be hypnotized by a trained person first, he/she can then teach you how to do self-hypnosis (Soskis, 1986). Or, you can memorize the general induction process and give self-instructions. Or, you can put the entire induction procedure on an audiotape. I'll show you how to do the latter two:

- Find a quiet place, sit in a comfortable chair.
- Close your eyes and relax your whole body. Use something like one of the relaxation methods given in chapter 12. Repeatedly tell yourself throughout the relaxation procedure to become more and more deeply relaxed. At the same time, tell yourself you will remain totally awake and alert, carefully attending to your own self-instructions. When deeply relaxed all over, tell yourself that you are ready for a pleasant, effective hypnotic state which will help you help yourself.
- When very relaxed, say to yourself or listen to the self-hypnosis instructions you have prepared. Usually, relaxation instructions are all that are needed.
- When hypnotized and feeling very comfortable and relaxed, imagine being in a very safe, peaceful, and comfortable place. Enjoy that as long as you like.
- Give yourself instructions for improving (written in the next step).
- Wake yourself up by counting from 5 to 1, become more awake at each step.

If you wanted to simply record the whole thing, you might use a script like this: (read in a clear but slow drraaawwnn-out voice, a hypnotic voice)

- "You should be relaxing in a comfortable chair with the phone and other distractions turned off. If you are interrupted, you will at any time be able to open your eyes and take care of whatever needs to be done.
- Close your eyes and concentrate on relaxing all over. Take a deep breath and slowly

exhale...notice the calming effect of deep breathing. Take some more deep breaths.... Feel the muscles in your body losing their tightness and tension. As this happens, you will feel better and better.

- To increase the relaxation, I will count from one to ten and get more and more relaxed as I count towards 10. At the count of 10, I will be in a very relaxed, very pleasant, worry free, completely alert and aware, but comfortable hypnotic state. *One*, I will relax my hands and forearms. Think of the right hand, fingers and forearm, tell those parts to get rid of all their stress and tension. Relax more and more. Think of the left hand, fingers and forearm. Relaxing deeper and deeper. *Two*, I let the calmness spread into my upper arms...into the biceps and triceps. Very relaxed. Feeling good. *Three*, my shoulders and neck are relaxing...deeper and deeper. *Four*, the top of my head, scalp and forehead are calming...relaxing...feeling smooth and soft. *Five*, I notice the wonderful feeling moving down into my eyes, cheeks, lips, tongue and jaws. I tell the entire head and face to relax more and more. *Six*, my chest, lungs and upper back are slowing and calming down...very comfortable. *Seven*, I am letting the stomach relax and settle down...also the lower back and spine...the tension is going away...replaced with pure comfort. *Eight*, the muscles in my upper legs relax deeper and deeper. *Nine*, the wave of relaxation moves down into my lower legs, feet and toes. *Ten*, I am extremely relaxed all over. The last remaining tension anywhere in my body is melting away...my whole body is calm...very comfortable...feeling wonderful.
- I am now probably in a pleasant, enjoyable, effective hypnotic state, even though I may not feel certain of that. In any case, I will be able to think clearly and control my own thoughts. My imagery will be very detailed, very clear and realistic. I will be able to use this imagery to my advantage. I will remember everything that happens while I am hypnotized.
- I will first use hypnosis to imagine being in a pleasant, comfortable place, a place where I feel perfectly safe, perhaps on a beach or in my own private place. I will see all the details...hear the sounds...feel and smell the air...really get into it. I will talk to myself about all aspects of the scene...and enjoy myself thoroughly for a minute or so."

Be quiet for a minute, then continue recording:

- "At this point I will give myself the instructions I have prepared for self-improvement. I can open my eyes if I need to look at notes (but it is better to keep your eyes closed, so the visualization is more intense). If the self-instructions do not use all of the three minute break that follows, I will just return to my pleasant scene and enjoy it until the tape takes me out of the hypnosis or I decide to come out of it."

Note: At this point either record the 3-minute self-instructions developed in the next step OR be quiet for 3 minutes, during which you can, over a period of time, give yourself a variety of self-instructions. Then continue recording.

- "Now, I am ready to end the session. I will count from five to one and become more and more alert as I count. *Five*, I am starting to come out of the hypnosis. *Four*, feeling a little more like moving. *Three*, feeling good with more energy. *Two*, my eyes are gradually opening...now, completely open. *One*, I am completely alert, feeling good and refreshed. I am done. Stretch a little and get up."
- Turn off the recorder.

STEP THREE: Develop self-improvement instructions to give yourself during hypnosis or while using mental imagery.

The self-instructions may reflect a new attitude towards others or yourself, a different way of thinking, a post-hypnotic suggestion for a change in behavior and so on. Hadley and Staudacher (1985) say that hypnotic suggestions should (a) be worded simply (focus on one change at a time) but repeated several times, (b) be believable, obtainable (gradual steps may be needed) and desirable, (c) be stated positively ("I am relaxed" rather than "I won't get uptight") and for a specific time (I will study effectively from 6:30 to 10:00 tonight), (d) use cue words or a key phrase to trigger the suggested reaction (saying "relax" while approaching an attractive person or "good memory" while studying), and (e) provide detailed images of the suggested outcome ("I am taking a test...relaxed and doing well...").

Here are some specific suggestions (mostly from Le Cron, 1964, and Hadley & Staudacher, 1985), modify them to fit your situation:

- Studying and concentrating: "I will start studying tonight at 6:30, right after the news. I will remain alert and concentrate fully on my reading, except for taking a 5-minute break every half hour. If other thoughts intrude, I will quickly re-focus on the studying. If friends try to get me to do something else, I will tell them that I definitely intend to study for three hours. Nothing can change my mind. I will quickly understand what I read and will have a 'good memory,' remembering the material well for the exam.

I will start on time and stay on schedule, including 5-minute rest periods every half hour. My mind will attend only to the text; it will absorb the big and important points; it will take the time every two or three paragraphs to repeat (recite from memory) what the author has just said. As I do this, I will feel really good about studying so effectively and learning so much. I will remember the material well for the exam on Friday."

- Weight loss: "I can feel very relaxed and I can change my eating habits. I see myself as becoming thinner and thinner, in better and better shape. I will allow myself to lose weight.

I will change my poor eating habits into good ones. Imagine a table filled with the high-fat food and the junk and sweets that make me overweight. These foods harm me and interfere with my life; they might even kill me. I won't eat them any more. I'll shove this food off the table. Now, I'll place good, healthy, low-fat, high fiber food on the table. Imagine slowly eating--only when I'm hungry, not when I'm upset--small amounts of the

good food. Delicious. My hunger is satisfied and I am really pleased with my self-control.

I see myself as thin, in good shape, healthy, beautiful, and coping. When I'm bored, I'll call a friend. If I'm tense, I'll meditate. Instead of eating lunch with friends, I'll play handball with Joe. If I ever get 2 pounds over my limit, I'll immediately cut my calorie intake and increase my exercise for several days. I feel wonderful, full of energy, proud, attractive, in charge... I eat nutritious food but only as much as I need. Keeping in shape by eating right and exercising is a source of great pride for me."

- Stress reduction: "I am very relaxed...very relaxed. I can see that pressure comes from the outside world but feelings come from inside me. I can control my feelings. The feelings I want, I can keep. The feelings I don't want, I can discard or discharge them...get rid of them. I am a whole person with many feelings. I am aware of all my many feelings, but I can choose which feelings I want to keep and which to get rid of. I choose to be peaceful and rid of stress. I feel good... at ease... calm... composed.

Furthermore, I can build a shield against the outside pressure. External stress will just bounce off me. In this way my shield will prevent the pressure from producing upsetting emotions inside. I will be protected all day from tension and stress. No matter how many demands there are outside, I will be calm inside... protected by the shield and by my decision to get rid of unwanted emotions. When people expect too much of me or when they are critical, I will stay calm... protected and in control of the inside feelings. When I need the shield, it will automatically be there or I can call on it by simply saying, 'the shield' or 'relax.' I am very relaxed, strong, and in control of my feelings. The shield will shelter me for the next four hours. I am safe."

- Fear reduction: People have overcome fears by watching others conquer the same fear. They even imitate others seen in a film mastering a fear. Just having vivid imagery of someone handling the fear we face may be enough to provide a new model of behavior for us to imitate. Also, hypnosis or imagery can be used to create a very relaxed feeling and then to imagine confronting the frightening situation (see confronting the fear and desensitization in chapter 12).

Other fantasies may also help reduce fears: imagine you are a powerful, important person and the other person (who scares you) is your subordinate; imagine the woman/man you want to approach will say "no, I have a jealous boy/girlfriend" (making rejection less upsetting); imagine a pleasant scene to calm yourself when scared in any situation.

- Pain reduction: one procedure involves numbing your hand (or making it cold or changing it into wood or stone) and then transferring the numbness to the part of your body that hurts. Thus, reducing the pain. Another procedure involves first experiencing the pain as movable, say from the back of the head to the back of the neck, then continue moving the pain until it is finally out of your body. An example: "Even though I'm very relaxed, I can feel the pain I have been having. Focus on the pain (describe it). Now, notice that the pain is fluid...it can move within my body. As this fluid moves, it carries the pain with it. (Very gradually move the pain from its source towards the right shoulder, down the right arm and into the right

hand).

As the pain enters my right hand, the fingers tighten into a tighter and tighter fist... When the fist is very tense, I can simply open the fist and throw the pain and tension away. Now, throw the pain away...completely gone. (Repeat if needed) Appreciate the relief...notice the peaceful calm that remains. I still have feelings where the pain was, so I will know if anything is going wrong... I will move, feel, and react normally. The pain is gone... drained... and I will be able to use this technique over and over again if the pain returns." Read Hilgard and Hilgard (1983) and/or Wall and Melzack (1984). Obviously, a continuing or repetitive *pain must be examined by a physician* immediately.

- Building self-esteem: "While remaining very relaxed, think of the labels that have in the past made you feel down or slowed you down. Imagine those labels on a blackboard. They are negative words and criticism from others and from you. Now wipe them off the board...wash them away...they are gone. Go to the blackboard, and in place of the negative labels, write positive labels...strengths that describe you... Capable... Caring... Sensitive... Good... Willing to help... Able to learn... (add other major strengths you have and/or want to develop more).

Now, stand back from the board and think of these positive traits. (pause) I am a good person... I'm fine. I am proud of myself. I am able, I have some talents. People see me as a good person. I feel comfortable interacting with people, I am as good as they are. I share my ideas and experiences with others. They are interested in me. I am positive and pleasant to be around, tactfully asserting myself, self-assured, and looking for ways to help others. I say to myself, 'I can handle this,' 'I look nice,' 'I have lots of energy,' 'I am unique, like a snowflake,' 'I'm in charge'...

I fill my mind with these positive ideas, I look for my good points, I pursue my goals, I see my life as a wonderful adventure."

- Write your own instructions for any desired change, e.g. if you are not motivated at work or at school, write self-suggestions about being able to change, becoming a successful person, deciding on your major goal and putting minor goals aside, seeing the importance of the goal and the wonderful possible outcomes, having the drive and determination to succeed, imagining yourself resolutely plodding on day after day, dream of the eventual success and the fantastic consequences for you and others around you (see method #7 for increasing motivation).

Lazarus (1977) reports using unpleasant fantasies to reduce unwanted feelings and behaviors (much like covert sensitization in chapter 11). He asks the compulsive person or cigarette smoker to imagine the awful consequences and stress of continuing the behavior. Similarly, he had a physician, who often gave women unnecessary vaginal exams, imagine getting arrested, losing his practice, and people in the community thinking he was a "sick pervert" or "dangerous man." The doctor quickly gained more self-control or will power. Note, however, that it is not a good idea to tell yourself that chocolate will taste awful if you are a chocolate addict, because you won't believe it. Hypnotic suggestions must be believable, e.g. chocolate will make you fat.

Fanning (1988) and Alman & Lambrou (1991) give much longer and more detailed visualizations in each of these problem areas. That may help you. Also, keep in mind that there are many specialized self-hypnosis tapes available for \$20.00 to \$40.00 (Simpkins & Simpkins, 1991). In most cases, though, your own personalized tape will be better.

STEP FOUR: Get prepared and have the experience daily.

Find a quiet, private place. Don't schedule anything for 20 minutes. If you are interrupted, you can answer the phone or the door, but it may be better to turn off the phone and ignore a knock. Have your self-instructions prepared. Go through the entire routine, just as you planned it, even though you don't believe you are truly hypnotized or deeply into the visualization. Try to develop a routine so you will have the experience at the same time each day. Be patient, it takes time to learn any new skill. Measure your progress.

Time involved

A couple of hours will be needed to plan and prepare the procedure you want to use. Since the effects of hypnosis and visualization are frequently short-lived, you need to schedule a 20-minute session every day. To give self-hypnosis a fair trial, expect to use it daily for at least a month.

Common problems

As with meditation, some people expect too much too fast from hypnosis or mental imagery. So, guard against premature disappointment or excessive expectations. Likewise, some people wanting instant "magic" resist having to write a script and make a tape. Such people should seek a hypnotist.

Occasionally, you may become so relaxed that you fall asleep. No problem. In fact, if you feel you have lost control for any reason in self-hypnosis, simply relax and wake up using the counting procedure *or* just go to sleep and wake up naturally.

Effectiveness, advantages and dangers

The evidence for the effectiveness of hypnosis is mostly in clinical reports. Clinical cases make it clear that some people are helped, but it is hard to know what percentage of the general population would respond satisfactorily to hypnosis. Soskis (1986) estimates that only about 10% of us are able to use hypnosis to avoid intense pain, as in surgery or childbirth. The fact is that the effectiveness of self-hypnosis suggestions, such as those given above, has not been objectively evaluated and compared to other methods. You will just have to try it and find out how well it works for you. Be objective.

An additional problem is that scientists have not yet separated the effects of hypnosis from the accompanying suggestion or placebo effects. If we think a method will work, it probably will. For example, Theodore Barber (1969) has found that a simple request without any hypnosis can produce remarkable changes, e.g. making one hand warmer and the other colder or changing heart rate. It isn't clear how the body does these things but it can be done without hypnosis. Perhaps it

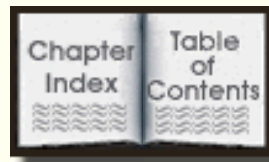
doesn't matter what the real cause is; we just shouldn't be in awe of hypnosis or a hypnotist.

My main criticism of one person hypnotizing another person is that the hypnotist tends to become a superior-feeling, controlling "master" while the subject becomes a helpless, unthinking, submissive "slave." That doesn't seem healthy. Many people are intrigued with hypnosis; they want to use it with friends and at parties. I suspect they want to be seen as a comedian, a great healer, or a powerful controller. If you are not a trained professional (and qualified to treat the problem with other methods), you should *not* be using hypnosis for helping another person. You shouldn't remove a symptom that still serves a psychological purpose. And, you should certainly avoid using age-regression and probing for traumatic experiences; that could possibly cause panic and lead to a serious situation (MacHovec, 1988). Likewise, hypnosis should never be used as a form of party entertainment. You are dealing with a human life; don't demean a person by making him/her look foolish or by arrogantly playing publicly with his/her private, intimate concerns.

Self-hypnosis is easy to learn, it lets you be your own master, and it can be used whenever you need it with many self-improvement projects. It is interesting to most people; that helps us maintain our motivation to make difficult changes. Most experienced practitioners say self-hypnosis is not dangerous as long as it is used for these simple purposes and with the cautions mentioned above.

[← Back a page](#)

[Forward a page →](#)



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METHODS FOR GAINING INSIGHT INTO OURSELVES

Introduction

1. Becoming open-minded: to consider the possibility that all sorts of motives and traits are true of you.
2. Self-awareness: to learn Gestalt techniques for insight.
 - a. Your focus of awareness
 - b. Looking for the opposites
 - c. Empty chair technique
 - d. I'm responsible for my choices
 - e. Dealing with unfinished business
3. Self-understanding to undertake an extensive self-study
 - a. Autobiography
 - b. Diary or intensive journal
 - c. Psychological readings
 - d. Use what you have learned but avoid creating *false memories*
4. Recognize unconscious forces: to see the continuing influence of your childhood.
 - a. Your inner child(s) of the past
 - b. Life scripts
 - Life scripts, continued
 - Life scripts, continued

- c. [Myth analysis](#)
- d. [Myth analysis, continued](#)

5. [Self-analysis](#): to probe for insights.

- a. [Psychological testing](#)
- b. [Projective techniques](#)
- c. [Guided fantasies](#)
- d. [Feedback from others](#)
- e. [Reframing](#)
- f. [Let the body talk \(Focusing\)](#)
- g. [Free association and word association](#)
- h. [Catharsis and abreaction](#)
- i. [Early memories](#)
- j. [Other methods](#)

6. [Dream analysis](#): to uncover concerns and needs by studying dreams.

- a. [Dream analysis, continued](#)
- b. [Dream analysis, continued](#)



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[reading room](#) [treatment](#) [resources & administration](#) [help](#) [feedback](#)

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INTRODUCTION

If there are *unconscious motives*, urges, feelings, defenses, and thoughts inside of us, or if parts of our brain carry out mental processes we are unaware of, it seems reasonable that *knowing about those forces would improve our chances of controlling and directing our lives*. There is so much we do not understand about ourselves and others, partly because we just don't know the laws that determine behavior and maybe partly because we are unconscious of what's going on. Perhaps it was no accident that the first psychotherapy--psychoanalysis--strove to uncover "the unconscious." That was 100 years ago. Today, everyone is to some extent a Freudian psychoanalyst. We all psychologize about what makes people tick. We look for the true (often hidden) motives of a new date, a salesman, a politician, an employer, and others. Once we become aware of defense mechanisms and repression, we even wonder about our own unconscious perceptions, needs, thoughts, and intentions. The notion of unconscious processes constantly being at work in all of us has been well ingrained in our culture for several decades. Now, even the new brain research supports the idea that many parts of our brains can be doing things without our conscious "self" being aware of what's going on (see The Mind series on PBS).

Man's mind stretched to a new idea never goes back to its original dimensions.

-Oliver Wendell Holmes

As additional methods of psychotherapy came along--Client Centered, Psychodynamic, Gestalt, Transactional Analysis, Interpersonal--the methods changed but the purpose for all these therapies remained the same, namely, to gain insight, to understand our mind and emotions better. Only during the 60's and 70's did the Behavior Modification and Behavior Therapy approaches disregard the unconscious. More recently, with the resurgence of Cognitive and Cognitive-Behavioral techniques, the unconscious is back but in a different form. The Cognitive therapists recognize that the distortions of our perception and thinking are often unconsciously self-serving, but they do not speculate a lot about evil repressed motives. As long as the unconscious is there in any form, some of us will feel a need to

explore it.

As you may know, insight-oriented therapists say that self-analysis is very important for a therapist, even essential. Freud devoted the last hour of every day to understanding himself. The truth is, however, that most psychoanalysts and other therapists become introspective only when they are having personal problems (Goldberg, 1993). Furthermore, even when stressed, their self-insight efforts tend to be superficial. My point is: the professionals, who are taught it is important, haven't invested much time and effort into self-analysis. Why not? Maybe it is too uncomfortable to probe into one's real, honest motives, or maybe we just don't have the techniques or methods for making self-analysis fruitful, or both. Goldberg, a psychiatrist, believes that we humans universally avoid thinking deeply about ourselves because that process would soon reveal how little we know, how limited and fragile our relationships are, how little control we have over life, how ashamed we are of ourselves, how constantly vulnerable we are to pain and death, etc. Thus, we subtly resist getting to know ourselves--preferring to have our illusions that "everything will magically work out." Unfortunately, seeking the comfort of denial and ignorance makes it unlikely that we will cope well and self-improve in any of these areas that we prefer not to face. Every one of us faces this predicament (i.e., self-study or self-avoidance) right now. I urge you to learn as much as you can about yourself and others. Relationships with people will be the most important part of your life. Be an expert, starting with yourself.



All men should try to learn before they die what they are running from, and to, and why.

-James Thurber



Insight oriented therapies, like all therapies, make assumptions about human nature. Based on what theorists think they have found in clients' minds, naturally they suggest that is what you should find when you self-explore. Psychoanalysts believe unconscious selfish, hostile, destructive, infantile, sexual, and love needs dominate our unconscious and drive our behavior. Humanists and client-centered therapists believe that safety, self-acceptance, and needs for love, friends, ideals, and self-actualization drive us. If you accept the psychoanalytic view, you must remain constantly alert to the sinister and animalistic motives that lurk inside all of us...we must tame the beast within. If you accept the humanistic view, you only have to avoid neurotic barriers to achieving your basic needs to be good. The neurotic needs prevent you from automatically blossoming into a caring, mature, self-actualized person. I personally assume that both selfish-evil impulses and stressful neurotic thoughts are sometimes shoved out of our awareness and into our unconscious where they still have influence. I suspect both mean-selfish-angry impulses (mostly out of awareness) and good-caring-achieving drives (mostly in our awareness) are constantly competing for expression in all of us.

Regardless of whether our *basic* nature is good or evil, it is obvious that *many cognitive processes occur without our awareness*, e.g. our unique perception of the situation, our specific memories brought to mind by the circumstances, our idiosyncratic explanation of events and feelings about them, etc. We are not able to perceive how mental events (our perception, learning, memory) occur--but not knowing how our mind works isn't the same as being unaware of our hostility that everyone else can sense. Also, a distinction needs to be made between driving a car automatically (without conscious effort) and being unaware that our political opinion on some issue is self-serving. Only the latter self-protective deception (where our sense of justice is influenced by selfish needs), not the driving, is ordinarily considered an unconscious process. In short, implied in the notion of an unconscious process is some unpleasant force influencing the person but hidden from him/her. Still, there are two conceptions of what kind of "forces" get pushed into our self-protective unconscious: impulses, feelings, thoughts, motives, or acts that are (1) aggressively mean, selfish, sexually immoral, nasty, and humiliating (Freud's unconscious) or (2) uncomfortable, stressful, and embarrassing because they would expose our weaknesses, problems, selfishness, or denial, and force us to get in touch with our anxiety (cognitive unconscious).

So, in any case, it isn't surprising that *people resist looking into their unconscious*. How about you? Surely, it is a little scary, even though you are curious. Freud thought people in the Victorian era were very afraid of and repulsed by his ideas, such as the sexual interests of children. (Even today, the sexuality of children is vigorously denied by adults, partly because of the epidemic of sexual abuse. Of course, the adult abuser is totally responsible but that doesn't prove that children are never interested in sexual play.) Many people resist getting to know their true selves. There is even a prejudice against people who have been in psychotherapy. Perhaps there should be a bias in favor of the intelligent, courageous people who seek to "explore and straighten out their minds." But heaven help the presidential or vice-presidential candidate who admits he/she has been in therapy. That bias is naive! We might do better if we *required* candidates for high office to have had therapy (or prove he/she has never needed it!). Avoiding frank honesty with oneself does not occur just among the naive, pure-and-innocent, and overly-religious types but, according to Bertram Karon, it is a factor in drug-oriented psychiatrists who avoid doing psychotherapy, in research-oriented academic psychologists who bad mouth psychotherapy, in patients and their parents who see mental illness as a chemical imbalance, and in many other circumstances. Even insight-oriented psychotherapists may fear understanding their patients and, then, seeing themselves in their patients (DeAngelis, 1988).

I have never seen a patient, the germs of whose disease I could not find in myself.

-Sigmund Freud

Naturally, we don't like to uncover bad things about ourselves. Yet, awareness,

mindfulness, insight, introspection, psychological-mindedness, introversion (as described by Jung), self-reflection, or private self-consciousness are generally valued concepts. One could argue that it is better to be aware and have a chance to cope with some "problematic" personal characteristic than to have this undesirable trait operating inside of us and be ignorant of it and, thus, helpless to change. But, some people think psychological-minded people are emotionally detached, emotionally unexpressive, poorly adjusted, and painfully self-conscious. Not true (Farber, 1989). Actually, more aware people are more emotional, *but* they may not express a greater proportion of their emotions (and, therefore, look like they are withholding their feelings). Unfortunately, while psychologically aware people may be wiser, they are probably sadder and have lower self-esteem (see Farber). Being insightful means you see your faults, your failed opportunities, your selfish and mean impulses, your self-serving self-deceptions, etc. This is humbling and maybe scary. Nevertheless, insight is made more tolerable *if* you can take a deterministic attitude (method #4 in chapter 14), believe everyone has all kinds of evil thoughts and feelings, and think you can and will stay in control so long as you know what is going on inside of you. Facing your true nature can be more of an asset than a liability.

One hundred years after Freud described in fantastic detail the unconscious (the "hidden 6/7ths of the mind"), experimental science has not come close to objectively investigating and explaining the denial of an alcoholic or a smoker, the mechanisms of repressed childhood abuse, the self-cons of the procrastinator or underachiever, the blindness of a hysteric or a hypnotic subject, etc. Clinicians describe and speculate about these matters, but science is pretty impotent with the unconscious, thus far. Science has investigated the subliminal (quick) perception of words or symbols (we do learn without awareness), subliminal popcorn ads and self-improvement tapes (no evidence they work), other very simple perceptions (are influenced by needs and expectations), and very simple judgments, like "Is this a famous name?" (such judgments are influenced by "forgotten" information). But, we certainly don't know scientifically how influential or how smart the unconscious is (see June, 1992, *American Psychologist*).

With the evolving view of the brain as having many parallel clusters of neurons, researchers now think unpleasant information, such as the denial of cancer or the repression of sexual abuse, is being stored separately from verbal awareness. That's neat, but why and how is this done? What part of our brain decides that certain ideas and experiences are too painful to remember? How does that part make its judgments and then put the memories into "don't-think-about-this" folders? The new theories substitute mysteriously functioning neuron clusters for Freud's little censor inside our head who has advanced warning of bad thoughts coming from our unconscious and immediately protects our conscious selves from painful information, memories, or urges. Not much of an advance for 100 years. In fairness, brain functioning is a hard area to research.

The major way used by helpers to make the unconscious conscious is to describe what probably goes on inside our heads without our awareness. The hope is that the helpee will

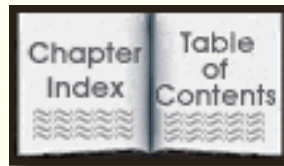
overcome his/her resistance to unconscious factors, accept the ideas as possibilities, explore different ways of seeing their situation, and, then, try out better ways of coping. Much of chapter 9 takes this approach. Thus, if you are interested in learning more about unconscious processes, please read chapter 9 before attempting to use one of the following methods. The previous discussions of personality, games, life scripts, childhood traumas, gender roles, chauvinism, etc. provide road maps to what you might find in your unconscious, such as common aspects of everyone's personality, possible hidden motives, self-deceptions, effects of parental neglect, unseen dynamics in relationships, etc. Reading chapter 9 is a good basis for doing more fruitful exploration by using the methods in this chapter.

It may, at first, seem paradoxical and impossible for a self-helper to deal with his/her own unconscious. However, just as there are methods for a therapist to reveal the patient's unconscious to the patient, there are methods for you to discover your unconscious all by yourself. That's what this chapter is about--providing you with specific methods for increasing your insight and self-awareness.

Like other chapters, select the most interesting and promising methods and read the "general idea" section to see if it seems promising. You will not be able to immediately use all these ideas; some require a lot of time and thought.

[← Back a page](#)

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BECOMING OPEN-MINDED

First, as mentioned in the "Straight Thinking" section of the last chapter, we are prone to over-simplify the causes of our behavior. Remember the "fallacy of the single cause?" Almost every action has many causes, perhaps 15 or 20, maybe more. It is not our custom to think so complexly, but it may be closer to reality. Secondly, the strength of each of the causes is probably constantly fluctuating, so the precise prediction of human behavior is very difficult. The murderer might have run away from the victim or broken down and cried or killed him/herself, if he/she had waited one more minute. Thirdly, there are influences on our behavior that we are ashamed of and deny. Being open-minded to the complex causes and to the unconscious factors operating might greatly improve our coping with real problems.

If we could honestly explore and accept every possible motive, thought, or feeling within us, regardless of how mean, perverse, or shameful it is, presumably we wouldn't have Freud's kind of unconscious, i.e. a pool of *repressed* threatening, immoral, inconsiderate, destructive, self-defeating forces that influence one's thoughts and actions in unknown but usually unhealthy ways. Why shove scary, evil thoughts out of your mind, if recognizing those thoughts and handling them will help you understand yourself and make reasonable decisions? Ask yourself: Who would I feel safer with, a friend who recognizes his/her resentment or jealousy of your brains or possessions or love life and monitors his/her thoughts and feelings to guard against acting on those irrational feelings in hurtful ways *or* a friend who was oblivious to his/her feelings and their causes? The answer is obvious.

Nevertheless, you may still worry that recognizing all these evil impulses will cause you to lose control or, at least, cause you stress. I understand. Indeed, some discomfort is likely, e.g. if you are homophobic or just have a reaction of "yuck" to imagining sex between two people of the same sex, yes, it is going to be uncomfortable to also realize some positive attraction within you to homosexual activity. Examples of uncomfortable thoughts in this area: realizing your liking and wanting to be with your best same-sexed friend has some similarity to homosexual "love," males realizing their interest in observing and comparing penises, females finding breasts attractive (and why not, they nursed the

same as boys), and getting a little aroused by an X-rated movie of homosexuals. But, by increasing self-awareness and going through some stress, you may become less hateful, less discriminating, more understanding, and more at ease interacting socially with homosexuals. You are *not* going to become homosexual if that isn't your natural and powerful inclination. So, why be so afraid or appalled?

It may also be reassuring to remember that having a thought or a feeling is not the same as carrying out the act. As discussed in chapter 6, thinking of beating up on somebody is not the same as doing it. On the other hand, repeated thoughts about assaulting people don't sound too healthy and probably increase the likelihood of undesirable actions. If Jimmy Baker and Jimmy Swaggart had thought less about prostitutes and affairs, they probably would have been less likely to act out. If they had totally denied to themselves any interest in other women, they might have had other problems--an obsession with stopping prostitution or topless dancing, condemning all "johns" to hell, and similar actions, called "reaction formations." A wise self-helper will understand and control his/her thoughts as well as behavior.

As Freud openly admitted, therapists usually find they have tendencies similar to their clients. After seeing patients, Freud devoted time every day to self-exploration. If therapists did not have this awareness and tolerance of their own basic drives, they would surely have more difficulty helping their patients gain insight. Part of becoming an effective therapist and, likewise, a good patient is to become open-minded, to accept that everything is true of you to some extent. This is "a hard pill to swallow"--what about murder or incest or becoming totally dependent? You may have very little tendency in certain directions, but there is probably some. The point is not so much that we are all potentially vile, crude, and dangerous, but rather the idea is that we should be able to explore within our own psyche and soul. It can be an exciting, fruitful adventure.

Purposes

- To learn to accept needs and ideas that have been denied. This may include saintly motives, such as the urge to feed the 30 children dying somewhere every minute from starvation, as well as sinful ones.
- To recognize the likelihood that behavior is complexly determined.

Steps

STEP ONE: Look for multiple causes of behavior and consider that "everything is true of you."

I have consistently encouraged you to think of the causes of your behavior as being

complex. First, as chapter 2 says, there are five parts to every problem--behavior, emotions, skills, cognitive and unconscious factors. Each part has many causes, e.g. if the problem is being overweight, the behavioral habit of eating dessert at lunch and dinner is one aspect of overall eating behavior. But, overeating is also a function of many other behavioral-environmental factors, such as childhood and current eating habits, food availability in the house, tradition and social environment, spouse's and friends' attitudes, and so on. The lack of exercise is related and also caused by many factors. Likewise, emotions--stress, loneliness, sadness, guilt, feeling inadequate, and anger--may contribute to eating. Each emotion has its own complex history and causes, and its own connection with eating. The lack of knowledge about calories and cooking skills can contribute to overeating, as can denial, rationalizations, excuses, a defeatist attitude and other rational and irrational cognitions. Finally, we have unconscious factors, each with its own learning history. By now the foolishness of the fallacy of the single cause, referred to in chapter 14, should be clear to you. Humans are complex. Probably most behaviors or thoughts or motives have 15 or 20 or more contributing causes.

Besides the obscurity due to complex causes, this method is also concerned with embarrassing causes which are hidden from ourselves. How can we possibly overcome our own barriers to seeing threatening, unpleasant causes of our behavior? First, by increasing the value we placed on awareness and, second, by decreasing the shame and repugnance we feel towards an unconscious motive. Just being open-minded and honest with ourselves is all we can ask. But it takes practice. Remember from the beginning paragraphs, the question is not, "What am I?" but rather "How much am I this way?"

STEP TWO: Look for evidence of unconscious needs or feelings.

Surely you occasionally have self-critical or even self-destructive thoughts: "I hate myself," "I want to be mean," "I should be punished," "I am bad," "I'd like to die," or some very negative feeling. Do you take risks with your life by driving fast or reckless? Do you smoke or drink (even one beer knocks off brain cells) or over-eat? Do you neglect a possible health hazard? Do you unnecessarily disclose your faults and mistakes? Do you break the law and, thus, risk your reputation? Maybe there are more of these self-defeating thoughts and impulses than you are aware of, i.e. unconscious influences.

Surely you occasionally have very mean, angry thoughts: "I'd like to kill him" or "I wish I could prove to everyone what a jerk he is." Do you hold grudges and want to get revenge? What about sexual urges and motives? Do you have sexual dreams that embarrass you (or would if you told)? Why do lots of people fantasize about being a prostitute or gigolo? Do you leer and recognize your sexual attraction to people other than your current lover? ("Oh, sure," you say, "I'm human.") Well, besides these conscious feelings is it possible that many other sexual needs are kept in your sub-conscious?

Surely you occasionally wish to be as free as you were as a child, without responsibility and duties, taken care of completely, held and stroked, and perhaps even feed by breast. Do you like to curl up in a ball ("fetal position") under a warm blanket--is that returning to the womb? Do you wish to be powerful, perhaps handsome or beautiful, admired or even worshiped by others? Do you enjoy beating others in some competition, perhaps even enjoy seeing others fail sometimes? Might you be willing to neglect the needs of some people in order to gain advantage for yourself over others? Might this overlooking of others' needs be an unconscious way of avoiding seeing a responsibility you have to help them?

I am not saying you *will do* awful things--murder, incest, steal, abuse, lie, etc.--but I am suggesting that maybe you have tendencies to do all kinds of things. Not very strong, but a little... a potential. Instead of denying all evil impulses, I'd encourage you to explore them, see if they might be there; if so, accept them and understand them, and keep them under *better* control than if they were unconscious. Are you resisting looking for certain feelings? The more you resist and deny any possibility of feeling a certain way, the more you should look for evidence in that direction. Example: I once saw a young couple with marital problems. One disagreement was about having sex as a couple with a male friend. The husband wanted all three to have sex together. When I asked if he had some homosexual interests in the friend, the husband immediately became very angry at me, accusing me of distorting his motives, of being in the "dark ages," and wanting to make something "perverse" out of an open marriage. He protesteth too much.

Don't just look for unacceptable urges, look for good impulses that may also be held in check by fear, "being reasonable," or selfish interests. Examples: Loving someone or, better yet, everyone, adopting an abandoned child, giving up a good paying job for one that provides care to others, doing volunteer work, sharing some of your most intimate secrets with a friend, etc. Quite possibly we unconsciously repress our saintly tendencies as well as our sinful impulses.

STEP THREE: Try to understand some of your baffling behavior by listing all the possible causes. Look for "unfinished business."

If you are still trying to digest the idea that everything is true of you (and have not yet thrown up or thrown the book away), select a specific problem, behavior, or interaction to understand better. Go through the five parts (see chapter 2) and list all the causes or influences you can imagine for each part. What needs might be satisfied by this behavior or problem? What are the possible obvious and hidden payoffs? Consider all the outcomes that might actually occur and ask, "Could I possibly be wanting that outcome?" (answer "yes" even though you consciously think that outcome would be terrible). What old emotional hang-ups could be aroused in this situation? For example, does this person or the situation remind you of some emotional experience in the past, some "unfinished business?" This is frequently a powerful unconscious factor. Examples: a new

boy/girlfriend reminds you of the old one (and you respond inappropriately); the boss reminds you of your father; taking a test reminds you of flunking the last one.

When you run out of ideas about causes, try to find even more:

1. Read about this sort of behavior or problem (see the next method), add to your list other peoples' ideas about causes.
2. Ask friends for their honest opinions about causes and influences in your situation.
3. Talk to people who have or have had the problem.
4. Discuss the problem with a respected person, a psychologist, or other persons.
5. Some therapists (Mc Mullin, 1986) have already prepared a list of all the possible causes of a specific problem, e.g. agoraphobia, they can think of, including events, thoughts, and other feelings. Examples: anger, guilt, sexual urges, loneliness, fear of going insane, feeling unreal, fear of losing control (panic), money problems, demands by others, failed at something, etc. You can add to your list the ones that seem true for you (and make a mental note of the causes not true for you).

You are likely to identify 10 or 15 conscious causes and 5 or more unconscious causes. Like in brainstorming, don't criticize your ideas about causes, just record the influences as they occur to you, even if they seem unlikely or ridiculous. You will evaluate each cause in the next step.

STEP FOUR: Weighing the importance of each cause or motive or influence.

All behavior is 100% caused, so take the list of all possible causes of your problem and assign each cause a percent, according to its importance or degree of influence, so that the total is 100%. Use your knowledge of behavior, your intuition, or your best hunch to assign weights. It will, of course, take some adjusting of percentages to get the total weights to equal 100%. But it is usually eye-opening to see how many causes are involved and to realize that even the most powerful causes may only contribute 10 or 15 percent of the total.

A different approach was used with phobic patients (mentioned in #5 of the last step). Each person was asked to list 10 situations in which they panicked and 10 similar situations in which they had not panicked. Then they rated which of the possible causes existed just before they panicked...and before not panicking. Thus, they identified probable causes of their panic in several situations...and conditions that do not lead to panic.

STEP FIVE: Use your analysis of the causes as a guide to strengthening the factors that produce the desired behavior and to reducing the troublesome factors.

All self-help involves trying to increase the factors that produce the desired behavior and reduce the factors that produce the unwanted behavior. Example: suppose you get mad at a lover because he/she did something that unconsciously reminded you of a disliked parent. If you become aware that one of the causes of the excessive anger is the similarity between lover and parent, i.e. "unfinished business," you can talk to yourself and reduce the inappropriate anger by saying, "Hey, my lover isn't my parent and I'm not going to be irrational about this." Without insight, you are left with "my lover makes me so mad" or "I have such a temper." The insight-oriented therapist depends on the rational part of the client to detect and correct the irrational, unconscious parts. The cognitive therapist, however, might simply focus on the irrational expectations made of the lover (without worrying about the reason for these expectations); the behavior therapist might desensitize you to the lover's behavior that made you mad (without regard to how you originally learned the anger response); other therapists might teach you how to handle the anger, as in "fair fighting," (without analyzing the source) and so on. All methods might work, but insight seems cleaner and more complete *if*, as in this case, awareness of the unresolved anger results in fewer over-reactions in a variety of situations.

Let's suppose at age 24 you are looking at the causes for your procrastination. One factor among 15 or 20 might be a resentment of having to work and a wish to return to your care-free years of 8 or 10. All of us yearn for the security of being totally cared for, being free of responsibility, having the time to do whatever we feel like doing, etc. If we thought about it consciously, such child-like wishes would be seen as unreal and foolish. Yet, if left unconscious, the wishes can exert some influence, perhaps through the vague feeling that if I don't study or do well on this job (procrastinate), I can go live at home and dad will get me a good job and everything will be comfortable and wonderful. Some part of you has to tell the scared, dependent part to face facts and stop screwing up your life.

Please note that unconscious factors frequently exert very little influence relative to the conscious payoffs, emotions, skills and thoughts. Also, note that unconscious factors may strengthen desirable tendencies as well as unwanted behaviors and feelings. Examples: the same sexual interests that push a person to get fat to avoid temptation may push the same person at another time of life to lose weight to be sexier. The same drive for child-like dependency that leads to procrastination may be directed differently and push us into over-learning for exams.

Time involved

If you are psychologically ready for this open-mindedness, then little else needs to be done. You will apply what you read about others to yourself; you will wonder if friend's

and stranger's problems and urges exist in you too; if you look for unconscious factors, you will find them. If you are resisting the idea, then you may never see many unconscious factors in yourself or in others. But you will have to continue working hard to deny the evidence for the unconscious discussed in the next section.

If you attempt to examine all the causes of a problem, as described in steps three and four, it should only take half an hour to come up with the initial list. But if you read or talk to people and ponder extensively about the causes, then a few hours will be needed. Once the list is pretty complete, the assigning of weights won't take but a few minutes, just give a quick gut response; maybe ask a friend or a counselor; no one knows the truth.

Common problems

The major barrier is rejection of the idea of having illegal, immoral, sinful, gross, mean, selfish impulses lurking inside you without your awareness. You won't look for these influences if you don't believe in them and/or find it too embarrassing or painful. If your resistance to these ideas is quite high, there may be some wisdom in your reaction; frankly, I wouldn't push it too much.

Actually, the evidence for unconscious factors is compelling. In the split-brain studies, these people clearly have perceptions, responses, motives and emotions that escape their awareness. Under hypnosis, people can do things they don't remember and they can carry out post-hypnotic suggestions without knowing why. In multiple personalities, one personality is often not aware of all the others. We all use defense mechanisms. No one would deny that playing, partying, sleeping, listening to music, watching TV and so forth are used sometimes to avoid and forget unpleasant duties; yet, we aren't always aware of what we are doing. We often do not realize that our own irrational ideas cause many of our emotions. Therapists repeatedly find unconscious motivations and "unfinished business." All of us are at times puzzled by our own behavior and feelings. We frequently forget the way we originally learned to respond, think, or emote in a certain way; in a sense, the causes become "unconscious" as we forget. No one can deny these facts, but some people will still refuse to face and look into their unconscious.

Freud would also quickly point out that the unconscious is very clever. It might easily persuade you that your unconscious factors are of little importance day to day, hardly worth thinking about.

Some therapies, such as Gestalt and Psychoanalysis, assume that once you have discovered some force in your unconscious, you will automatically handle the force in a healthy manner. Almost as though the unconscious drive loses its power once the owner becomes aware of it. This may not be true. We need to know much more about handling these vile impulses we all have.

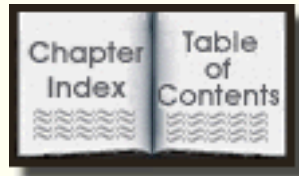
Effectiveness, advantages and dangers

I know of no solid objective evidence of the benefits of uncovering unconscious motives and traits, relative to the benefits from non-insight methods. Yet, thousands of therapy patients feel that gaining understanding of their feelings and behavior has helped them to change and feel better. In the process of going through training to become an insight-oriented therapist--and while doing therapy--one gradually accepts the idea of unconscious factors. We psychologists haven't yet proven that insight therapists or their patients are more aware of their unconscious or more able to handle personal problems than others. In fact, Ellis (1987) says we keep on fooling ourselves even after therapy. This denial of the truth may, in some instances, actually help us feel better about ourselves (see discussion in the introduction to this chapter). So, there are potential dangers in becoming aware and in remaining unaware.

What is certain is that a single reading of this method will not throw open all the doors to deep, dark secrets within you. The unconscious will not reveal its secrets unless it is safe to do so. Uncovering the unconscious is a long, complex, unending process. In therapy it can sometimes be upsetting. Only a therapist should be trying to force open doors to another person's unconscious, for instance by expressing hunches about what is hidden in the client's unconscious. Friends and non-professionals should generally stay out of this. But we can push open our own doors without much danger. If the "secret" would be terribly upsetting, you just won't be able to open the door yet. To some people exploring the unconscious is a great adventure. It is a vast, fascinating world.

Case illustration

About 25 years ago I was 20-25 pounds overweight. As part of my very first self-help project, to lose weight, I listed the causes of my overeating. The first 11 factors were environmental factors, like having lots of food around, and learned habits, like having a "sweet tooth," poor eating habits--candy bars--during the day, a family tradition of a big supper and snacks in the evening, and a drink as a way of socializing. Then there were 5 or 6 unconscious factors, e.g. to displease my wife, to avoid other women, to allay anxiety and feel well nourished, to be "big" and make myself more imposing, and to kill myself with a heart attack. I lost the weight primarily by joining Run For Your Life. Yet, I should have considered the unconscious factors more seriously since I was both divorced and had heart trouble a few years later. The main point is, however, that even in such as commonplace area as eating, there are several possible unconscious factors.



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SELF-AWARENESS

Gestalt methods of increasing awareness

Fritz Perls (Perls, Hefferline & Goodman, 1951; Perls, 1971, 1972, 1976), a psychoanalyst, spent a long lifetime helping patients and group members become more aware of their potential to discover and change parts of themselves. Unlike Freud, Perls did not look for childhood causes of behaviors or feelings. He looked for ways for the patient to find and re-own unconscious *feelings*, wants, and behaviors. He wasn't concerned with why these things were hidden. He simply assumed you needed to have "all the facts"--full awareness--in order to cope with life.

If you have shoved important, painful experiences and feelings out of your conscious, and they now operate unconsciously, how can you possibly make intelligent decisions and adjust to the situation? You don't see things realistically; you don't know your own needs; you don't respond appropriately. Gestaltists try to help people work through their "unfinished business." This means becoming aware of old hurts, fears, needs, and resentments which are still alive but buried in your unconscious and which continue to distort your view of reality. Fritz Perls and other Gestalt therapists developed several methods (experiences) for increasing awareness of these repressed emotional experiences that secretly disrupt our lives, carry over the past into the "here and now," cause neuroticism, interfere with decision-making, etc. Some of these methods are described here for you to try.

Like all insight therapies, Gestaltists emphasize "know thyself" and "the truth will make you free." Yet, Gestaltists don't ask their patients "*why* did you do that?" because it arouses defenses and encourages rationalizations. Instead, they ask their patients to experience all of their selves, to accept all their alienated parts (as in method #1) and, thus, become whole--a gestalt. Similar to Freud's assumption that insights will automatically be used, it was an Gestaltist notion that we humans will intuitively make good decisions *if* we are playing with "all our marbles," i.e. if we really are aware of the "unfinished emotional business" and unconscious drives that are going on inside of us. Thus, a basic principle of Gestalt therapy is to let your natural wisdom or intuition flow--stop thinking about what you "should do" or "should have done" and do what "feels right." Gestaltists suggest other healthy attitudes: (1)

assuming responsibility for all of your self--your traits, decisions, feelings, and actions, (2) being your true self, your own person, independent--not conforming to others' expectations, and (3) living in the here and now--not regretting the past, not obsessing about why we did something, not trying to plan and control everything in the future, but being in touch with our feelings and what is going on right now around us.



I do my thing, and you do your thing. I am not in this world to live up to your expectations, and you are not in this world to live up to mine. You are you. And I am I.

-Fritz Perls



Gestaltists, while stressing self-responsibility, feel that self-help procedures and techniques are of little value. Why? Because they believe that self-improvement pits one part of you, the part that wants to change, against another part, the part that wants to remain the same. So even if self-help methods force a change over the resistance of another part of you, such as weight loss or being more assertive, you are likely to revert back to being overweight or passive after the self-help project is over. Instead, Gestaltists suggest getting to know both the "I want-to-improve" and the "I-don't-want-to-change" parts very well, and then doing what feels right. By not pushing for self-change, Gestalt therapists help each client find his/her unique barriers to self-improvement. Once the emotional barriers are known, the problem resolves itself. (I believe they have a point, but we still need methods for getting in touch with our conflicting parts and unfinished business.)

Purposes

- To increase your awareness of three "worlds" where your consciousness spends time: the outside world, the inner world of feelings, and another inner world of plans, memories, and thoughts.
- To help you recognize the pockets of "unfinished business" in your garbage bag, so you become more rational and effective.
- To teach you some techniques for gaining greater awareness of unconscious feelings and needs. Gestalt therapy is not technique-oriented, it is process-oriented. But there are techniques or "experiences" which aid the process of insight and awareness.

Steps

STEP ONE: Becoming more aware of the full range of experiences possible in the here and now. What is the focus of your awareness?

You realize, of course, that hundreds of things are available for you to attend to at any moment: sensations from all your senses, observing the environment or your actions or emotions, having fantasies, memories, plans and many other thoughts. You notice very little of all that is available. This selection process is instantaneous, constant, and mostly unconscious. Let's see if we can clarify for you what you tend to focus on...and what you exclude from awareness.

Begin by observing what you become aware of during two minutes of "quiet time," i.e. no TV blaring, no loud music, no one nude walking by, no pressing physical needs, no demands to decide what to eat for supper, and so on. If you need a little structure, then say to yourself, "At this moment, I'm aware of..." or "Here and now, I notice...." Please, do this exercise (two minutes) before reading on.

Now, ask yourself: Which of the three possible worlds did I focus on the most? (1) Cognitive world: inside your head--thoughts, fantasies, problems, plans for future, remembering the past, etc. Did you rehearse dealing with some situation? (2) Affective world: inside your body--physical sensations, emotions, and feelings. Did you notice your physiological responses, such as heart rate, nervousness, muscle tension or twitches, tiredness, upset stomach, sweating, etc.? (3) Outside world: the environment--sounds, sights, temperature, observation of events or other people. Did you attend to distant noises, to objects you had previously overlooked? Which world did you focus on the least?

Gestaltists believe we live too much in our heads and avoid sensations in our bodies. Thus, the saying, "lose your mind, gain your senses." In our culture we tend to disregard what is going on in our bodies (that is why Gestalt therapists pay so much attention to the patient's gestures, mannerisms, and body language) but do an excessive amount of head-tripping, i.e. trying to reason, plot, manipulate, and self-help our way out of a problem. Without being clearly aware of the complex and conflictual feelings in our body and in our "unfinished business," our coping will be impaired. Awareness is not easy to gain, however.

Your task is to become open to all feelings and sensations in you, to perceive the environment in detail, to be a fully experiencing person. Start practicing increasing your awareness. Try to see and note details in a familiar situation you never noticed before. Notice facial expressions, eye movement, body language, tone of voice, the little ways we signal "it is your turn to talk" or "it is time for me to go." Notice your hand gestures, eye movements, physiological and emotional responses, your feelings when touched or challenged, etc. Review your history and try to uncover the origins of your feelings and reactions to certain people or situations--look for the "unfinished business." Also, practice describing in detail an interaction you have recently had with someone. Note what is easy for you to focus on and describe, and which aspects of the situation you tend to neglect or avoid. A friend can help you realize what you overlook.

Bodily sensations and body language are peep holes into our hidden conflicts and

feelings. So you can see why, as the patient is talking about a concern, Gestalt therapists are constantly commenting, "What are you feeling?," "What is your foot doing?," "Your hand is making a fist, what is it feeling?," "What does it mean when you stretch like that?," "Stay with the feeling of guilt and see where it leads you," "What do you want to happen?" and so on. There is no reason why you can't constantly ask yourself, "What is going on inside me?" and, thus, become more self-aware.

It is also important to observe any resistance you have to increasing your observational powers and your awareness. Are you uninterested or bored with practicing to increase your awareness? Are you made anxious by these tasks? Are you saying, "I'm perceptive and aware enough!"? If you are resisting, you probably do tend to avoid facing some unpleasant feelings. The feelings, people, and situations in the past that most upset you are probably your "unfinished business"--the ones that are inhibiting you from being a fully and accurately experiencing person every moment of your life.

Another purpose of these Gestalt exercises is to clarify for you the difference between (1) having an immediate experience--having the feelings fully here and now--and (2) giving a "clinical" description--unemotional, cold and cognitive--of the feelings to a friend. I notice when I share a painful experience (divorce, a troubled child, a failure) with a group or friend, even though I am genuine, completely honest, and feeling very emotional inside, it frequently sounds like I'm describing a patient. This distancing--called intellectualization--is another way of avoiding intense emotions, and maybe a way of gaining some control over threatening feelings, such as crying. Notice the difference between saying, "I feel really angry--my arms are tense, my stomach has a knot in it, I'm perspiring and thinking 'What an SOB _____ is'" and saying, "Most people would find _____ quite irritating." If I or any person denied and intellectualized all the time, never directly experiencing or seldom admitting the feelings, it would surely reflect "unfinished business" and reduce awareness and coping skills in certain situations. Keep in touch with all your parts.

Beyond attending to body language, feelings, and wants, Gestaltists prescribe learning experiences or homework, such as having a group hold, comfort and feed an inhibited, aloof, unemotional man (to get him in touch with childish dependency again), having a dependent woman with a weak, whiny voice to talk like a little girl (to recognize how her helplessness is used), having a shy, self-depreciating person walk around the room like he/she had just gotten an A in a tough course (to recognize and accept feeling proud), having group members imagine being an animal (to see if the choice reflects personal traits or wishes), having a shy person gradually explore being more sociable, and so on (Gilliland, et al., 1989). Gestaltists also make use of dreams (see method #6), imagination (next step), guided fantasy (method #5c), looking for the opposites (next step), the empty chair (see step 3), and many other techniques for finding parts of ourselves. Most of these things you can do yourself.

Being aware is not just noting the details of what is happening for a few minutes; it is a

continuous way of life. It is an openness to everything around you and within you. It takes practice. Explore your worlds--all three of them--and observe details: "stop and smell the roses;" see the lines and movement of a familiar face; analyze the pain of rejection into fear, sadness, remembered joy, anger, hope, etc.; when you are attracted or annoyed by someone ask who or what he/she reminds you of, and on and on.

After this exercise, some people report feeling as though they had never fully experienced themselves before, saying, "I never realized there were so many feelings and sensations inside my body--heart beating, muscles tensing and twitching, myself touching and scratching, eyes blinking, breathing, eyes tiring, pants tightening, body relaxing, all intermingling with a constant stream of emotions."

STEP TWO: Looking for the opposites. Thinking more freely.

This experience is based on the assumption that everything has an opposite. In order to know happiness, one must have known sadness. In order to recognize greed, one must know there is another way--generosity. The Gestaltists believe that we are often aware of one feeling or wish or urge to respond a certain way, but unaware of other feelings, wishes or urges, including the opposite of what is on our mind. Remember the example of both wanting and not wanting some self-improvement. The objective is to become aware of all your parts and the conflicts among these competing urges and wishes, and in this way free up your thinking.

Perls, Hefferline and Goodman (1951) suggest imagining things in alternative or opposite ways. Examples: If you are short, imagine being tall. If you are honest, imagine lying. If you are a giving, loving person, imagine being in dire need of help and love. If you are a man, imagine being a woman. Imagine what might have happened if you had said "yes" instead of "no" in some important decision. If you believe something strongly, imagine it isn't so. Imagine disliking a person you ordinarily like or love. Think about the possibility that one person's gain is likely to be somebody else's loss, such as your getting a new job may mean someone lost the job and/or others failed to get the job, or the more of the company's profits go to the executives, the less money there is for the clerks' and janitors' wages, or the steel in your new car may have come from a defaced mountain side, or your beautiful furniture means a tree was cut, or your lobster dinner means the death of an animal and less money to reduce world hunger, and so on.

Other examples to practice: If you feel inferior, ask if you don't also feel superior. If you believe you are attractive, look for ways you think you are unattractive. If you are always sweet and nice to others (lots of southern hospitality), search for your resentment and distrust of others. Take a common fantasy, say being committed and devoted to someone, and look for urges in the opposite direction, say to use and dump him/her. If you daydream about being a failure, look for signs of your potential. If you dream of being great, look for frustrations in your everyday life. Reverse roles with your spouse or parents. Be flexible.

Loosen up. Use your imagination and let your feelings flow with the fantasies.

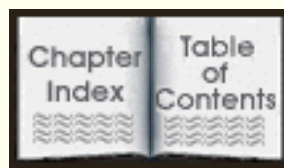
Next, these authors suggest you focus on some specific troublesome situation. First, get in touch with your usual ways of perceiving, acting in, and feeling about that situation. Do this long enough so that your current views and reactions are clear. Second, completely reverse the situation, i.e. imagine the opposite views (if you see it negatively, view it positively), the opposite actions (if you are quiet, be active), and emotions (if you are angry, be indifferent). Third, after experiencing both ways of seeing and reacting to the situation, try to find some "middle ground." If possible, stand on this middle ground between the two opposite reactions without judging either extreme. Give equal attention to each way of reacting, view each in detail with sensitivity and appreciation. This is called "centering."

The intent of this exercise is to free up your thinking and expose you to different alternatives, factors, and relationships you had not seen before. With this greater awareness should come clearer understanding and better solutions. Perhaps you will also gain some insight into your resistance to thinking flexibly and seeing the opposites. Did you experience anxiety, disgust or boredom while searching for any of the opposites? These reactions might be clues to fears that keep you from seeing things differently or from re-claiming the parts of yourself you have disowned. Self-awareness is very important.

Perls, Hefferline and Goodman cite several case illustrations, including a young man who was eagerly awaiting his wedding date. His fiancée was studying abroad. He missed her terribly and spoke glowingly of his bride-to-be and of marriage. His therapist asked him to go look for the opposites. He resisted but finally acknowledged she had some faults that might spell trouble in the future. Also, he had some financial worries, many demands on his time, and an interest in dating for a few more years. For the first time, he got in touch with some important feelings that had been drowned out by his positive feelings. He still decided to get married but realized these other feelings needed to be dealt with too.

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SELF-AWARENESS

STEP THREE: The empty chair technique: a simple means of exploring your feelings.

When you go see a Gestalt therapist, the office will usually have an extra chair--an empty chair. This chair serves an important function. The therapist may ask you to imagine holding a conversation with someone or something imagined to be in the empty chair. Thus, the "empty chair technique" stimulates your thinking, highlighting your emotions and attitudes. For example, the therapist may say, "Imagine your father in this chair (about 3 feet away), see him vividly, and, now, talk to him about how you felt when he was unfaithful to your mother." There are innumerable other people, objects (your car or wedding ring), parts of your personality (critical parent, natural child, introversion, obsession with work), any of your emotions, symptoms (headaches, fatigue), any aspect of a dream, a stereotype (blacks, macho males, independent women), and so on that you can imagine in the empty chair. The key is a long, detailed, emotional interaction--a conversation. You should shift back and forth between chairs as you also speak for the person-trait-object in the other chair. This "conversation" clarifies your feelings and reactions to the other person and may increase your understanding of the other person.

If you imagine anything in the other chair that gives you difficulty, e.g. a person upsetting you, a hated assignment, a goal that is hard to reach, a disliked boss or authority, a temptation to do something wrong, keep in mind that this person or desire is really a part of you right now--it is *your* fantasy, *your* thoughts. You may disown it, even dislike it, and think of it as foreign to you, like a "mean old man," "the messed up system," "Bill, the self-centered jerk," "a desire to run away," "the boring, stupid book I have to read," etc., but obviously the things said and felt by you in both chairs are parts of you here and now. Your images, memories, emotions, judgments, expectations about the other person or thing are yours! You have created this image that upsets you (although it is probably based on some external reality). And this conflict exists inside you; it's of your own making; it's yours to deal with.

As long as you believe, however, that the trouble lies with someone or something else--your family, the stupid school, society, "men"/"women," not having enough money, your awful job--you will do very little to change. You just complain and feel frustrated. Someone

else is seen are responsible for solving *your* problem. As Fritz Perls would say, "That's crap! Assume responsibility for your own difficulties, own them, explore them--all sides, feel them to the fullest, then make choices and find your way out of your own messes."

The Gestaltists (Stevens, 1973) point out that we are usually identified with only one side of an internal conflict. If we can get in touch with both sides--own both views--the difficulty can be resolved without force, the solution just unfolds naturally. Some examples may help: As mentioned before, in self-improvement what you want to be often conflicts with what you are. Forcing yourself to improve involves becoming preoccupied with changing and/or with failing. You are unable to fully experience and accept what you are here and now. If, instead, you were able to experience all your feelings and conflicting wants, then reasonable choices will supposedly be made to meet your needs without "force," "will power," or "determination." I doubt that awareness always results in effortless resolution of conflicts and growth, as Gestalt therapists claim, but certainly it is more helpful to be aware than ignorant.

Another common conflict frequently emerges if you imagine yourself in the empty chair and try to describe yourself. Try it... Notice if your description became critical. Gestaltists refer to a part of our personality called our "top dog" and another called our "under dog." The top dog is critical, demanding, controlling, pushing for change; the under dog feels whipped, pushed around, weak, resentful, tense and undermines top dog by playing helpless, "I can't do that. Can you help me?" It is important to know both parts well. You are responsible for both. Their differences can be worked out; both are trying to help you.

Few Gestalt methods have been evaluated but a small recent study suggested that the empty chair technique is effective (Paivio & Greenberg, 1995). We need hundreds of more studies of specific self-help or therapeutic methods.

STEP FOUR: Accept responsibility for the choices you make.

Begin this experience by completing these sentences with several responses:

1. I had to _____, _____, _____.
2. I can't _____, _____, _____.
3. I need _____, _____, _____.
4. I'm afraid to _____, _____, _____.
5. I'm unable to _____, _____, _____.

Do this before reading on; otherwise, you are likely to miss the point.

Now, go back and try substituting these words for the five beginnings above:

1. I chose to...instead of I had to...(whatever you filled in above)
2. I won't...instead of I can't...(whatever you filled in above)
3. I want...instead of I need...(whatever you filled in above)
4. I'd like to...instead of I'm afraid to...(whatever you filled in above)
5. I'm unwilling to work hard enough to...instead of I'm unable to... (whatever you filled in above)

Do you see how you might actually be denying the responsibility for many of your choices, wants, fears and weaknesses? It is important to see how this kind of thinking (and subtle use of certain words) can contribute to us feeling less free, less able, less satisfied with ourselves. In this way, we start to believe we have few choices and little power. We become unrealistically weak and passive. In reality, we often (but not always) have many choices and much power. Fritz Perls was a crusty old man who had little patience for people who "played helpless" to manipulate others. He would say, "Grow up and wipe your own ass." That puts it bluntly.

STEP FIVE: Working through unfinished business: Uncovering the repressed feelings that still mess up your life.

Just as you are almost always thinking something, you are almost always feeling something, even though you "don't pay it much mind." Furthermore, what you are now feeling is influenced by emotional "leftovers" from previous experiences. Gestaltists don't analyze "unfinished business," they suggest you re-experience it, to get in touch with the "leftover garbage." Examples: a middle-aged woman, who distrusts men excessively, discovers that the "garbage" from an irresponsible, rejecting father is still active. A 55-year-old man, who is tense and sensitive to criticism, realizes that guilt about not providing better for his ailing parents is very alive. Just like behaviors, feelings come from somewhere.

To understand emotions it is also important to realize that one emotion sometimes conceals another emotion. Examples: mild emotions may cover up strong ones--as we saw in chapter 6, boredom may conceal depression, disinterest in sex may conceal anger, withdrawal may hide self-depreciation. We all realize that how we see others or the world often reflects how we feel about ourselves. A person who feels capable is usually optimistic about others. If we think we are deceptive and dishonest, we are unlikely to trust others. Intense emotions often cover up other strong emotions; current emotions often hide old ones;

emotions often thinly veil a strong need or want.

Muriel Schiffman (1971) describes an experiential technique for uncovering the repressed "garbage" that is smelling up your "here and now." Try this sometime when you have a *strong unwanted emotion*, perhaps sadness, anger, loneliness, insecurity, etc. First, let yourself go and *feel the emotion* full strength, no matter how unreasonable, immoral, dangerous, or crazy it is. (Emoting privately--yelling, crying, writing, fantasizing--doesn't hurt anyone.) Second, *go looking for concealed emotions*, asking, "Do I also feel something else?" Remember the classic examples of intense emotions: crying hides anger, dependency suppresses anger, excessive smiles conceal depression, physical complaints belie anxiety, anger overshadows fears, feelings for one person are displaced to another, and so on. Third, also *investigate your bodily sensations and your emotions for more subtle additional feelings*, e.g. some anger that your friend doesn't lift your sadness, a slight satisfaction when someone fails, a touch of jealousy when you are left alone, a flicker of sexual arousal when you hear of a sexually immoral act, a touch of resentment when you concede to or do a favor for someone, etc. Explore these other feelings and see where they take you.

Fourth, *ask yourself, "What do these current feelings and the situation remind me of in the past?"* Have I been here before? What was my most intense similar experience? What was my earliest similar experience? What do the current words, actions, looks, feelings, etc. make me think of? *Re-live the earlier experiences* over and over until the strong emotions are drained and you can see more clearly the connection--the wholeness--between the past experience and the current feelings. Don't try to intellectually understand the previous experience, just try to get in touch with all the leftover emotions and memories still in your garbage bag. Schiffman suggests four good ways to uncover hidden feelings: (a) talk to friends about current and previous situations, (b) write out your feelings and read them later to see what memories come to mind, (c) while alone re-experience current and previous situations in vivid fantasy, and (d) what she calls "sneaking up on the hidden feelings," where you take any strong emotion, say from a film or a book, and ask, "What other feelings (besides the strong emotion described in the book) do I have?" and "What real-life experiences does this emotional scene remind me of?" Experience these uncovered feelings fully, become aware of how they are still influencing your life.

Fifth, after using this procedure several times (in a couple of weeks), ask yourself if there is a *pattern to your garbage*. Examples: Does anger usually follow my feeling guilty? Do I resent submissiveness like I saw in my mother? Do I feel like I should rescue all men who use drugs like my favorite brother? Do I usually cry instead of getting mad? Do I turn "cold" instead of dealing with the problem? Do I frequently displace my anger? Do I deny the same emotion over and over again?

Once aware of your "unfinished business," you can make use of this information to control your unreasonable reactions. The next time you over-respond emotionally, remind yourself of the emotional garbage you bring to the situation. Say to yourself, "it's not the

orders from the boss that are bugging me, it is my resentment of my dad's criticism" or "I'm responding to that woman as if she were my mother" or "just because I was dumped by _____ doesn't mean _____ will dump me."

Time involved

Opening our minds to many hidden experiences and feelings--developing a new experiential world--is time consuming, surely weeks or maybe months. Some of the techniques, like the empty chair used in a specific situation, may take only 10 to 30 minutes, but several techniques will need to be applied to scores of different emotions and upsetting situations before great new awareness characterizes much of your life. Attending to the "here and now" and working through "unfinished business" is never ending. So, get started.

Common problems

It would be foolish to assume that painful experiences repressed because they hurt a lot could be easily uncovered doing a playful exercise for fun. To "*work through*" a conflict you probably need to be quite frustrated with a part of your life and determined to understand what is going on. Even then, insights may not come easy or ever.

Some people do not have the psychological mindedness or imagery necessary to explore the unconscious for hidden feelings. Also, Gestalt therapists are directive--they tell the patient what to do to gain awareness. The techniques may not work as well when they are book- or self-directed. On the other hand, Gestaltists emphasize being self-responsible. But no one is in complete control of his/her repressed emotional life. Don't demand or expect too much from these methods. Lastly, there are two problems with the notion that awareness is curative: (1) there is no scientific proof that knowing all the feelings inside you will automatically lead to superior adjustment and (2) if awareness does not necessarily improve adjustment, some people may become absorbed with just uncovering hidden feelings, sort of perpetual psychological wallowing in emotional garbage, and neglect making actual self-improvements. So, the other psychological self-help techniques might be needed after all.

Effectiveness, advantages and dangers

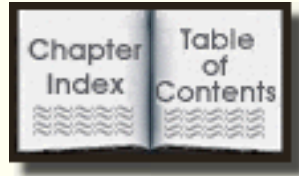
Gestalt therapists are more artists than researchers. Clinical experience and many case studies testify to the effectiveness of their methods, but there is little objective research on Gestalt therapy. Hardly any research exists on the self-application of Gestalt techniques. However, their books are interesting, popular reading and recommend self-application. The techniques are intriguing to most people.

Uncovering always involves some risks (presumably not as many as leaving the feelings hidden). Because our garbage is inevitably distasteful to us, rubbing our noses in it via new awareness may be, for some people, a very emotional experience. Remember: increased

awareness may include increased self-criticism. Gaining insight is the kind of experience that may best be done with a therapist. So, if you become upset, it certainly suggests you need to get the unfinished business cleared up, but with an experienced counselor's help in uncovering and then cognitively and affectively integrating the new awarenesses. The risks are no greater, however, than for most other methods.

[← Back a page](#)

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SELF-UNDERSTANDING

Autobiography, diary, intensive journal, and psychological readings

There are thousands of helpful psychology books. Books are often used by therapists in a kind of therapy called bibliotherapy, in which patients read and discuss psychological material in a group or with the therapist (Fuhrman, Barlow, & Wanlass, 1989). Therapists of all persuasions recommend selected readings to their clients. Undoubtedly, we discover new things about ourselves by reading of others' experiences--their thoughts, feelings, dreams, needs, altruism, emotional problems, destructive urges, relationships, and frustrations. We are similar in some ways to every other person. There may, in fact, be a slight tendency in us to do almost anything anyone has ever done (see method #1). Their emotions are our emotions. Their urges are our urges. Their insights become our new awareness. To know ourselves, we must know others of "our own kind" intimately. Much of that knowledge is in books and available to us, if we are open-minded.

All that Mankind has done, thought, gained or been, it is lying as in magic preservation in the pages of books

-Thomas Carlyle

Keeping journals and diaries help us pull together useful information from books, from observing events in our own lives, from talking with others, from our own thoughts, dreams, feelings, and internal drives. I especially encourage students to take personalized notes while they read useful psychology books. But I *discourage* writing a summary (like for an exam) of what they have read; you aren't preparing to take an exam; instead, write down *exactly how you can use* the information you have just read. Knowledge that is used is of much more value than stored knowledge; in fact, if you don't use new information within a couple of days, it isn't likely to ever be used and you may not store it for long. A journal is an excellent place to figure out how to improve yourself and your life. Daily diaries can serve you in many other ways, most of these ways are quite conscious but by thinking and writing in a

diary we gain new ideas and a different perspective. Certainly intimate diaries provide fascinating insight-laden reading weeks, months, and years later. Journals can involve in-depth probing, as you will soon see.

Therapists frequently take a careful social history, like a biography, before undertaking therapy. Knowing the background, the possible causes, facilitates finding the cures (see chapter 2). Books, such as John Bradshaw's *Family Secrets*, can guide your exploration for two or three generations back. It is amazing how often our problems are rooted in the problems and traumas of our parents' and grandparents' childhood. We can only know ourselves by knowing our family history. Writing an autobiography, incorporating your family history, greatly increases your awareness of the events underlying today's events and feelings. It can be fascinating and healing. The knowledge can also be a wonderful legacy to your children.

Many writers of autobiographies have commented about the powerful emotions, insights, and finally personal relief from re-living stressful periods of their lives, e.g. Steinum, 1992. Wegscheider-Cruse (1992) guides you through the process of writing your own history. Rico (1991) documents the value of self-healing by writing your way through a crisis, much as you would do when keeping a diary. Later we will discuss the value of writing a journal, seeing clearly your "life script," and finding meaning in your life via personal myths (Valley-Fox & Keen, 1992).

These methods--reading books, writing your history and autobiography, keeping a journal--are serious, time-consuming, long-term, down-to-earth, and reasonable efforts. Doing all three would require great, sustained effort which may amount to a change in lifestyle. Ask yourself if you are motivated to undertake any of these long-term tasks. A dedicated self-helper and aspiring psychotherapist will be.

Reading psychology books and keeping a journal do not deal with unconscious factors exclusively, of course. But read Freud and see if you don't uncover your Oedipus/Electra complex or some other sexual experiences in childhood. Write your history, consulting with your parents and siblings, and see if you don't view your childhood differently. If there has been friction with a parent, try to see "where they were coming from." Keep a journal for several weeks and observe to see if you have cycles (PMS or reoccurring relationships or high-and-low productivity) or if you experience the same emotion over and over. These are useful insights.

Purposes

- To benefit via reading from the knowledge gained through research and therapy.
- To understand the influence of your family and your childhood on your current life by reading and doing an autobiography.

- To use a journal to detect changes and connections that might otherwise go unnoticed, e.g. improvements, backsliding, events or thoughts that bring on problems, payoffs following certain actions, etc.
- To get in touch with internal forces that influence many aspects of your life.

Steps

STEP ONE: Write your autobiography. Decide what psychological mysteries you'd like to solve and what self-improvements you'd like to make.

Many people say, "My life is dull. I'm just ordinary." But I've listened to thousands of life histories and I've never heard an uninteresting life *if* the person is willing to honestly share his/her soul--the details and depth, the joy and the pain, of the self. A Gestalt therapist, Erving Polster (1987), has written a book, *Every Person's Life is Worth a Novel*. It says you are interesting; please believe it. Reading this book or autobiographies should inspire you to write your own story. Not only would writing an autobiography be a therapeutic experience for you, it would also be fascinating and helpful to your children and grandchildren. Indeed, a question and answer outline for just such a book is published by Kamen (1987) called, *A Grandparents' Book: Thoughts, Memories, and Hopes For a Grandchild*. What a wonderful idea. However, keep in mind that writing your history for others, is a very different process from writing privately for self-understanding and self-improvement. It is the latter we will focus on.

I can not emphasize too much the importance of knowing the psychological background of your grandparents--what was their childhood like? How were they treated by their parents? What were their hopes and aspirations, successes and failures? How did your mother/father get along with their siblings and what roles did they play--hero, scapegoat, lost child, victim...? Were there abuse or deaths or traumas in their histories? Under what circumstances were you born? How did you get along with your siblings and what role did you play? (See Blevins, 1993.) What kind of relationship did your parents have? Remember that building trust is an important aspect of coping psychologically. To trust and feel secure we must be saved many times when we are small. If we experience serious psychic traumas, we may become unglued, e.g. we may repress or forget the experience *or* believe similar burdens are our role in life *or* seek futilely to repeat the trauma over and over in hopes we can work it out with a wonderful ending. Bradshaw (1994) will take you deeply into the psychological morass of your family history, especially the consequences of any addictions or abuse or sickness. Such a guide is important. The chances may not be very high that big awful secrets will be uncovered in your past, but when addiction, crime, psychosis, infidelity, brutality, etc. are a part of your background, you can bet it has had a significant but often hidden impact on your life. You have a right to know. A probing history is a major undertaking and an important introduction to your autobiography.

One of the more helpful brief procedures for letting a small group get to know you is a "life graph"--a line drawn year by year showing the highs and lows of your life. Ron Konzak (nd) has a book and a nine-foot graph for such a history (a blackboard works well). He says it helps you understand yourself better; I saw the life graph as primarily a way to disclose to others the most important events and stages of your life. Friends or group members will not read your 100-page autobiography, but they will attend carefully to a 15-minute graph of your ups and downs, and use that information to understand, empathize, and help you as best they can.

Your reading and writing of reading notes, an autobiography, and/or a journal will be more profitable if you have some *specific* self-understanding or self-change goals in mind, perhaps only 3 or 4. Thus, this method begins with an autobiographical review of your life which will help you decide where you want to go from here. But first, make a tentative list of some things you might want to understand better about yourself and make another list of things you might want to change about yourself. Pay particular attention to these areas (and others that occur to you) as you write your autobiography. For each "mystery" and each "problem" make up a work sheet for ideas, books to read, possible explanations, possible self-improvement approaches and so on. You will be "researching" your problem.

Peter Madison (1969), author of *Personality Development in College*, offered for several years a college course in personality development based on an autobiography, a daily journal, and readings about case studies. The outline below for an autobiography comes from his experience. But first some comments about writing a life history (for personal insight). Try to focus on the events that have emotional significance for you, events that influenced your behavior, feelings, and values. Don't list where you lived or went to school or what organizations you belonged to (it's not a resume), unless these facts had impact on your self-concept, goals, reactions to others, etc. In fact, some of the most important factors in your development may be *things that did not happen*: not having love, not having friends, not having parents who attended to your school work (or non-work), not having responsibilities, not having dates, not having career plans, not having anyone to share personal feelings with, etc. Include these. Sometimes little things make a difference: mom talking to you about sex, dad teaching you to drive carefully, long talks with your sister, childhood sexual experiences, liking a teacher, and so on. Lastly, it is important to be frank and to give details. Yet, keep in mind that others may find your writings, so consider using a code name for yourself and others. Keep this information in a safe, private place. Sometimes very secret events can be recorded in vague, non-specific terms, so only you can understand clearly. One should be cautious.

This is Madison's suggested **outline for an autobiography**:

1. *A general introduction of yourself*: who you are, something about your family and your position in the family, other important people in your life at this time, and so on.

2. *Early childhood memories*: outstanding events without regard to order, any "peak" or "awful" experiences. Just describe a few events at this point (see later topics), don't analyze for significance.
3. *Unusual childhood ideas* or misconceptions: we all have had some strange ideas, such as who are our real parents, how are babies made, what is death, what caused parents to drink or fight, what does it mean to "go to work," what does "going crazy" mean, etc.
4. Your *self concept* as a young child: how you felt about yourself, abilities or weaknesses you assumed you had, how you thought others reacted to you (loving? trusting? critical? competitive?). Were you self-confident or nervous? When you made a mistake, was your reaction "I'm terrible" or "I need to work harder?"
5. *Significant others* in your original family and present situation: for each person, including siblings and others in the household, describe the general nature of the relationship, earliest memories, and feelings for each other then and now. Relationships are the essence of our lives.

Similarly, Bentz (1989), who has written about *Becoming Mature*, asks women to write about significant others in different stages of their life, e.g. preschool, 6-12, 13-18, 19-25, and 26+. What did each person think of you (attributions) and expect of you? How did you react to those attributions and expectations? What impact did they have on your life? What effect did organizations, such as scouts or sports, and institutions, such as church, have on you? Then, with Bentz, these autobiographies were discussed in groups, where each person learns to understand and control the "voices" from the past that influence her adult life.

6. How you handled *life's developmental crises*: considering each of the stages of personality development in Table 9.1 and moral development in chapter 3, describe how and how well you got through those critical periods.
7. *Describe yourself* from different perspectives: how do others view you, e.g. the opposite sex? your teachers and bosses? your peers? What do you think you're really like? Ideally, what would you like to be like? Do you express feelings or suppress them? Do you take risks or play it safe?
8. How you *resemble and differ* from your parents and other members of the family? Make physical, personality, attitudinal, values, and behavioral comparisons.
9. *Family relations*: How did your parents relate to each other? Were you dependent or independent as a child and teenager? How do you relate to your spouse? How did your parents relate to you and your siblings? How do you relate to your children?

How did your siblings get along? How do your children get along?

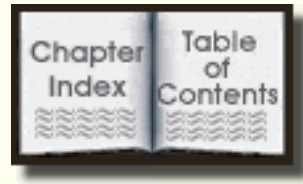
10. How do significant others see *your future*?
11. *Sexual history*: Early memories, how you learned about sex, attitudes (early and later) toward sex and toward both sexes, temptations, good and bad experiences.
12. *School and work history*: parents', friends' and your attitudes about school and your career. How much of your time goes into work and how much into fun? Is that about right?
13. *Friendships, loves, and social life*: throughout your life, including early friends, your "gang," first love, sports, religious activities, co-workers, best friends, lovers, etc. What kinds of communities did you live in?
14. *Crises, regrets, and peak experiences*: describe your three greatest crises and three most wonderful experiences. What would you have liked to have happened differently in your life? What did you need you didn't get?
15. *Future changes you would like to make in your life*: describe your major goals in one, five, ten and twenty years. What self-improvements are needed to achieve those goals? Which self-help projects should be started first?
16. *Reactions to writing the autobiography*: before, during, and after doing the writing.
17. *Realistic expectations*: not what you hope will happen in your life, but what is most likely.
18. *Life graph*: summarize your life by plotting year by year the ups and downs of your life from birth to now. Note on the graph, using little symbols or phrases, the causes of the "highs" and "lows."

A book by Leman and Carlson (1989), *Unlocking the Secrets of Your Childhood Memories*, might help you find the significance of your childhood experiences. Also, if appropriate, ask a parent, sibling, or close friend to review a rough draft of your autobiography. Get their views and reactions--that is likely to be revealing. Add these other opinions to your write-up.

Writing the autobiography, a major undertaking, should put your life in perspective and help you see the major directions you are moving in--or where you aren't making much movement. You will probably find some other areas of your life you would like to understand better. Add them to your list of mysteries.

[← Back a page](#)

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SELF-UNDERSTANDING

STEP TWO: Keep a daily diary: record significant experiences, causes of problems, progress in self-improvement, and what self-help methods work. Use an "intensive journal" to connect with the deepest processes guiding your life.

Wouldn't it be fascinating to read, when you are 60, the major events of every day of your life? Diaries are also excellent ways of recording your progress in a self-help project which may not be obvious otherwise. Record your daily successes and your failures (see chapter 2). Recordings done immediately following a self-improvement effort are also good places to figure out what you did right or wrong, i.e. what self-instructions worked well and what self-defeating thoughts undermined your efforts, etc. Insight into the causes of a behavior or feeling can be gained by using a diary for a "behavioral analysis" (see chapters 4 and 11) in which you note the antecedents and consequences of the target behavior. *Avoid recording just a schedule of your activities for the day.* Self-help journals focus on your self-help efforts and goals, on your relationships, and on your feelings. Journal writing in which you pour out your anger, fears, frustrations, disappointments, etc. has been found to reduce anxiety and depression as well as improve your health. It is best to write in your diary every day, getting the pent up feelings out as soon as possible. Diaries can, obviously, serve many purposes.

Another type of journal seeks much deeper insight and guidance; it hopes to *find* life's meaning and goals, not to give it meaning or achieve goals. Let's discuss the latter kind of journal at length.

Ira Progoff (1975) has years of experience teaching people to use *a special journal to gain insight into the unfolding process of life*, into the unconscious creative and spiritual forces--the "inner resources"--within us. How does he do this? He speaks of trusting in the self-healing wisdom of life. He believes every life has purpose and meaning--"something is being worked out within us"--even though it is unknown to us and unaided by our intellectual minds. He tells of decisions, which can't be made by conscious thought, being formed by a mysterious "vital force" in each life.

His journal "workshops" are not for talking and interacting; they are quiet places to explore alone your deepest and most intimate awarenesses and write them down; they are "working-in-your-journal shops" that focus on your history, friendships, conflicts, love, spiritual experiences, repeated dreams, moods, hopes and so on.

In the first step, you concentrate on the current or recent (last few years) stage of your life. Make *brief notes* of the major happenings in a section of your journal called *The Period Log*. Do not give details, don't analyze or try to understand. At least make cursory notes about your memories of recent (a) relationships--just jot down names, (b) work situation, (c) health, (d) social group and activities, and (e) any dramatic or especially meaningful event. You will return to these topics. Limit yourself to an hour or so.

Now you turn to a different process, called "*twilight imaging*," in which you use a meditative-feeling mode. The idea is to reach a deeper-than-conscious level where our intuition, hunches, inspiration and a different awareness resides. A state between sleeping and waking, like a mild hypnosis, is sought. Sit quietly, close your eyes, calm down, and merely behold, don't direct, whatever experiences occur to you about this current or recent phase of your life. Images, symbolic impressions, emotions, and inward intuitive awareness are all recorded briefly afterwards in the *Twilight Imagery Log*. Take 30 to 40 minutes.

Next, take the two views of this phase of your life--the consciously recalled memories from (1), the *Period Log*, and the impressions that come unconsciously from your inner depths in (2), the *Twilight Imagery Log*, and put them side by side. Do they agree, complement each other, or give a different picture? Don't critically analyze the differences with your conscious, intellectual mind; merely *feel* the tone of each. Don't value one view over the other; together they form a more complete message; absorb it, unconsciously form an *inner correlation* between the two views. Don't be judgmental and don't jump to conclusions about your future. Just realize we are at a critical point between our past and our future. The combined conscious and unconscious views give us, as Progoff says, a way of knowing where we are in the unfolding of our lives and getting a clearer, broader view of the path our life is trying to take.

Keep a *Daily Log*. This is another part of the total "intensive journal." We need to stay in contact with the movement of our lives. The best way is a diary focusing on whatever is going on inside of us. Take time each day, if possible, to close your eyes, relax and review the day. Then, record briefly the major external events of the day but concentrate on the internal experiences--mental thoughts and fantasies, mood and emotions, and especially dreams (cross reference to the Dream Log) or spontaneous insights during the day. Don't be embarrassed about what you write; don't worry about grammar or writing style or organization. Don't use polite language, use your everyday mental language. No one else will read it, but you will use it later, and it needs to be completely honest. Finally, take a few minutes to review this day in this manner and record it in the log.

Steppingstones of our lives. By understanding our life history, especially the main junctures along life's road, we can feel the speed and direction of movement in our lives. This helps us make decisions at future crossroads. Just as an explorer leaves "markings" through the mountains, each phase of life has its markers. They reflect the complex, hidden forces that unfold our meaning.

Again, begin by relaxing, closing your eyes, and trying to sense--feel, not think--your life passing before your mind's eye. Let it happen, don't *try* to remember. Using short phrases or a single word, record your first list of steppingstones (no more than 10 or 12). My example: Born helpless, secure love, sure of God, social addict, serious student, lost God, loving Dad, proud program developer, divorce, low times but writing, new life-new hope. Focus more on your subjective experiences which have meaning rather than on a chronology of events. As you read your steps to yourself, how do you feel? Record that too.

It is obvious that different steppingstones would occur to you each time you did it. So, now or a few days from now, imagine two, three or more such lists. They each disclose threads woven into your life. Put several lists side by side and absorb them--get a feel for the steppingstones of your life. These spontaneously created lists of "markings," reflecting facets of the inner flow of your life, may reveal unseen directions of movement and provide guidance for your next phase of life.

Exploring phases of your life. Work with only one phase at a time. Look over the steppingstone periods you have just listed and select the most significant and meaningful period, a time of many possibilities and decisions. If it is still affecting your life, all the better. Relax, sit quietly, close your eyes, drift back to this time in your life. Don't try to recall events, don't try to organize your memories in order, just re-live, re-experience some of those times. "It was a time when..." What kind of person were you? How did you feel? Your attitudes? Your relationships? Your work? Your health? Relationships with groups (family, religion, peers)? Major events? Remember any dreams or twilight imagery or inner wisdom gained? What major decisions were made or not made? Record your recollections without pride or shame in the *Life History Log*, and cross reference them to other sections of the journal. Explore as many phases as you like.

Roads not taken. Looking at the last two steps, it is possible to recall and describe the intersections--the major decision points--in certain phases of your life. Those choices shaped your life. Why review those choices now? Because at every fork, one road wasn't taken. Some opportunities were open to you, perhaps very appealing ones, but they weren't taken. The idea here is not to worry about "what might have been" or to do "Monday-morning quarterbacking;" the purpose is to recognize the un-lived possibilities rather than "forget about it." Besides, the untaken roads may not be washed out--the opportunities may

still be there, the ideas might even be more practical now than before, if you would only consider them again. In other instances, with hindsight you can see that the road not taken would have been a disaster and you can count your blessings. Or the road might have been wonderful--but there is no going back. Record in your journal the choice points and see what might have happened on the untraveled roads. If the outcome looks appealing, ask if the option is still open. Your future is for you to make.

Continue reconsideration of past and future. Continue attending to a certain Steppingstone period, letting experiences float into your mind and unfold. Record each image in the Life History Log. Repeat this experiencing and recording over and over again. They can be brief recollections or long, detailed ones. In the process, as you re-live times of decision-making or being forced to go a certain direction, try using Twilight Imagery to explore the road untaken, i.e. imagining the many possibilities missed. Thus, there is also a constant shifting back and forth between recording your past and, whenever we remember a choice point, imagining possible futures. In this way we intuitively reconstruct our life histories--our autobiography--and change our future. It is a long process and a very different autobiography from the one in step one.

Dialogue with persons. After getting a feel for your past and for the directions your life is moving in, make a list of 5 to 10 of the most significant people in your life. They may be liked or disliked, current, past, or promising relationships. The person may be close by or distant, living or dead but still important. Select one to work with first. Write down his/her name and the date. Write a brief uncensored description of the relationship: current situation and feelings. Read it; record your feelings. Now, this is important: Sit silently and *get in tune with that person*, walk in his/her shoes, empathize, sense what he/she was/is secretly striving for. As a part of this identification with the other person, review his/her entire life, list (a word or phrase) his/her Steppingstones. Feel the life-long movement, the underlying flow of his/her life. Close your eyes, give yourself over to Twilight Imagery, do not conjure up the images, just record them. See the person before you, feel deeply in touch with your self and with his/her self, converse with him/her without restrictions. Record the dialogue automatically. Afterwards, record your feelings during the dialogue. Then read it and record feelings again. Later Twilight conversations and real-life interactions with the person can be recorded in the same place in the journal. These lengthy dialogues clarify the surface, conscious experiences and, supposedly, expose us to a "deeper-than-conscious" level of awareness of the problems and the potentials. Try it and see if the dialogue contains new knowledge which improves the relationship (or your feelings about it) and alters the future.

Dialogues with your work, your body, important events, and social groups. The same procedure as used with persons can be used with an infinite number of things or situations. You simply get in touch with the history of your work or some project, of your body, of certain situations, of your race or nationality...list its Steppingstones (history). As you fantasize about the background, the purposes and needs, the essence of your work or body

or some group or an event unfolding, it seems to have a life of its own, similar to a person. In Twilight Imagery you can talk with it as if it were a person. Use the same sequence for all dialogues:

- (a) describe it: your body, work, event, etc., record your feelings,
- (b) identify its many Steppingstones--its background or history,
- (c) using Twilight Images have a dialogue with it, record this,
- (d) read the dialogue back to yourself, record your feelings,
- (e) have several daily dialogues, gain insight and grow.

Understanding your dreams. Progoff believes that dreams reflect the on-going imagery, life-force, and wisdom within our unconscious, but dream-messages are so symbolic that one dream can not be interpreted to tell us how to live. Instead, he feels a series of dreams (both night and Twilight) simply hint at which areas of our lives need to be examined more carefully. So, dreams usually lead to dialogues with people, some situation (event), a social group and so on. It is through these various dialogues that the underlying message of the dreams is ordinarily discovered, as described below.

Understanding dreams involves many steps. (a) Start by writing in your *Dream Log* a history of all your dreams. Record your earliest dreams, good and bad dreams, nightmares, telepathic dreams, repeated dreams, sexual dreams, and especially all your recent dreams. Don't analyze them. (b) Next, while looking over the Dream Log, sit quietly getting in touch with your dreams until a particular dream draws your attention. If the dream is already in the Log, try to reconstruct the entire series of dreams before and after the main dream. A series of dreams is desirable. If the dream has not been recorded in the Log, do so and try to remember the entire series. (c) It is thought that dreams are connected and all part of the life-force directing our lives and fulfilling our potential. Therefore, you try to identify with the entire series of dreams that have sought your attention. Read about the series of dreams two or three times, feeling their inner movement until you become part of the forces producing the dreams. Close your eyes, let yourself be carried along and the dreams will continue themselves. This is *Twilight Dreaming*, you aren't asleep nor awake. Part of the dreams may reappear but you do no guiding; let the Twilight Dreams occur; when done, record the Twilight dreams in the Dream Enlargement section (only dreams go in the Dream Log). Read your description and record your reactions to the Twilight experience. (d) Since dreams (night and Twilight) hint at other topics that need to be uncovered, you must follow their leads, e.g. if a person is in the dreams, dialogue with him/her or if the dream involves work, dialogue with work, and so on. That is where we find the meaning of our dreams. (e) You have contacted two forces in your life--the stream of consciousness (every day events) and the unconscious stream of life-forces (reflected in dreams). Using your Steppingstones to get in touch with the conscious stream and your Dream Log, the series of dreams, and Twilight dreams to get in touch with the unconscious stream, place these moving forces in your hands, one in each hand. Ask, "What do the two parts of my life want to say to each other?" Let them converse. When finished, record your

feelings, any ideas or insights, and all hints as to where else to dialogue and look for more meaning in your life.

Inner Wisdom Dialogue. We'd all like to know "the ultimate truth." Some turn to religion, some to science, some to personal growth. Consciousness and "inner knowing" are assumed to be expanded by working in your journal, shifting from one section or part of yourself to another. Supposedly, according to Progoff, we know more intuitively than rationally. The previous dialogues (8 and 9) bring this intuitive wisdom into everyday use. This step is another dialogue to bring us "knowledge beyond understanding," especially spiritual and philosophical wisdom. First, look over your life history and *list your Spiritual Steppingstones*, e.g. early religious experiences, family values, friends' influences, changes in beliefs and faith, being baptized or first communion or bar mitzvah, being involved or distant from a higher power, feeling loved or unloved by God, troubled by death, discovering some truths in a book, etc. Number them in chronological order. We are seeking an awareness of the process underlying our spiritual history so we can carry on a dialogue with that process. Second, review the Steppingstone phases and record the names of people (acquaintances or great minds) who philosophically influenced you the most in each phase. Third, for the dialogue select one person you respect highly and with whom you can be comfortable. Don't expect every dialogue with a wise person to be profound, just start a relationship. Fourth, sit quietly with eyes closed, relax, feel the presence of the wise person, sense his/her knowledge and experience, imagine him/her, with Twilight Imagery feel the flow of his/her life. Then, talk to each other. Tell him/her how you feel about his/her life; describe your relationship with him/her; ask a question. Wait for a response, be patient. Carry on a conversation. Continue asking questions and sharing. Fifth, when over, record it faithfully. Later, read what was said and record your feelings. Similar dialogues can be had with the same person many times and with many wise people. Progoff (1980) explores spirituality even further.

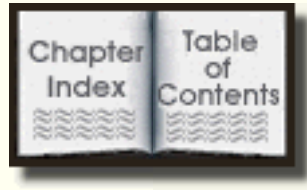
Looking forward. This journal started by looking back, now let's look at the future. Sit quietly with eyes closed thinking of all the experiences you have had with the Journal exercises (look at the journal if you like). Feel the wholeness, the direction, the vital force of your life. Call on Twilight imagery and see the future flowing out of your complex but directed past. A statement, a vision, a hope, a list of possibilities, whatever it is; record it.

Continue using a journal. Every day or every few days make an entry in the Daily Log. This is the on-going movement of your life. Progoff says direct attention to problems rarely solves them, instead solutions come "as though by themselves" from some internal source of wisdom. The Daily Log and the Dream Log lead us to the topics that need to be talked about--the dialogues with people, projects, events, society's expectations and so on. Here, in the dialogues, we get our insights. A journal increases an awareness of your history and your potential because "...each of us can become an artist-in-life with our finest creation being our own self."

I have concentrated on Progoff's journal techniques, but there are others for adolescents, for a spiritual quest, and for connecting with the self (Adams, 1990).

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SELF-UNDERSTANDING

STEP THREE: Reading psychology books and articles; watching TV talk shows and videos.

Naturally, being a professor and a writer, I value books. I have read thousands of self-help books and my students have read and evaluated thousands more. Many students have told me that certain books (including mine) helped them and I believed it most of the time, particularly if they *actually used* the information within a day or two. But that is not a reliable evaluation (at least, not of my book since some students say what they think the teacher wants to hear). The truth is as many as 1/3 of my students were not motivated to read self-help material, suggesting it doesn't do them much good (or they don't have any improvements they hope to make at the moment). Reportedly, only 10% of self-help book buyers read beyond the first chapter. If that is true, a lot of money is wasted.

Unfortunately, as mentioned in chapter 1, relatively little hard core research has evaluated the helpfulness of textbooks, popular psychology books, self-help books or articles, support or helping groups, workshops, credit classes, great literature, TV talk shows, psychological films, audio or video tapes or any other form of psychological education. Yet, some surveys and interviews tell us something about self-help literature (Simonds, 1992). For example, women buy slightly more self-help books than men; women choose more books dealing with love and stress; men pick up more books about motivation and self-improvement. About 2/3rds of us say we know at least one "really good self-help book." Almost no one feels they have been harmed by a self-help book; they just stop reading if they don't like it. Almost 85% of readers and 93% of psychologists (therapists) consider self-help books helpful (Starker, 1989). That is rather impressive. You also need to remember that assigning readings to clients (bibliotherapy) has been found to be almost as effective as psychotherapy, but neither are nearly as effective as one would hope.

Honest scientific evaluation of self-help material is certainly needed but it is an enormous task with little monetary payoff. Making money almost always takes priority over discovering the truth. Researchers are just starting to seriously compare psychotherapy with a self-help or educational approach. Although this is a threat to my profession and its high paid psychotherapists (me too), it is important and reasonable to do. Fuhrman, Barlow, and Wanlass (1989) have reviewed the research evaluating bibliotherapy (in this case great literature was often the readings, not self-help material). The findings were mixed--some successes, some "no significant results." Yet, without research, people buy millions of self-help psychology books in hopes of getting help, largely on the basis of glitzy advertising, exaggerated claims ("phenomenal breakthroughs," "a best seller"), and catchy titles on glossy book covers. Selling books is big business. Publishers aren't scientists, they

have no data indicating which manuscripts are helpful. Selecting a book for publication is an intuitive judgment by a person untrained in psychology. Thus, another truth is that an ineffective book is just as likely to have a huge advertising campaign as a helpful book. So, without objective evaluations, how do you know what book to buy? I'll try to answer that question a little later.

Unfortunately, humankind has not yet determined what information is useful with specific problems *and* has not yet developed a way to quickly deliver useful information to a person in need of help. We surely will soon. Such an information system would not be an impossible task, no more difficult than going to Mars or mapping the genes. Suppose, eliminating duplication, there are several million bits of useful psychological information, such as I have started to collect here. Also, suppose almost all personal and interpersonal difficulties could be classified into 1,000 common problem areas, such as procrastination by high school males, severe self-criticism by 11 to 15-year-old females, etc., etc. It shouldn't be too difficult to compile in a computer the most helpful 10-50,000 bits of information for this specific group of people... or at least an up-to-date reference list of the 25 best books, articles, films and videotapes for each specific problem. Wonder why that isn't being done? Partly, I think, because we, as a society, have little appreciation of how complex human thought, feelings, behavior, and interactions are. Partly, because the current marketing system doesn't make money by evaluating and collecting together useful knowledge.

Since I believe human life is so complex, there is no other way currently to gather together the needed information, except in a book or, more likely, a series of books (or disks or CD-ROM). You can't put everything a person needs to know to cope with life into a one-hour talk show or one computer disk. That is why I am drawing from hundreds of books and citing hundreds more. It is the best our species can do for now. We will do much better in the not-too-distant future.

The situation today is very unsatisfactory (see chapter 1). Most self-help books deal with only one problem (out of hundreds or thousands of human concerns) using only one theoretical approach. Most new books (there are 2000+ self-help books published every year) never get to most bookstores and the few that make it to the stores stay on the shelves for only a few months. Money is made by the rapid turnover of books. Several similar books suddenly pop up in areas editors think will be "hot topics." Rarely is a good self-help book well advertised for long. Public libraries don't even buy many of these specialized books. So, it is almost impossible for an ordinary person to find the information he/she needs when troubles strike. Even I, after 25 years of working in this area, have difficulty finding the best book available for a specific problem. There is certainly little help locating books, especially good old books (see Santrock, Minnett & Campbell, 1994; Pardeck & Pardeck, 1994; Katz and Katz, 1985 for help). Likewise, with TV talk shows, while they are a potentially great educational tool, you can't get them when you need them! What are your chances of seeing a show covering a topic you need that day? Very low! Can you get a videotape of a show shown last year on the problem you have today? No. The distribution of knowledge to hurting people is very inefficient. We'd rather make profit than help people.



One can't use what one doesn't know. But increased self-scrutiny brings more self-assessment... and more self-understanding.



So how can you find knowledge to deal with your own problems? I'd start by skimming the chapter(s) in this book covering your problem. It selects the best from among thousands of books and should give you some good references. If you need more information, call or go to a large public library because it probably has a computerized card catalog that will help you find some self-help books in your specific problem areas--and the books are free. Usually, a library's selection of self-help books is very limited, however. They often have 20 books on the same topic, e.g. dieting or stress management, and none in 20 other problem areas. Libraries also have very old, out-dated books; I'd avoid most books written before 1960, unless they are in specialized areas or classics. I'd question even those written before 1975, although I've cited several. Local bookstores, of course, stock several self-help books, but only a few of the thousands of new publications and hundreds of old classics. Bookstores are clearly designed to serve the needs of the publishers, and only incidentally do they serve the needs of a person needing information. Since reading a book can be time consuming (and may give poor advice), select your material carefully...if possible skim 2 or 3 books for readability, specific advice (generalities don't help much), religiosity (avoid books that suggest turning every problem over to God; that's not *self-help*), and for references to other work (be skeptical of any self-help book which doesn't give credit to its sources of information). More guidelines to *buying* self-help books are given at the end of this section.

As suggested in method #1 in this chapter, read psychological case studies asking, "Could this be true of me too?" And if you answer "yes," which should be much of the time, then there should be a place--a notebook or journal--where you record information relevant to your particular concerns. There is so much information today that it is not valuable per se; information is valuable if it is relevant to a problem and used.

University libraries and academic psychology books are usually useless for the non-professional. Most psychology textbooks, such as Theories of Personality, Psychology of Adjustment, Abnormal Psychology, etc., are general and descriptive, not prescriptive. They don't tell you much about how to deal with personal problems. Even when they are application oriented, they usually tell a therapist how to help a patient rather than helping the person with the problem help him/herself. Psychology textbooks are theory and research oriented, interesting but not very personally useful. Textbooks have slick pictures and are well done because they are profitably sold to a captive audience; they are expensive; they can be found in abundance in college libraries but few useful self-help psychology books will be there.

On the other hand, popular self-help psychology books are more explicitly helpful than textbooks, although based on the same research as textbooks. They are also easier to read, more interesting, and cheaper--not so slick, fewer colored pictures. Finding a good one is the problem. Read (on the book cover) about the author's training and experience. Be skeptical of books written by writers or journalists (who have often merely interviewed several people with a specific problem to write a book). Look for explicitly self-help books, not manuals for therapists. Choose material written by well *trained therapists with many years of experience* dealing with the kind of problem you have.

I will not cite more books in this section (see chapter 9 for books on self-understanding and understanding relationships). Instead, I have carefully searched for 25 years for the best books and

summarized them throughout this book. I should, however, comment about Kaam and Healy (1983) and Fuhrman, Barlow, and Wanlass (1989) who advocate reading the great literary masterpieces for self-knowledge and psychological insight. That is a popular idea. It may be valid, but my reservation is that the masterpiece writer's fantasy may not accurately reflect the "lawful" behavior or thoughts of ordinary people. Fiction is a break from reality, not reality. For self-help, you need to know reality, the truth about behavior that is applicable to you. A novel's characters are, of course, made to *seem* real, but they almost certainly do not behave like you (or anyone else) would or should in the same circumstances. For example, authors may labor hours crafting a clever two-minute conversation. In short, great literature may only seem true-to-life but really not be realistic. On the other hand, a honest biography or autobiography describes *actual "lawful," not imagined*, human reactions to specific circumstances. With this caution in mind, you can get bibliographies for specific problems from Dr. Fuhrman, et al. (1989) at the University of Utah, e.g. identity struggles, loneliness-intimacy, alienation, feeling inadequate, death, freedom, meaninglessness and others.

Videotapes and TV talk shows are potentially a fantastic source of information about interpersonal problems and abnormal behavior, if they, like books, were available when you need them. They deal with interesting, real-life experiences and are often infused with current scientific information and expert opinions. What an opportunity to learn useful psychology! However, let's be realistic. There are usually 10 minutes or less of useful, factual information on each 1-hour show, considering the commercials, an introduction, a lengthy case presentation or two, brief advice from an expert, questions from the audience or on the phone, continuous questions or comments by the host/hostess who may challenge the expert, etc. And we only get *one* expert's opinion. The talk show format entertains us and displays the host and advertisement much better than it helps us cope. But, in spite of these limitations, talk shows have probably done more than anything in the educational or entertainment system to increase our psychological enlightenment. That's really sad. Someday, perhaps half of our K-12 education will be psychological--understanding ourselves and others, developing a philosophy of life, controlling our emotions and behavior, learning to find and give love, caring for all people, animals, and the earth (see chapter 1). Encyclopedic computers, interactive video, helping groups (local or on internet), therapists, instructors, peer counselors, and books will be a part of that education.

A book, *Reel Life/Real Life: A Video Guide for Personal Discovery* (Fourth Write Press, 800-900-REEL), claims that seeing a video or film about your personal problem is good therapy. The authors recommend specific movies for specific problems. If you are looking for useful books for children with specific problems, such as child abuse, sibling rivalry, divorce, friendships, eating disorders, shyness, fears, etc., check to see if your library has the latest edition of *The Bookfinder* (hard copy or CD-ROM).

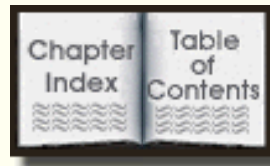
Although outdated already, the best source of advice about self-help books is Santrock, Minnett & Campbell (1994). They surveyed 500 psychologists asking them to evaluate 300 self-help books in 33 categories. The professionals were also asked to list other books they knew of in those categories. I have cited this valuable reference and the recommended books throughout this book. These authors give eight guidelines for selecting a self-help book:

1. Don't buy a book by its cover or by its advertisement.

2. Don't buy a book that makes too-good-to-be-true claims. Self-help is usually not an easy, quick, sure process.
3. Buy books based on scientific knowledge and/or extensive clinical experience. Be skeptical of books based on only the writer's opinions; question testimonials for a book; doubt the author with only limited experience in one problem area or with only one treatment method. How can you identify science-based books? Look in the bibliography for scientific references, check the contents for descriptions of sound research findings or extensive professional experience.
4. Buy books that recognize that the causes of problems are complex and that the same solution probably won't work for everybody. If only one solution is proposed, don't buy it.
5. Buy self-help books that focus on specific clearly described types of problems and provide detailed explicit solutions to the problems. As stated in 4, a few simple ideas or methods of change will not solve all problems in all people. Likewise, be cautious when an author explains almost all problems as having the same causes, such as harsh parents, a hurt inner child, addictive habits, codependency, unassertiveness, unconscious motives, stress, past lives, etc.
6. Don't be swayed by slick writing and psychobabble. Vague psychological phrases are to impress you, not to help you. Examples: "get in touch with your feelings," "become motivated to...," "show the real you," and "don't give off bad vibes." These phrases don't give the detailed instructions and sound strategies that one needs to cope with real problems. Likewise, don't settle for just juicy, fascinating case descriptions or emotional cheerleading. Sound self-help advice involves more than well written literature; it must give you proven methods.
7. Most good self-help books are written by highly experienced mental health professionals. Be skeptical of journalists, novelists, professional writers, New Age writers, and other people from other professions, such as CEO's, salesmen, lawyers, and ministers. A writer who is a mystic, psychic, yoga, etc. should sound an alarm. Also, anyone should be avoided, professional or not, who is anti-scientific and claims to know more than the current mental health professionals and researchers. Of course, having a doctoral degree and 20 years of therapy experience doesn't guarantee that you are wise.
8. Pay attention to the books or tapes recommended by mental health professionals who are not being paid for their opinions. Also, note a friend's comment that he/she profited from reading something, especially if the change is obvious and lasting.



Please note the warning about certain self-help books given below.



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SELF-UNDERSTANDING

STEP FOUR: Use your increased understanding to self-improve immediately.

Unused knowledge is of little value. Therefore, try to immediately incorporate new information into your planning or carrying out of a self-help project (see chapter 2). Perhaps an "idea book" for future projects (as a helpee or a helper) is a good idea. Much knowledge never gets used.

Time involved

Obviously, all three--autobiography, journal, and reading--could involve thousands of hours. But they could still be beneficial if limited to only 15 to 30 minutes a day.

Common problems

There are many stumbling blocks. The first is time. While these approaches may sound interesting and worthwhile, few people are disciplined enough to complete an extensive project, like an intensive journal, involving hundreds of hours. We procrastinate. Another stumbling block is diminishing returns. The first hours on a journal or reading may be novel and very rewarding but you may profit less and less with time (or feel you do). We need payoffs. Another barrier is our reluctance to self-disclose or even admit problems to ourselves. The personal benefit from any of these methods depends on seeing the connection between your history, journal activities, or reading *and* your daily personal life. Also mentioned above is the difficulty finding useful information.

Effectiveness, advantages and dangers

Little scientific evaluation of these kinds of self-analysis has been done. Yet, 30-40% of therapists believe it is helpful to provide reading material to their clients and they do so. If these methods can, in fact, replace some of the time spent in therapy--or even replace therapy in some cases, they are far cheaper than therapy (\$75 to \$125 an hour). Informed

people must demand more useful, proven knowledge about self-understanding and self-direction.

There are possible pitfalls. Readings, writing an autobiography, or doing a journal could yield few benefits and be a waste of time. You could even be distressed by the self-probing or by the reading material. It is certain that increased insight includes negative, embarrassing information about your true self. In addition, you may falsely assume you have negative traits and awful psychological disorders. Medical students are notorious for developing the beginning symptoms of the diseases they are studying. Psychology students do the same thing when reading *Abnormal Psychology*. When you ask yourself if you have schizophrenic, hostile, psychopathic, psychosomatic or other sick tendencies, that is surely stressful (but it can also be insight producing and healthy).

A WARNING needs to be given to self-help readers who do *not* clearly remember any sexual abuse: In an effort to help people uncover repressed traumatic events in their childhood, some books have suggested something like this: "if you or your child are having these specific symptoms (one book lists 19 signs, including being too trusting or distrusting, liking sex too much or too little, homosexual tendencies, nightmares, and masturbation), even though you/he/she don't remember being abused, you/he/she probably were." Wow! What a misguided statement in otherwise helpful books. Ask yourself: Couldn't something else besides sexual abuse cause masturbation, distrust, nightmares, and those other signs? Of course! No one knows enough about any psychological problem to be able to imply that "this is probably the cause." Moreover, a percentage of humans, adults and children, are so suggestible that "memories" from childhood can be created by psychology books, therapists, movies, TV, our own dreams, hypnosis, crime reports, talk shows, novels, etc., etc. (See *Newsweek*, April 19, 1993, and Gardner, 1993.)

Loftus (1993) carefully documents a variety of ways in which *false* memories of abuse have been created by "therapeutic procedures" designed to uncover sexual abuse and other trauma supposedly causing the client's problems. That is a serious matter. How often do therapists go searching for these "repressed" memories of sexual abuse? Polusny & Follette (1996) and Poole, Lindsay, Memon & Bull (1995) report that almost 70% of Ph.D.-level psychotherapists have used at least one special procedure to search for forgotten sexual abuse. For instance, 47% of the therapists had used dream interpretation, 27% had used guided memory, 33% had recommended you-can-remember books, 29% had referred the patients to a sexual abuse survivors group, and a smaller percentage utilized hypnosis, age regression, family photographs, and other methods. The important point is: science does not know how many of these "recovered" memories actually happened and how many didn't happen but were implanted by the therapist or by case studies or by fiction writers or movies, etc. If you feel you have been falsely accused of sexual abuse, call 1-800-568-8882 at the False Memory Syndrome Foundation, Suite 130, 3401 Market St., Philadelphia, PA 19104. The American Psychological Association in Washington, D.C. also has a brochure about sexual abuse memories.

Current data indicates that people commonly remember being abused if it occurred; yet, between 20% and 40% of abused women forget their sexual abuse memories for a while and then later remember the experience. Therefore, it was not entirely unreasonable for self-help books, such as Bass and Davis (1988, 1992), to probe (briefly and very tentatively) for forgotten memories of abuse. In fact, *if* the reader has forgotten aspects of being abused, deeper probing might be justified (preferably only by an experienced therapist) but only *if* the prober knows for certain that some abuse actually happened. But *if* a person does *not* clearly remember being sexually abused, there is a very serious risk of the repeated probing (or suggesting) leading to the creation of false memories (Hyman, Husband & Billings, 1995). Therefore, if you are a woman and unaware of any sexual abuse, it is currently good advice to avoid groups and psychotherapists (and hypnotists) who find repressed sexual abuse in almost every case they see.

If you want to learn more about repressed memories, read the above references, especially Loftus. Also, look at new material, such as Terr (1995) and Schacter (1996). This is a hotly debated complex area; there is much we don't know but we know that human memory, even for yesterday not to mention early childhood, is easily influenced and often inaccurate.

Exploring unconscious but powerful forces: Recognize your inner child of the past. Life scripts. The influence of myths.

Freud said, "The child is father to the man." Our childhood experiences stay with us; our "inner child" is there for a life-time (Missildine, 1963). Eric Berne (1964) described a special form of childhood influence, the "life script." It is a life-plan--a set of injunctions, decisions, and expectations--developed by us when we are about 5 or 6, that spells out how we feel towards ourselves, towards others, how we interact with others and what we expect out of life. Thus, getting in contact with our childhood and the inner child's continuing role in our life are important. In the 1970's, Transactional Analysis (TA) became a major self-help method; it was a fad. Unfortunately, some people thought this method would make it easy to identify and change deeply ingrained beliefs and scripts. Some helpers gave instant analyses of "games" or "scripts" to hurting people and thought that was all that was needed. And troubled readers assumed that once they knew their destructive script, they would feel and behave differently. Often, they didn't change or felt worse. Yet, TA has a lot to offer the self-explorer.

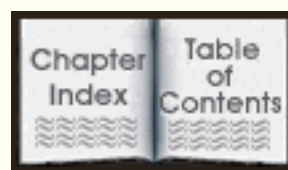
All of us respond to the world--the present situation--in accordance with how we see it. We may take a "scientific" view of the world (e.g. we believe in a complex 5 billion year evolutionary history of the earth) but others may believe the world is a miraculous act of God done in seven days. Myths are simply those stories and beliefs that provide meaning and direction to a person's or a nation's life. Some beliefs are learned very early in

life and become part of the inner child's life script; others are learned much later in life. For example, some nations have believed that kings are born to become gods or to inherit special rights; other nations believe in letting the most powerful person rule; others believe in voting for a leader. Some nations believe property and land can be owned by one person and even passed on to their children; others believe that no one can claim exclusive rights to a piece of the earth; others think wealth should be willed to the most needy, not to well-provided-for children. Some parents believe children should be supported through graduate school; others believe children should become self-sufficient by age 6 or 8. Some families think women should be cared for and protected by men; others believe women should be equals, including the responsibility for earning a living and fighting in wars. Nations and individuals have "isms" they will die for: communism, capitalism, superior racism, religious fundamentalism, etc. None of the above ideas is supported by scientific evidence that it will produce greater fairness or happiness; the ideas are merely theories substantiated only by wishful thinking and myths--unsupported beliefs. These cultural-political-economic-social beliefs, plus 100's more, are subtly infused into our lifestyle. Thus, to understand ourselves, we can by this method uncover and reassess the life-directing myths-values-brainwashings we have unwittingly absorbed.

Three methods are lumped together here--recognizing the inner child of the past, analysis of life position and life script, and understanding the power of myths--because they illuminate our present difficulties by shedding light on our past.

Purposes

- To explore the hidden connections between your childhood and your current adjustment and needs. To find your "inner child" of the past.
- To help you get a clearer view of your self-concept and inner critic, the roles you play and want others to play with you, your natural and adaptive child, and, thus, your life position and life script.
- To identify how myths influence your conception of the purpose of life and your views of your role within the family, at work, and socially.



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RECOGNIZE UNCONSCIOUS FORCES

Steps

STEP ONE: Discover the "inner child" from your past by remembering how your parents treated you.

Missildine (1963) published an interesting book about the impact of childhood experiences on our adult lives. He suggested that we all have an "inner child," reflecting the atmosphere in our childhood home, and an adult part, which tries to forget the past and live only in the present. The inner child influences almost everything we do and feel as adults; it can't be discounted and just forgotten. His book is filled with case histories showing how early experiences intrude on our work, relationships, emotions, adjustment and self-concept as adults. See Table 9.2 for several illustrations. Missildine felt that these early experiences were remembered quite well, often vividly. They are, therefore, not exactly unconscious factors. On the other hand, many people minimize the influence of these powerful forces, so their destructive effects are often overlooked. For example, adult children of alcoholics can clearly remember the drunken mother's or father's embarrassing behavior and insults, but they frequently do not realize the connection between their childhood and their current high anxiety or caretaker role or perfectionistic needs. Weinhold (1995) provides a guide to discovering dysfunctional family traits and their impact on your inner Child; that is the first step to healing the hurt inner Child.

Table 9.2 may be used in either or both ways, i.e. (1) identify the kind of parenting you experienced as a child, and then ask if you fit the suggested possible outcomes. Or, (2) identify your current personality traits or problems, and then ask if your parents parented in the suggested ways. Knowing how you got to be the way you are is a good first step towards gaining insight and changing.

STEP TWO: Finding your life script.

Chapter 9 dealt with "Understanding Yourself and Your Relationships." The parent, adult, and child parts of our personality are described there. Also, life positions, games,

and life scripts are discussed. Our task here is to more clearly identify *your* life script and to find ways to change it, but in order to do this please refer to the important information in chapter 9.

Although our life script develops by age 5 or 6, it is a complex process. Parents and others gave us useful, growth-promoting messages and models: Be nice, don't hit, be responsible, think of others, etc. Sometimes parents modeled undesirable behavior: Hitting and yelling at each other, lying, being selfish, etc. Providing more inconsistencies, we were rewarded for good--and bad--behavior and punished for bad--and good--actions. We were evaluated: You are a good kid, dumb, clumsy, gentle with sister, strong, cute, fat, fun, a pain in the neck, etc. Parents had certain expectations of us: You will be in trouble when you go to school, you'll have lots of friends, try to be an athletic star, etc. We learned to give ourselves both possible and impossible self-instructions: Be great, do your best, always do what others want, always be strong, etc. Perhaps, one or both of our parents' child or parent ego state might subtly have given us destructive instructions: Don't outdo me, don't grow up, don't be a child, don't love, don't be sexual, don't think for yourself, etc. We learned to trust or to dislike others; we felt good or bad about ourselves. Out of that welter of cognitive-emotional processing comes our personality. No wonder we have such mixed feelings about our life roles. Chapter 9 gives more details.

From day one, we all are trying to get along the best we can in this complex, contradictory, confusing world. We, as young children, decide how to live. The whinny, sickly child gets attention; the mean, strong-willed, rebellious kid gets his way; the conforming, quiet child is appreciated; the good kid is loved. We learn to expect to be winners or losers. These are all preschool choices...and they influence us for an entire lifetime. But the scripts can be rewritten when we get older and wiser. Just as with any self-help effort, it is important to make specific decisions about exactly what behaviors, feelings, ideas, or interactions you want to change. Transactional therapists usually draw up a contract with the client, stating what the client wants to change and what he/she is going to do in order to change. Eric Berne said, "My business is turning frogs into princes."

Although we tend to be an OK winner (a hero) or a not-OK loser (a villain or a victim), one person may sometimes play several scripts, e.g. a person may be a tough, villainous boss at work, a quiet, dominated victim at home, and a heroic rescuer on the volunteer fire department or domestic violence crisis team.

Understanding your life script(s) and using that concept to improve your life involves several sub-steps: Use chapter 9 to get in touch with your ego states and decide how powerful each one is in you. In the following steps of this method, you will first assess how you feel (OK or not OK) towards yourself and towards others, i.e. your Life Position, then you will identify more about the games and roles you play. Based on this information, you will be able to write out your Life Script (or different scripts in different situations).

Later, by comparing the Script of the 5-year-old inside you with the goals and values you have as a reasonable adult, you can re-write your Life Script and specify the changes you need to make in order to get what you want out of life.

Do you feel OK or not OK about yourself?

By reading in chapter 9 about the parent, adult, and child, which do you think is the strongest (most influential) part of your personality? which is the weakest part? Dusay and Dusay (1979) have a test for measuring the parent, adult and child, if you are interested.

- If you answered that your strongest part is the adult, the natural child, or the nurturing parent, you are inclined to feel positive about yourself. Rate yourself + or ++, depending on the strength of your positive feelings.
- If your strongest part is the critical parent or adaptive child, you may feel negative about yourself. Rate yourself - or --, depending on the strength of your feelings.

Remember your parents' early messages (consider the examples given above): what were you told, what was his/her tone, how were you handled, did the comments and actions "make" you feel good or bad about yourself?

- If you got more positive messages, rate yourself + or ++.
- If you got more negative messages, rate yourself - or --.

Think back on your parents' messages to you as a grade school student and as a teenager: How did they feel about your looks? your ability? your morals? your friends? your ability to relate to others? your future?

- Rate these messages as --, -, 0, +, or ++.

In method #1 of chapter 14, there are detailed instructions for assessing your self-concept by listing your positive and negative traits. Are you frequently sad? Sad people often feel "not OK" relative to others.

- Rate how you rationally evaluate yourself: --, -, 0, +, ++.

Also, consider your internal critic (method #1, chapter 14) and your critical parent (chapter 9): Do you put yourself down, like Sooty Sarah? Do you remember receiving destructive injunctions, as described in chapter 9? Is your true secret opinion of yourself very different from your expressed opinion?

- Rate how you really feel about yourself: --, -, 0, +, ++.

Conclusion: Review the five ratings above and decide if you feel OK or not OK about yourself.

Final Rating: --, -, 0, +, ++.

Do you feel OK or not OK about others?

What are your memories as a young child about your parents? Did you generally expect help, love, concern, acceptance, support, etc. *or* anger, punishment, indifference, unpredictable moods, "I'm busy," etc.?

- Rate your reactions to your parents: --, -, 0, +, ++.

What messages did you get as a young child about others? Were others (teenagers, casual acquaintances your age, people your parents' age, old people, strangers, "our kind" and "their kind," etc.) considered concerned or indifferent? kind and trustworthy or mean and deceptive? fair and generous or unjust and selfish?

- Rate others in general (early): --, -, 0, +, ++.

As a teenager how did you feel about others (not close friends)?

- Rate others in general (teen years): --, -, 0, +, ++.

In recent years how have you felt about others (casual friends, teachers, supervisors, co-workers, business people, politicians, professionals, parents' friends, and people in general)? Do you trust or distrust them, like or dislike, expect to be understood and accepted or not?

- Rate others in general (recent): --, -, 0, +, ++.

Are you frequently mad? This "racket" (which means one of your most frequent occurring emotions) of anger is likely to reflect a "You're not OK" life position.

- Rate how negative you seem towards others: --, -, 0, +, ++.

Conclusion: Review the five ratings above and decide if you feel negative or positive about others.

Final Rating: --, -, 0, +, ++.

Now, looking at the final ratings in (1) and (2) above, it should be clear which of four life positions you are in:

	<u>Others are</u>	
	OK	not OK
<u>I am</u>		
OK	_____	_____
not OK	_____	_____

Your life position is a crucial factor in the games you play and in your life script. Problems are associated with all three of the not-OK positions. Only "I'm OK, You're OK" position is a "winner."

What games do you play? What roles do you play? What themes thrill you? What is your Life Script?

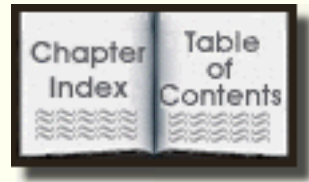
Read about games in chapter 9 and decide if you play games to affirm that others aren't OK or that you aren't OK. You're not OK games include "Yes, But," "Rapo," NIGYSOB, "If It Weren't For You," "Blemish," etc. I'm not OK games include "Kick Me," "Wooden Leg," "Schlemiel," "Poor Me," etc. (Remember also that there are many ego boosting games which either reflect an I'm a non-winner or an I'm Superior attitude, such as the "Education Game," "Power Struggle," "Ain't It Awful," "Cops and Robbers," etc.)

Games confirm our beliefs, e.g. that I will mess it up or others will let me down. Those beliefs may be painful, yet they are paradoxically reassuring when your views are proven correct over and over that you are not OK or others are not OK. Moreover, the transactions (pay offs) in the game give you some temporary satisfaction, some pleasure. Games are our Child's way of getting attention and saying, "See, I am *too* OK," even if the game involves self-put downs, being mean, blaming others, or failing.

From your games you can get a good idea of some of your basic emotional needs--your unconscious, sickish motives: to put down others because you dislike or distrust them or to put down yourself because you dislike yourself, to prepare for failure, to fend off criticism by others, to seek sympathy and nurturance, to avoid responsibility, to try to hurt those who have hurt you, or to have some other motive (see method #1 in chapter 14). What seem to be some of your games? or your destructive motives?

[← Back a page](#)

[Forward a page →](#)



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RECOGNIZE UNCONSCIOUS FORCES

There are three major roles in stories--hero or heroine, villain, and a victim (or according to Greek Drama--rescuer, prosecutor, and victim). We tend to see ("feel" is more accurate) ourselves in one of those roles. If you can uncover which role has the greatest emotional appeal for you, you are closer to finding your life script.

"The Parable of the Eagle" by James Aggrey (1959) is helpful in sorting out those roles. As you read this story, notice your feelings. Which character do you most identify with? The eagle who is being held down and controlled but is confused about escaping (the victim)? The person who seems to care but holds someone back, perhaps by being dominant and/or over-protective (the villain)? The naturalist who helps others grow and become their true selves (the hero/heroine)? Read the parable:

"Once upon a time, while walking through the forest, a man found a young eagle. He took it home and put it in his barnyard where it soon learned to eat chicken feed and to behave as chickens behave.

One day, a naturalist, who was passing by, inquired of the owner why it was that an eagle, the king of all birds, should be confined to live in a barnyard with the chickens.

"Since I have given it chicken feed and trained it to be a chicken, it has never learned to fly," replied the owner. "It behaves as chickens behave, so it is no longer an eagle."

"Still," insisted the naturalist, "it has the heart of an eagle and can surely be taught to fly."

After talking it over, the two men agreed to find out whether this was possible. Gently the naturalist took the eagle in his arms and said, "You belong to the sky and not to the earth. Stretch forth your wings and fly." The eagle, however, was confused; he did not know who he was, and seeing the chickens eating their food, he jumped down to be with them again.

Undismayed, the naturalist took the eagle, on the following day, up on the roof of the house, and urged him again, saying, "You are an eagle. Stretch forth your wings and fly." But the eagle was afraid of his unknown self and the world and jumped down once more for the chicken feed.

On the third day the naturalist rose early and took the eagle out of the barnyard to a high mountain. There, he held the king of birds high above him and encouraged him again, saying, "You are an eagle. You belong to the sky as well as to the earth. Stretch forth your wings now, and fly."

The eagle looked around, back towards the barnyard and up to the sky. Still he did not fly. Then the naturalist lifted him straight towards the sun and it happened that the eagle began to tremble, slowly he stretched his wings. At last, with a triumphant cry, he soared away into the heavens.

It may be that the eagle still remembers the chickens with nostalgia; it may even be that he occasionally revisits the barnyard. But as far as anyone knows, he has never returned to lead a life of a chicken. He was an eagle though he had been kept and tamed as a chicken.

It is a nice story about self-actualization--reaching your potential. Winning is gratifying but... the question here is: Which role do you most identify with emotionally? The captured, restricted, dependent, afraid, victimized, self-doubting eagle? The limited care-giving but not deeply concerned, controlling, pessimistic, suppressing man who penned up the eagle thinking he knew what was best for the eagle? The empathic, supportive, optimistic, encouraging but not dominating naturalist? And, what roles do other people, in your opinion, most often play?

Which role has the most appeal to you (not cognitively but feeling-wise)? The victim?_____ The villain?_____ The rescuer?_____ The victim role reflects a "I'm not OK" position; the villain role reflects a "You're not OK" position; the rescuer may reflect a "You're OK" position.

Karpman (1968) suggested that roles in games were like the changing roles in Greek Drama: The hero/heroine may become a prosecutor who wants to change the villain or help the victim so badly that he/she becomes aggressive (instead of assertive) and ends up being the victim of a counterattack. Likewise, sometimes the rescuer promises to "help" so much (and can't deliver), ending up feeling used and an unappreciated victim. A person pretending to be a helper often ends up blaming the victim for the problems or taking advantage of him or her. The moral is: *Watch out* for game hooks, such as "I'm going to tell you straight..." (then you are blown out of the water), "You poor thing, let me help..." (then he/she takes over), or "You are so good at this..." (then you are asked to do more things for him/her). Just say "no" to the game player... and don't be a game player yourself.

In an impossible situation, what would you do? This question provides another way of detecting how your Child unconsciously feels towards yourself and others. Suppose your life became such a terrible mess that there were only three ways out: kill yourself, kill someone else, or go crazy. Which would you impulsively (not rationally) choose? Choose now. Suicide implies that you feel less OK about yourself than others, while killing others implies they are seen by you as less OK than you. It isn't clear what going crazy means in this situation (usually it is interpreted as being a hopeless position, i.e. I'm not OK and you're of no help either, but in this case it may be the choice of a person who feels OK and that others are OK too.)

Another clue to your roles and script is your favorite childhood story. It probably became your favorite because it meets your basic needs or touches on some fundamental truth or injunction for you. It may be a fairy story, children's story, movie, TV show, novel or whatever. What was or is your favorite? Do you have several favorites? If so, is there a general theme? What psychological need or motive does this theme satisfy?

In the same way, try to remember your favorite daydreams as a child. Who did you rescue or try to please in these fantasies? How did you try to please or impress others? Who did you dislike and want to hurt? What does this tell you about basic unconscious (not nice) needs?

- What is your earliest memory? Does it strike an emotional chord in you, suggesting special significance?
- What was your parents' main advice to you? Does it still have meaning to you?
- What kind of scenes in movies or on TV are most emotionally moving for you? As a child how did you respond to the violence depicted in movies, TV, and cartoons? Did you enjoy the aggression or were you repulsed by it?
- If your life were made into a play, what kind of play would it be? A comedy of errors? A fantastic adventure? A soap opera filled with romance, deception, and rejection? A drama of achievements? A series of sad disappointments and tragedy? A satire in which you cleverly put down others? A boring, meaningless, pointless play?
- How will the play of your life end? How long do you expect to live? Will you die quietly or in a blaze of glory, loved or alone, heaped with honors or condemned? How would you like to die? What would you like your tombstone to say?

In summary, considering your favorite childhood stories, daydreams, and current shows, does there seem to be a general theme? What arouses your emotions and makes you

cry, mad, proud, or happy? What sets off your stronger needs and motivations? Are you touched by misfortune? If so, what kind? Do you identify more with the winner or the loser? Are you excited by overcoming obstacles to accomplish great achievements? Are you moved by love and devotion? Does it feel good to defeat or humiliate the bad guys and/or the establishment? Do you enjoy putting down others? Are you more interested in fun, music, comedy, or sex, i.e. natural child or self-oriented, than nurturing parent or others-oriented? Do you prefer exciting adventure, danger, and violent shows? Does controlling and manipulating others have a special appeal?

Write out your Life Script. We have just considered your views of others (OK or not OK) and yourself (OK or not OK), the psychological needs driving your game playing, and the roles and pay offs that satisfy your unconscious needs. All of these experiences and exercises should help you get in touch with the emotions and motives that underlie your life script. Read about scripts in chapter 9, many examples are given.

According to Eric Berne (1973), there are three kinds of scripts: losers, non-winners, and winners. A *"loser" script* has an unhappy ending; it may have been started by parental injunctions, such as "Don't be too cute and take attention away from me," "Don't stay around me, you irritate me," or "Don't be smarter than I am." This is your parents' Child ego state talking, not their conscious Adult ego state. The person with a loser script may rationalize the failures in his/her life by frequently saying, "If only such and such hadn't happened," "Someday it will be better" (but someday never comes), "I can't do that," and so on. To turn ourselves from "frogs" into "princes/princesses," we have to recognize the injunctions, ego states, life position, games, and scripts. Your Adult has to be in control and develop your best selves. You have to kiss all your warts and frogs yourself.

A *non-winner* was referred to as a "happy frog" who never quite becomes a prince or princess. Berne said the toughest part of his job as a therapist was telling people there is no Santa Claus, no magical solutions, no free lunch. Non-winners are also rationalizers and deniers, saying, "things will be better after...", "things aren't as bad as they could be," "things didn't turn out well, but at least I tried," etc. Some people have to become more unhappy and do more self-helping before they become a prince/princess.

Winners learn to reject the destructive "witch messages" from his/her parents' Child ego state. They use their Adult ego state to re-write their life script, if needed, making wise decisions about life goals, relationships, time management, values, tolerance of others, self-acceptance and so on.

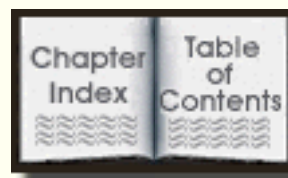
Eric Berne, like Freud, was a "winner" in his work. He worked hard to "make something of himself" and when others opposed his theories he became an outstanding authority by establishing his own method of treatment, Transactional Analysis. He let his "Natural Child" devise clever names for games, his "Little Professor" analyze the pay offs,

his "Adaptive Child" keep everything organized and so on. Berne, the person who helped turn the psychoanalytic world towards interpersonal relationships, was not so fortunate in actual relationships; he may have had a loser's script in that area. He avoided intimacy, distrusting women and suffering through three divorces. With love escaping him, he died of a "broken heart" (Steiner, 1975). So, even a relations expert may succumb to a loser's script. Don't underestimate the power of your childhood messages.

Write out a brief description--two or three sentences--of your life script or perhaps two or three of them. See chapter 9 for examples. At this point, these descriptions are probably just guesses, we can't know our unconscious motives for certain. But, if your hunches about your parental injunctions and scripts can help you avoid depression,

[← Back a page](#)

[Forward a page →](#)



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RECOGNIZE UNCONSCIOUS FORCES

Changing your life script

Gilliland, et al. (1989) tell about treating a woman who was depressed, insecure, attractive, and flirtatious but dependent on and submissive to her husband. As a child she was given certain injunctions: don't grow up, just be cute and obedient, don't think for yourself, don't feel confident or angry. These became "tapes" playing over and over within her Parent ego state. Furthermore, she gave herself certain driver messages: be perfect, please others, and act happy. The therapist helped her see how her revered but controlling father had given her these messages as he tried to shape her into a "daddy's little girl" who would quietly take care of the family and her alcoholic mother. TA therapy involves game and script analysis, much like the steps we have just gone through. This patient was encouraged by her therapist to ask herself how such a spoiling, loving, and worshiped father could have made her feel weak and dependent, when she was really the woman of the house. She began to see that her father was far from perfect and wonderful; he had used her, just as her wealthy husband does. In fantasy she told her father how angry she felt about being kept a "nice little southern belle" who couldn't think or be open about her feelings and become an adult.

Treatment or self-help with such a person is an emotional experience, not just an intellectual exercise. Neither is it a matter of will power. You can't just say, "I'm not going to be scared...sad...dependent." All of us have to deal with deeply ingrained messages recorded in our Parent ego state. We also have to deal with our Child ego state, which involves the emotions, games, and scripts of a five-year-old. In this case, the Child is saying, "I want to go out, play around, and have a good time," "I must be pleasant and submissive in order to be loved and taken care of," "I could do all sorts of things if it wasn't for my husband...my children...," "It is crucial that men find me attractive and that I have some control over them that way," and "One way to get your way is to lie to men: 'Gee, you're a wonderful _____!'" All these needs and games had left this patient sad and empty. But since many of the messages or injunctions from our parents are subtle but ever present so we are unaware of them, how can we change? We must start with the feelings we know--our sadness, our need to please others, our insecurity and dependency,

our anger, and so on. Then we must work backward to the early Parent messages. Harris and Harris (1985, pp.69-89) call this a "Trackdown." It involves several steps:

- Being aware of our feelings, our current hurt: sad, mad, bad, dumb, clumsy, guilty, afraid, a failure, unlovable, selfish, hopeless, etc.
- Remember, it is the little 5-year-old girl or boy inside that hurts. She/he still lives within our billions of memory cells.
- Figure out, if you don't already know, what recently set off the hurt feelings.
- Ask yourself what childhood experiences this feeling or hurt makes you think of. What old pains are mixed up with our current reactions. The old lessons from our parents may not apply now. Become aware of what your Parent ego state is saying (repeating a parental message) and of how your Child is responding. Examples:

Child's reaction	Parent message
Feeling like a failure.	"You messed up again." "Just stop trying!" "Don't you ever finish anything?" "Sloppy!" "3.8 is good, but why did you make this B?"
Sad, disappointment.	"You can't depend on people." "They don't want <i>you</i> around." "You always want too much."
Feeling pressured.	"You'll be punished if you defy me." "Don't overlook any opportunity."
Confused, stressed.	Parents never gave a straight answer--"Pick the right friends but don't be too picky." "Sex is wonderful but not before you're 20."
Alone, distrusting	If a friend rejects you or if a parent leaves or dies, the child may learn, "Don't let anyone get close again."

Note that all injunctions were not actually spoken directly by the real parent. Children misunderstand or make up their own destructive messages. What might a child remember from being told "don't hit your brother?" Quite possibly something like "I do things I shouldn't; I'm bad" or "Acting on your feelings gets you in trouble; so, don't feel." These conclusions were probably not intended by the parent. Certainly these self-created messages would be hard to "track down" as an adult.

Figure out what you can do differently. Just knowing these Parent tapes are messages from your *distant* --no longer relevant--*past*, works wonders in preventing irrational emotions. Refuse to let your own old Parent tapes control and upset your life. Talk to a

friend; see a therapist. Also, refuse to act in ways that hook others' Critical Parent (e.g. by being irresponsible or weak). And, if you are being bossed around by someone's Parent, refuse to let your Child "collect stamps" (build up anger or self-pity) which could then be cashed in for a temper tantrum, a drunken party, an affair, a nervous breakdown, a suicide attempt, or some other guilt-free, pity-seeking crisis. Perhaps you could rationally negotiate and reconcile with the person who set you off (see chapter 13). This whole process enables you to know your Parent ego state better, so you can instantly recognize its tapes.

The depressed-dependent patient described above came to recognize the Parent messages from her father... and how her husband took the same demanding, "I'll take care of you," chauvinistic approach. She decided to see her father for the dominant manipulator he was and to acknowledge her own abilities and goals, i.e. to shift control from her Child to her Adult. She confronted her husband about doing his share with the children and spelled out what she wanted to do with her life, like going to college, having a challenging career, and renewing old friendships. In short, she tracked down her enslaving Parent, saw her Child's feelings for what they were, and wrote herself a new winner's script. You can too.

Finding new ways of interacting, new ways of living a new script

Uncovering your Parent's tapes and the Child's games is an emotional process all right but *knowing how* to do the uncovering is an intellectual-cognitive process and so is figuring out what to do with your life. Chapter 3 will help you think about your values and goals in life, which in turn determine with whom and how you interact.

Chapter 9 discusses avoiding games. It is important to withdraw from people who hook us into harmful, unhappy relationships. Have your Adult honestly evaluate "Is this relationship good for me?" If not, avoid put downs (yours and his/hers); in fact, sooth the other person's Child and give an honest compliment, if you can. Don't be a prosecutor, rescuer, or victim; stay in your Adult and control your seductive or whiny Child and your critical Parent; remember "I'm OK, You're OK." As the Gestaltists would say, "Stay in the here and now," don't bring up the past. Most importantly, develop other friendships and remember the bad times, so you won't keep coming back to a bad relationship (Harris and Harris, 1985, pp. 217-219).

Other parts of this book could help: chapter 7 may reduce the anger, chapter 8 the dependency, and chapter 10 the infatuation. Also, chapter 13 may help with confrontation and negotiation, while chapter 14 deals with the overly harsh self-criticism of the Parent ego state.

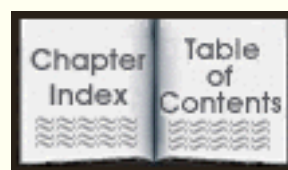
Besides our Parent, we also have to handle other people's Parent which may direct

criticism at us (You're not OK) or be overly controlling. Harris and Harris (1985, pp. 220-233) suggest several ways of coping with a person who is dominated by his/her own Parent ego state: realize he/she was usually raised by stern parents who demanded conformity, no Child's play. Such a parent "makes" us feel oppressed or belittled. But, underneath the other person's facade of bravado and domination is a scared Child and an insecure Adult. Realize how we hook such a person's Parent--by being rebellious, sloppy, late, weak, lazy, whiny, passive-aggressive, or, in short, by letting our Child take over (so put your Adult in charge and stop doing those things). Realize the Parent doesn't think, it only plays authoritarian tapes over and over, so if you are going to reason with such a person, *your Adult will have to talk with his/her Adult*. Thus, telling this person he/she is a "obnoxious, closed-minded, arrogant tyrant" or "coming out of his/her Critical Parent ego state" isn't going to help. But saying to a parent, "You feel strongly about what I should be doing. How did you come to this conclusion?" or "Why don't you write down these ideas?" or "How are *we* going to decide what to do *next* Thanksgiving?" or "You have a point there but I see it a little differently" may work by engaging his/her Adult and pacifying his/her Parent. Compliments, moving closer, empathy responses, awareness of his/her Child's needs and hopes may provide a way to lessen the tension and hostility. Clearly, these first aid measures do not provide the Parent-dominated person, who is giving you a hard time, with great insight and a new personality but these steps may help the immediate situation. See handling difficult people in chapters 7 and 13.

The most important task, however, is to act out--to live--the new script. Like any other change, this requires setting specific behavioral, emotional, skill, and cognitive goals. The "reframing process" discussed in the next section may be helpful in overcoming your resistances to change. Remember, your original life script was perpetuated by constant needs, urges, and messages coming, supposedly, from the depths of your psyche. You do not have these automatic, constant reminders helping you do what you have rationally decided you want to do with your life, not unless you have learned to use your brain to constantly remind you to attend to the values and goals you want to achieve. It isn't easy to remake a life. But there is always help: Young and Klosko (1993) recommend a variety of cognitive techniques to deal with many problems, such as low self-esteem, phobias, anger, poor relationships, stemming from childhood patterns.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & professional](#) [managed care](#) [find](#)
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RECOGNIZE UNCONSCIOUS FORCES

STEP THREE: Understanding the myths or stories we live by.

There are two fundamental ways of understanding the world: by believing what we are told or by making our own observations. One involves listening to the opinions and stories of parents, teachers, preachers, politicians, bosses, experts, authorities, etc. and then using these views as a basis for our own personal beliefs. The other way involves observing the world ourselves, i.e. being our own scientist--careful observation of facts and causal relationships. Scientific observations can be repeated and proven by others. Personal opinions far out number verifiable facts about human life, thus far. But even though scientific information is gaining more of a role in our view of life, most of our life is lived according to fairy tales, sometimes called our personal myths. For example, many people have a clear but very unrealistic or unscientific picture of what their future will be like, what kind of person they will marry, how their kids will turn out, and even some idea about when and how they will die. That's our myths, not science. These unfounded beliefs can be very confining.

Likewise, many of our opinions about life in general reflect our cultural inheritance, the stories and assumptions we are told and believe, not what we have experientially or experimentally found to be true. Examples: the Hindus worship cows, we eat them. Chinese eat dogs, we don't. Certain Indians destroy wealth, we covet it. Families assign work on the basis of what is believed to be sexually appropriate, not experimentation with who can do the best job--girls baby-sit and help cook, boys mow lawns and wash cars. Some families expect to be wealthy leaders, others expect to be poor. Each person's place is set by the family script--Larry is the good student, Linda is the little mother, Barb is the cheer leader, Bruce is the loner, etc. If anger and violence are used by parents to threaten children and by heroes on TV to right wrongs, the children will use angry threats to intimidate other kids without investigating what works best. We live submerged in a sea of unproven beliefs.



The great enemy of truth is very often not the lie--deliberate, contrived and dishonest, but the myth--persistent, persuasive, and unrealistic.



Joseph Campbell (1949) felt myths disclosed--via stories--the great mysteries of our internal world, i.e. our psyche. Myths, like therapy, books, and dreams, can be used to gain insight into our unconscious motives, needs, fears, wishes, conflicts, etc. The implications of our myths aren't based on scientific knowledge; it is "wisdom" of the ages, however, waiting to be tested scientifically. Campbell summarized a common myth from many cultures about a hero or heroine: he/she undertakes some task and soon faces a challenge. He/she accepts the challenge, a "call to adventure," and soon faces many tests, often a shadowy presence or a strange but vaguely familiar force. The "obstacle" may be a strong, controlling, punishing female or a tempting but unattainable woman. It may be a stern, demanding, physically threatening male. The test may be a difficult moral dilemma (like serving your family or living your own life). Sound familiar? In the myth, the hero or heroine overcomes these obstacles, gains esteem and spiritual power, and generally improves and enriches the world. Campbell sees each of us as the hero or heroine of our own story. Each of us has the wondrous opportunity to explore the unconscious psychic world within--to "know thyself," to know that all the heroes/heroines and God/Goddesses that ever existed are somewhere within us too (Fagan, 1989). Or we can refuse to take the adventure.



...the heroes of all time have gone before us... we have only to follow the thread of the hero's path... where we had thought to travel outward, we shall come to the center of our own existence; where we had thought to be alone, we shall be with all the world.

-Joseph Campbell, 1949

Where there is a way or path, it is someone else's footsteps. Each of us has to find his/her own way... Nobody can give you a mythology.

-Joseph Campbell, 1987 (cited in Feinstein & Krippner, 1988)



We also accumulate myths or stories about heroes and villains which support our beliefs and ethics, which give our life meaning. As Keen (1988) says, "Myth is... the unconscious information, the program that governs the way we see 'reality' and behave." In general, myths are a conservative influence keeping things the same--honoring our forefathers and old heroes. However, a powerful force for changing a society is to change the stories (movies, books, TV) told to each other. We change ourselves by changing our heroes and our beliefs (see chapter 3 and later in this section). A critical step in coping with a changing future is to become aware of our life story and the myths that have governed our life thus far, including an awareness of the unwitting assumptions and unconsciously determined habits involved. We may need new beliefs. That is the focus of psychotherapy, especially Freud's

and Jung's analysis, Adler's early memories, and George Kelly's personal construct theories. Likewise, this self-help method uncovers personal myths *and* attempts to provide us with a way to change.

Feinstein and Krippner (1988) take a broad view of myths. To them, your unique personal myths developed gradually as a result of many factors, including stories, e.g. Rambo or Gandhi, told within our multi-media culture, family values, peer pressure, religious teachings, and perhaps even genetic predispositions (as in Jung's collective unconscious or emotional predilections). These complexly determined views influence how we see the world, how we handle new information, how we decide on our values and purposes in life, how we relate to the mysteries and "powers" around us, and generally how well we deal with life. By understanding your own highly complex and quickly changing system of beliefs, you can supposedly become more in control of your life. There is no scientific evidence of increased self-control via this method, but it is a personal myth--a belief--of the writers cited here.

I will summarize two self-help methods, the first is a simple article by Keen (1988; later supplemented by a book by Valley-Fox & Keen, 1992) and the other is an involved book by Feinstein and Krippner (1988). Both use many *fantasies to tap your underlying belief systems or myths*.

Keen suggests these steps to finding meaning in your life through storytelling:

1. Answer the old question, "Who am I?" Give 10 answers. And, "What would I like to be that I'm not?" Give 10 answers. And, "What would I not want to be?" Give 10 answers. These answers reflect many of the hoped for (hero) and the dreaded (villain) stories in your culture, your family and your life.
2. Draw your "life line"--the highs (paradise) and lows (paradise lost) of your life from birth to now. Sketch on the line the five major events of your life.
3. Draw a floor plan of your childhood home(s). Who lived there? What were they like? How did they relate? What were the moods and the feelings, the joys, the fears, the frustrations, the rules, the conflicts, the intimacy? What does this tell you about your expectations about life?
4. Draw a map of your hell. Who would you put there and why? Family, "friends," and other people who have hurt you. People with traits you dislike--arrogance, meanness, greed, ignorance, prejudice, cheating, lying, grossness, etc. People in history or stories who seem especially evil or disgusting to you.
5. Draw a picture of your heaven. The greatest people in history and in your life. Show what they have done--shown courage, forgiven, loved, been brilliant, been fun, given

help, lead, patiently been there, shared wisdom, etc.

By contrasting (4) and (5), it will be clear what your personal mythology considers good and bad, right and wrong, the worlds of light and darkness, things to strive for and struggle against.

6. What needs to happen to make my life complete? What ideals and potentials have I not met yet? What promises have I made? Draw a picture of where you would like to be in ten years, indicating your goals, who you will be with, your work, the circumstances surrounding you, your feelings, etc.
7. Tell your story to others and think about your strengths and the positive parts, enjoy and think about their stories, and make plans to accomplish as many of your dreams as possible. Make your life one hell of a story.

Feinstein and Krippner (1988) suggest exploring the beliefs of your forefathers (or mothers for women). Start by identifying with your great-great-grandfather (mother if female) and asking (as though you were them): What concerns you? What gratifies you? What is your work? What is your position within society? What are your strengths and problems? What are your ideas about God(s)? The idea is to recognize that many of your core beliefs and attitudes today may have a long, quite understandable history of being "passed down" to each new generation. Also, one may begin to see that beliefs, which were very functional 100 years ago, are no longer serving you well. Follow the same procedure with your great-grandfather (mother), grandfather (mother), and father (mother).

The idea is to find your myths that are harmful. There are probably endless examples within anyone's lifetime of old beliefs out-living their usefulness. A child who is told he/she is dumb may never test out his/her level of ability in school. A favored child may continue to expect the whole world to cater to his/her needs. A rejected person may avoid new love situations. An adult child of an alcoholic may continue to feel super responsible for everyone in his/her family. A workaholic may think of little else but work until a heart attack brings him/her to the brink of death. A religious person may think God is always right and responsible for everything that happens until his/her teenaged child dies. A perfectionistic, self-critical person may continually feel like a failure and suffer psychosomatic problems or depression. A sweet, compliant, overly giving person may keep smiling and serving others because "that is how mothers... fathers... nice people behave" until she/he is ignored and even cruelly dominated by greedy "takers."

Similar to section 11 of Progoff's journal (see method #3 above), Feinstein and Krippner recommend that every person develop an ongoing relationship with an "Inner Shaman"--a wise guide to understanding your unconscious motives, tapping your internal wisdom, and revising your personal mythology to meet new situations. Your Shaman might be Mother Nature, Aristotle, Confucius, Jesus, a wise old man, or anyone you respect highly. It is a way

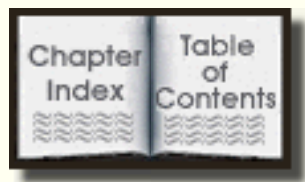
of increasing your insight.

Humans seem to have a compelling need to understand, to know, to predict. In the absence of scientific knowledge, all of us have an "inner story" that helps us explain the past, understand what's happening now, and anticipate the future. As a way of discovering how parts of that inner story may be creating problems, you are asked to imagine three scenes from your life: a paradise, paradise lost, and paradise regained. Note that many myths follow this sequence, including the story of Adam and Eve with Christian religion providing the way to regain paradise. Also, for some people childhood was blissful, adulthood a grind, and they long for a return to the past (or to glory in heaven). Likewise, some psychoanalysts believe that being in the womb was paradise and the religious drive is our attempt to return to an ideal place. The basic self-help idea here is to vividly imagine (1) a wonderful time of your life, (2) a painful, unhappy, stressful time of your life, (3) a time when happiness and peace was regained, and (4) the hopes and principles that have guided your quest for a better life, i.e. what have you done to make your life better? Record these fantasies in a journal. Careful study of these extensive, elaborate fantasies can clarify your life story and some of your major disappointments.

Still, many of your conflicts or problems in life will not be touched upon by imagining paradise, paradise lost, and paradise regained, so at least make a list of (1) your self-defeating behaviors, (2) your unwanted emotions, thoughts or urges, and (3) your symbolic hints of trouble (in dreams, psychosomatic disorders, repeated conflicts for unknown reasons, difficulty thinking positive about the future, etc.). Each of your problem areas could be analyzed further, as in the next several paragraphs.

[← Back a page](#)

[Forward a page →](#)



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RECOGNIZE UNCONSCIOUS FORCES

Take one problem area at a time and try to understand more about its origin by imagining one of your earliest experiences in this area. Do this by first identifying the primary emotion associated with this problem area. Second, imagine this feeling flowing through your life like a river. Third, imagine being in a boat so you can make your way upstream until, on the bank of the river, you can see yourself re-enacting, as in a play, one of the first times you ever experienced this emotion. Fourth, ask yourself if this fantasy helps you understand the feelings you are having now (e.g. who else is there? What was done? Did your emotion yield a payoff? Are you still expecting the same things you did as a five-year-old?). How did this early experience influence your self-concept, your views of others, your values, your life?

Feinstein and Krippner believe that trouble spots in our lives usually involve *conflicting myths--our old myth that isn't working well and a developing new myth*. Sometimes this new counter-myth is immediately adopted, as when a faithful spouse impulsively has an affair or a compliant adolescent suddenly rebels. But most of the time this shift from one life style to another is gradual and full of complex conflicts, as when it takes months to change one's religious beliefs or to give up being a workaholic so you can become involved with your family. It is wise to realize there is some wisdom in both myths--the old way and the new view. Hopefully, your decisions will make use of the best of both. How to do this:

1. Make up a fairy tale about your *paradise lost*: First focus on a good (or better) time of your life, then on an awful time (related to the specific problem you are now trying to understand and improve), and then on your ongoing search for a way out of the mess. Make it a long, fanciful (magical, make believe characters), free-flowing daydream. This helps you, through symbols and fantasy, to identify your paradise lost and your image of the paradise you hope to regain through your "quest."

Throughout their book, Feinstein and Krippner provide two extensive case illustrations, one of a tough, fervently independent woman who both wants to be

totally self-sufficient and alone, *and* wants to be a nice, gentle lady respected for her brilliance and creativity. The other is a perfectionistic, demanding, stodgy man who *also wants* to be free, spontaneous, loving, and relaxed. Both produce fantastic fantasies reflecting their personal mythologies.

2. Use fantasy and a pillow to heal some of your old wounds. Imagine yourself as you were during the period of painful loss or failure. You may be very young, an adolescent, or an adult. Pretend the pillow is you at this earlier time and you are hurting. Hug the pillow, comfort the former you, love yourself. Imagine your Inner Shaman or God coming and touching you and your former self (the pillow) and healing the wounds made by the earlier experience (the paradise lost). Ask the healer for advice.
3. Have another fantasy that provides a hero or heroine some solution to the problem you are working on. This hopefully will guide your "quest" for new ways of coping. This can either be a fantasy of flowing back on your paradise-lost river and finding some *good* feelings that provide relief from the problem (and seeing how the positive feelings happened earlier) or making up another long, detailed fairy tale about magical, creative, ideal solutions--a vision--to this problem. This is your new myth... but it may not be realistic at all.
4. You now have an old, out dated view in conflict with a new, exciting, scary view or solution. The old myth is familiar but causing you grief (so you may quickly reject it). You suspect the new way has hidden mine fields but it is so attractive you are tempted to impulsively try it. If you can work out a reasonable solution or plan cognitively, perhaps you can avoid foolish impulses.

(a) Find a motto that fits your old and the new myth. Examples:

Old Myth

I want to be Mother Of
The Year!

I must be the best, no time
to play.

Having fun is all that
counts.

New Myth

Doing something with my life is
important too!

Better to balance work with fun.

Have long & short-term goals.

(b) Name the character that symbolizes each myth. Examples:

Old Myth

New Myth

Devoted mother or Susie Career woman or Superwoman
Homemaker

Super achiever

Smell the roses; get to know your kids

Party animal

Likable serious student

(c) List the characteristics, actions, thoughts, and feelings associated with each of these characters (which reflect the myth).

(d) In fantasy, play (with feeling) both roles and have these two characters get acquainted with each other. Let them discuss and *understand* the differences between them (reflecting the differences between the two belief systems). Try to improve the communication between the two characters; they need to talk. Ask your Inner Shaman to also help both characters find ways of changing a harmful personal quality, e.g. self sacrifice, competitiveness, impulsiveness, stubbornness, over-confidence, anger, laziness, compulsiveness, pessimism, insecurity, etc., into a constructive trait. These changes help you integrate the old and the new myths. Finally, have the two characters discuss possible compromises; ask the Inner Shaman to mediate. Try to extract the wisdom from both myths.

(e) Imagine how the possible compromises and solutions would work out in real life. What promises the best future? Imagine carrying out the best solutions. You are more likely to do what you have thought of doing.

(f) Challenge your irrational self-statements (see method #3 in chapter 14) and replace them with rational, supportive statements. Establish some ritual every day that reminds you to act out your new, carefully considered myth. Use contracts, reinforcers, and support from friends.

The writers above all emphasize the influence of handed down myths. McAdams (1993) emphasizes that we are powerful makers of our own stories or guiding myths. Cultural myths aren't our guides, we are! And, if we are going to understand ourselves, we must know our own "life story" based on our memories, our situation, and our vision of our future. The way we see our own life is a compelling force directing our future. Yet, these forces may or may not be realistic nor optimal for us. We need to be aware of these forces and prepared to change the detrimental drives and restrictions if need be.

A couple of simple examples may help: you have a story of your life or of your marriage. As you get more depressed about life or more discouraged about your marriage, the stories become more and more biased, i.e. pessimistic or self-critical or blaming of the spouse. It is possible to "rewrite history," making your new story more positive, more hopeful, and less blaming, but still accurate. Our view of history has a powerful impact on

our future.

Time involved

All three methods--Looking for the inner child, Script analysis, and Myth analysis--are very time consuming, perhaps 20 to 100 hours. Part of it depends on your resistance to speculate about unconscious motives. But reading a couple of good books going beyond these summaries would be an adequate introduction. Better yet, take a few hours and try out some of the exercises. If recognizing these subtle, unconscious forces inside you is helpful, perhaps this awareness will become a way of life for you.

Common problems

There are no easy ways to uncover the unconscious. These three methods deal with well entrenched, early, long forgotten childhood experiences and attitudes that permeate the family. Moreover, these uncovering procedures are vague, unresearched, and without simple rules for interpretation. And, besides, most of us may have many inner children fighting over many conflicting scripts and myths, which makes self-understanding more difficult.

It is interesting that insight therapies frequently utilize explanations from the therapist, from group interactions and discussions, and from group exercises. Perhaps because many of us refuse to uncover our unconscious by ourselves, even if we put in the time. As mentioned, many students reject the idea of their lives being governed by scripts or myths, we want to see ourselves as being rational. So perhaps many of us genuinely seeking insight need therapists and groups and confrontations. Research is needed to tell us who can do these things on their own and what type of person needs help.

Effectiveness, advantages and dangers

Since TA is based on psychoanalysis, which has survived the test of time for 100 years, it has an authoritative basis--it intuitively fits with many peoples' clinical experience--but not much scientific basis. By contrast, uncovering the inner child and certainly personal mythology are much less studied and less agreed upon clinically. An advantage is that all these unconscious-oriented theories can offer an explanation for all kinds of self-defeating, crazy behavior which can not easily be accounted for by simple environmental factors. The trouble is that unconscious factors can be made to "explain" everything but scientific proof of unconscious concepts is hard to come by. Of course, explanations can be helpful without being true.

Many TA-psychoanalytic "explanations" are hard on parents, blaming them for "witch messages" that mess up the child. We have to remember that parents had parents and a

childhood too. And, remember: everything is lawful. Perhaps feeling responsible for ourselves and less of a slave to the past would lead to more self-growth.

Insight therapies are about as effective overall as learning-behavioral-cognitive based therapies. Unfortunately, there have been *no* evaluations of the impact of the best-selling books by Berne, Missildine, Harris & Harris, James & Jongeward, etc. Yet, there have been many thousands of faithful believers.

A major advantage of these methods for dealing with the unconscious is that they attempt to deal with the complexity of human feelings and interaction. If human behavior were simple, it would be clear exactly why everyone does everything. The concept of unconscious motives at least encourages us to explore for many voices and conflicting urges inside. Yet, even unconscious concepts may be far too over-simplified. Examples: having a global judgment of "I'm not OK," being fixated at the anal level, having an "I'm a weak, sickly, dependent child" life script, believing sexual urges account for most of our interactions, believing that feeling OK or not OK account for most of our interactions, etc. Not likely!

It has to be assumed that there are certain dangers inherent in attempting to uncover the unconscious, perhaps stress, lowered self-esteem, increased self-deception, etc. Yet, surely refusing to peak at one's own unconscious invites even more problems. One should realize that some people become overly absorbed with their unconscious motives and thoughts. Deep "understanding," approaching obsessive mental voyeurism, can, in some people, replace changing bad habits, modifying emotions, and improving relationships. Other "insight freaks" become obnoxiously insistent on "analyzing others," explaining the games you are playing, telling you their sordid past is probably true of you too, etc.

Lastly, especially for people who are earnest about exploring myths, it seems quite possible that a careful study of myths around the world, many of which in ancient and primitive cultures closely resemble our own modern religions, will raise some doubt about our own personal God being the only true and omnipotent God. Humans everywhere have invented thousands of Gods and mystical forces or powers to explain the unknown, just as each of us has adopted and adapted beliefs we have heard to make up our own "inner stories" or explanatory myths. Of course, the "danger" of questioning our own God is real, although most agnostics have found that the idea of a God fades very slowly, often taking years. God isn't destroyed by raising a few doubts one evening. On the other hand, questioning some of our religious myths may provide an opportunity to challenge some occasionally harmful ideas (e.g. God is on our side in this war, God is white and male, some of my sins are unforgivable, women are supposed to be subservient to men, masturbation and birth control are wrong, God wants me to give everything to the church, etc.). Most therapy and self-help methods painstakingly avoid questioning religious beliefs, unless it can be done subtly (I suspect the implications of mythology are unseen by many religious folks). Dealing with religious beliefs is tricky business; some myths,

religious or otherwise, are helpful, maybe even critical to many lives; other myths are probably harmful. How does a thinking person know which is which, without questioning all of his/her myths?

Case illustration of script analysis

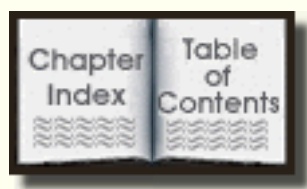
Fanita English described a case which illustrates a life script. Stella had a series of failed love affairs. She did know why. One lover went to Europe; another was a "rat;" a third couldn't hold a job and she soon considered him a "bum."

What was Stella's history? Her mother had not wanted a baby, partly because Stella's father was alcoholic and unemployed but also because her Child ego state disliked caring for a baby. Yet, she was especially attentive to Stella when she cried or was sick. As a young child, Stella knew that getting love and cared for depended on pleasing her mother. She learned to get "strokes" by crying, being sick, and unhappy. Also, Stella soon realized that her mother resented any closeness she had with her father and enjoyed their fighting. So by age five, Stella's life script went like this: "I am a lonely, unhappy, sickly, hateful little girl." That is, she knew she must cry, be sick, and reject attentive men in order to keep mother's love. Unfortunately, the script continued year after year, even when she no longer lived with her mother.

Being unhappy and sickly, Stella went into a therapy group. There she started understanding her script. Her favorite fairy tale was about a beautiful girl held prisoner--and away from a visiting prince--by a witch. In college literature class, Stella enjoyed a myth about a god who fell in love with a nymph and then asked a witch to give the nymph a love potion. Instead, the witch turned the nymph into a monster anchored to rocks by the sea screaming at the passing sailors. As Stella understood more clearly why she had strong urges to alienate men (by being a cynical monster) and why she needed to be unhappy, she realized she must change her life script. So, she did, and so can you.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

SELF-ANALYSIS

There are many ways to gain insight, to glimpse a little of our unconscious. Freud himself faithfully set aside time each day for self-analysis, a time to explore his own motives and childhood influences. I have selected a few of the best methods and briefly described how you can use them. They include: (a) psychological testing, (b) projective techniques, (c) guided fantasy (including "Momma and I are one"), (d) feedback from others, (e) reframing, (f) focusing, (g) free association and word association, (h) catharsis and abreaction, (i) early memories, and (j) other methods. These methods are grouped together because they serve the same purpose (insight) but they are not used together. They stand alone; thus, there are no steps.

Psychological testing

Most of us want to know how we measure up. There are thousands of paper and pencil personality, interest, and aptitude tests (Buros, 1990); some were already discussed in chapter 14. Taken honestly, tests are about the only objective way to compare yourself to others, in terms of depression, dependency, personality traits, prejudice, self-efficacy, optimism, self-monitoring, the use of ego defenses, etc. On some dimensions, we may have a fairly accurate impression of how we feel, say how depressed we are, but we may not know how our level of depression compares to others' sadness. That is useful information. In many areas, we have little or no idea of our own condition, e.g. many people do not know if they are internalizers or externalizers (see chapter 8) or if they are much more cynical than they realize. Since you were unaware of these characteristics, as you are your blood pressure, these aspects of your psychological health could be called "unconscious."

To complicate matters, we may be somewhat different people in different situations and we are certainly seen differently by different people, such as our spouse, our best friend, our boss, our co-worker, our child, etc. It would be helpful to know about these differences. Harary and Donahue (1994) provide this feedback, using the Berkeley Personality Profile which is part of their book. They measure the "Big Five" personality dimensions: (1) Expressive Style--introverted to extraverted, (2) Interpersonal Style--

inconsiderate to generous, (3) Work Style--lackadaisical to dedicated, (4) Emotional Style--calm to intense, and (5) Intellectual Style--traditional thinking to seeing things differently. Then the same five dimensions are assessed from different viewpoints: how *you* see yourself inside, how you think others see you, how you would like to be, how you see yourself in different roles (spouse, worker, friend), and, finally, how *others* actually rate you on the same dimensions. The entire book focuses on how to interpret and use this information to self-improve and relate better. It is easy to understand.

In a similar way, another book (Hirsh and Kummerow, 1989) utilizes the Briggs-Meyer which measures Jungian personality types (see chapter 9) and provides extensive interpretations for the laymen. The book provides the test, the scoring, understanding of the scales, and help in making use of the Briggs-Meyer scores for personal insight, planning, and changing. It does not compare your self-description with other people's opinion. It may be a little more difficult to understand and use than the Berkeley, but the Briggs-Meyer is a longer and more reliable test and perhaps more psychologically sophisticated. The Briggs-Meyer is taught in Schools of Business and used widely by personnel departments and others in industry.

Where can you find and take other psychological tests? There are several collections of brief mental health and personality tests which measure a wide variety of factors: anxiety, depression, anger, introversion, risk-taking, assertiveness, self-esteem, attitudes towards others, even your unconscious, and many other traits. I recommend Cormier (1993), but other good books are by Oldham & Morris (1990), Cohen & Gladstone (1994), and Fensin & Ryan (1990). Greene and Lewis (1983) test your aptitudes and hidden talents in 8 or 9 areas, such as speed and accuracy of thinking, learning a language, scientific thinking, problem solving, artistic ability, social skills, etc. They also advise you about what kind of work you would do best. DuBrin (1989) has a self-sabotage questionnaire, followed by suggestions for handling self-defeating behavior on the job. A psychiatrist, Christ Zois (1992), has written a book that focuses more on measuring your unconscious defenses, i.e. the ways you hide buried emotions from yourself (psychological defenses are described in chapter 5). He then helps the reader see how to use that information in order to solve some of his/her problems, with a special emphasis on Short-Term Therapy.

Tests can, sometimes, also be obtained by talking to a school or mental health counselor. Scholastic aptitude and interest tests, of course, are routinely given in schools. These tests are easily interpreted. You should realize, however, that many counselors would be reluctant to assist you obtain personality tests because most personality tests are restricted to "professional use only." Many of these psychological (pathology or personality) tests would be difficult for a non-professional to interpret. Furthermore, most counselors believe the interpretation of test results to the testee should involve extensive discussion or therapy with a professional, which they may be unwilling to engage in. These are valid objections. My recommendation, if you are really interested in taking some tests, is to approach a counselor and ask if he/she would be willing to administer, score, and

interpret for you the tests that you want. This will cost you \$200 to \$500 or more, however.

Some of the "professional" tests available from a psychologist would be quite understandable after a few hours of reading the test manual. For example, the Edwards Personal Preference Schedule is easily understood and measures the relative strength of 15 of your needs, such as achievement, submissiveness, nurturance, succorance (being taken care of), heterosexuality, hostility, and so on. The California Personality Inventory is another easily used test that measures several traits. Attitude tests are mentioned in chapter 14 and are usually easily understood. The brief summaries of personality tests scattered throughout this book are not long enough to be reliable. If any of the results concern you, however, you should see a psychologist who can give you a more thorough examination.

Computerized interpretations of many psychological tests are currently available to psychologists (cost is about \$50), but reports have not yet been developed for the ordinary person. Such reports will be available before long, and when they are I think everyone should get a psychological evaluation every year as part of a comprehensive health check up, just like we get a medical check up. Done on a mass scale, a careful assessment would cost very little (\$10?).

Next, we will discuss tests of a special kind which focus on our unconscious motives.

Projective techniques

We all see different things in the same picture because we have different past experiences, needs, feelings, attitudes, and hopes for the future. Our own unique emotional reactions influence how we see things; thus, projective tests give us a chance to discover our projected, often unconscious, needs and feelings. For example, suppose almost all of the stories you made up to a series of pictures involved trying to achieve high goals or receiving awards. Surely such stories suggest a strong drive to excel. Suppose all the older women shown in a series of pictures were seen by you (and not others) as being cold, demanding, angry, and belittling. Surely one would wonder about your relationship with your mother.

The "draw-a-person" has been used by clinicians for decades as a projective test. Try it. Get a large sheet of unlined paper and two or three colors you like and two or three you dislike. Draw yourself or your family. Do *not* use the colors because they are appropriate, like black for shoes, but use colors according to how much you like or dislike a particular part of your body or according to how much you like or dislike someone in the family. An alternative is to make an abstract drawing of yourself or your family.

There are several ways to interpret such drawings. First of all, artistic skill doesn't count but general demeanor and facial expression, such as strong or weak and happy or

sad, are important. Also, the overall size of the self-drawing may reflect positive or negative feeling (little means insignificant). There are several books written about the interpretation of drawings (Keys, 1974; Machover, 1974), but I'll leave you on your own. One of the best methods is to share your drawings with a friend or a group. It is a good way to self-disclose and to get other peoples' reactions to your drawings as well as to your interpretations of your own self-portrait.

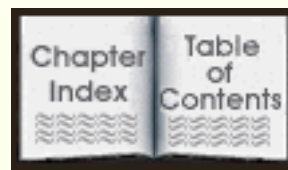
Of course, art is used as a therapy, as well as a way to understand the person (Furth, 1988).

Instead of drawing your own picture, another projective procedure is to make up a story to almost any picture with people in it. Clinicians use a series of standard pictures called the Thematic Apperception Test. Any picture will do. Select several pictures, then make up a *complete* story about each one, i.e. describe what the people are doing and feeling in the picture *and* tell what happened before the picture (what led up to this scene) and what will happen later (the outcome of the story). Make the story as good and dramatic as you can. Be sure to include how the people are feeling towards each other. You probably need to write the stories down, otherwise parts will be forgotten.

Especially if the picture is vague or ambiguous, very different stories will be made up about it by different people. For instance, suppose several people looked at a picture of a young boy looking at an open book. Some people would see the boy studying and going on to become a great scientist (achievement needs). Others would see him as dreading his homework because he can't understand it (insecurity). Others think he is really not reading but procrastinating and dreaming about playing football. Others speculate he is reading a story instead of mowing the lawn as he was told to do. Still others would suggest that there is really a comic book inside the textbook or that he is reading his first dirty book. Don't you suppose that what each person sees in the picture reflects something in them? Try it.

[← Back a page](#)

[Forward a page →](#)



[home](#) [disorders & treatment](#) [professional resources](#) [managed care & administration](#) [find help](#) [feedback](#)

SELF-ANALYSIS

Guided fantasy

Instead of looking at a picture, one can imagine being in a certain scene and then observe how you react in that situation. Such fantasies reflect expectations and needs inside of you, some conscious and some unconscious. Unquestionably cave people told stories and asked, "What would you do in this situation?" But Max Hammer (1967) described this as a therapy technique several years ago.

Scenes commonly used by therapists and group leaders include: being in a grassy meadow on a warm spring day, going deep under water in a murky lake, climbing to the top of a high mountain, exploring a strange house or your childhood home, opening the door to a room that contains something very valuable to you, exploring inside your own body trying to find where your mother resides, imagining the layers upon layers that make up your "self," being a three-weeks-old baby and cared for by your parents, discussing a personally significant question with a very wise person, having only three days to live, and on and on.

Interpretations of all guided fantasies are tentative, very speculative, merely food for thought. For example, how you feel in the meadow may reflect how you respond to being alone, what you find in deep water or the basement is supposed to represent your unconscious, going to the mountains is supposed to represent approaching God, and so on. No one knows what your fantasies mean. No one would doubt that your fantasies show something about your inner most workings.

Here is my favorite guided fantasy. I've done it hundreds of times. Try it now, as you read it. Relax, get comfortable, allow 15 minutes or so for this exercise. (1) Imagine it is a warm spring day. You are walking in the country where you have never been before. You are on a path leading towards a big forest. The path enters the woods; take it and see what you find there. How do you feel inside the woods? Take a couple of minutes; notice what you do inside the woods. [Pause] (2) You notice that the path takes you along a small stream which flows into a beautiful lake with a fantastic beach. Spend some time at the

lake. See what you do. How do you feel? What happens there? [Pause] (3) You continue walking on the path beyond the lake. It goes through farm land with fields on each side. In the grass along the path, you find a bright shiny object. Find out what it is. How do you feel about it? Do something with it so you can continue on. [Pause] (4) Further along the path you approach a house. What kind of house is it? How do you feel about going near a house? What do you do there? [Pause] (5) After walking on the path a long time, you are in a remote area. There are no houses or fields, just scrubby bushes and old logs. All of a sudden there is a bear right in front of you! What does it do? What do you do? How do you feel? What kind of bear is it? What happens? [Pause] You are able to handle the situation with the bear. You feel fine now; the bear has gone away and won't be back. You might want to go on and have more fantasies like those mentioned above. Eventually, when you have finished your imaginary journey, you should imagine going back the same trail--pass the remote area, the house, the shiny object, the lake, and the woods--and then coming back to the here and now.

What do the unique and specific fantasies you have just had mean? Perhaps nothing. Any interpretations are merely speculations, but there are some interesting possibilities for you to consider. If these suggestions seem ridiculous, that's fine, enjoy the humor in it. But if these ideas seem to "strike a cord," then give it some more thought: (1) Your reactions going into the *woods* --positive (wonderful and beautiful) or negative (dark and threatening)--may indicate what you expect from *life*. (2) What you do on the *beach* may reflect your feelings about *sex*, e.g. you may get all excited, take off your clothes, jump in, and have a ball or you may abstain thinking the water is dirty, unsafe, or frigid. (3) The bright shiny *object* represents *love*, so note if you think it is something precious which you will keep forever or if it is disappointing and you throw it away, like an old rusty hub cap. (4) The *house* may indicate how *materialistic* you are (it may be a mansion or an old shack) and your comfort about approaching the house may reflect your *trust* of others and/or your feelings about family life. (5) How you handle the *bear* may be similar to how you handle problems or *crises* in life. For instance, I see a huge bear and run like hell. Foolish as that is, perhaps running is exactly what a person who obsesses with problems (and spends 25 years gathering problem solving methods) would do. Interestingly, some people deny problems by seeing the "bear" as a cute little harmless bear cub. I hope it is obvious that these "interpretations" should not be taken too seriously. Have fun, share your fantasies with others.

The stories you like and how you respond to a fable or parable says something about you (see the eagle-raised-like-a-chicken story in method #4 above). Malamud (1973) describes this scene: You are in a room which contains a bird cage with a bird in it. The bird is excited and saying something to the cage. What? The cage answers. Listen to the conversation. What are the bird and the cage saying? [Pause] Now, the bird begins to frantically try to get out of the cage. What are they saying? [Pause] Finally, the bird breaks out and flies away. They continue yelling at each other. What are they saying? [Pause] Now, a strange thing happens, the bird flies back into the cage. For the first time, as an

observer, you feel like saying something. What do you want to say? [Pause] After you have finished, the bird looks you squarely in the eye and says... [Pause]

Many of us have been in many cages--a job, a class, a relationship, a family, a handicap, a string of bad luck--and we bring those experiences into this story. Perhaps you are being held captive now and have had little awareness of it, until you projected yourself into the story.

One more idea about fantasies. For 25 years, Lloyd Silverman and his colleagues have done a large number of experiments which suggest a subliminal stimulus (a drawing and/or a few words) can influence how logically schizophrenics think, how well we perform (throw darts), our sexual orientation, how much patients profit from therapy and so on (Silverman, Lachmann & Milich, 1982). It is especially amazing because the words are presented several times but for only 4 milliseconds each time--which is just a blur of light to our conscious mind. It is also amazing because the words express an unclear and complex thought, "Mommy and I are one." Perhaps most amazing of all, Silverman speculates that this blur of light triggers off specific unconscious fantasies! And it is those supposed fantasies, for which there is no evidence at all (neither awareness nor brain activity), that are assumed to influence our thinking, actions, feeling, etc. Amazing, indeed. In other words, we have fascinating data and one far-out theory but we don't know what is really going on.

Needless to say, there is much debate about these experiments (see Balay and Shevrin, 1988). What is very clear, however, is that these effects, fascinating as they are, are not "robust," as the scientists say, i.e. the experiments frequently can't be repeated. That's a serious problem. Also, another thing, how many of you have a tachistoscope (an expensive device that flashes images very quickly)? Very few. So, why am I talking about this stuff? Because there are too many findings to dismiss and because the idea of having certain kinds of fantasies to achieve certain results may be useful. Unfortunately, science isn't yet of much use to you on this matter.

Silverman is trying to prove Freudian theories. Silverman's theory is that "Mommy and I are one" triggers unconscious fantasies, an universal wish to be secure, cared for, loved, and safe with our mothers, perhaps even a fantasy of oneness with her in the sense of being so young that we don't yet know the difference between her and us (called symbiotic fantasy). Furthermore, the theory says that having these unconscious symbiotic fantasies is helpful in almost every way. Silverman called this *unconscious* merging-with-mother fantasy an "ubiquitous therapeutic agent," meaning it facilitates psychotherapy (and dart throwing!). Maybe. It can't be proven. It would be easier to prove a connection between *conscious* fantasies and improved performance or feelings. And, maybe, the results would be more powerful, more dependable, more useful.

Perhaps "Mommy and I are one" presented for 4 milliseconds, i.e. unconsciously, is the only way to arouse symbiotic fantasies...but I doubt it. Perhaps the conscious mind can prompt an unconscious fantasy as well as a too-brief-to-see stimulus. Perhaps the symbiotic fantasy doesn't have to be unconscious. Perhaps a pleasant fantasy of being held and stroked or bathed and fed or nursed and loved would work just as well. Why not try it and see? Scientists: get busy! Straighten this out!

Feedback from others

It hardly needs to be said that friends, family, co-workers, supervisors, counselors, therapists and others can give you insight into behaviors and attitudes you are not aware of. In chapter 13, there is a method for checking out interpersonal hunches (just ask!). This method will also reveal the impressions you are unknowingly making on others (if others will tell you). Feedback from others may be particularly helpful if they have observed you extensively, e.g. let them read your diary or listen to daily recordings you have made about your problems.

My personal belief is that an open, frank, and constructively confrontive group, like a good encounter group, a psychodrama (see role-playing in chapter 13), or a mutually helping group, is one of the best ways to get useful feedback. Groups of friends or social groups have to live with you; thus, they will usually avoid telling you the truth, especially the negative feedback.

Reframing

The meaning we attach to any event depends on how we see it. If we get a scholarship to MIT, it may mean a wonderful opportunity or that we have to leave our boy/girlfriend. If you over-eat, it may be seen as a bad habit or as a way of reducing anxiety. Many therapies try to change how we think about things. Chapter 14 covers several such conscious methods (also frequently called reframing). This section suggests a way of gaining the help of the internal part of you (perhaps your Child or Parent) which *unconsciously* causes you to do something you don't want to do or prevents you from doing something you want to do. Bandler and Grinder (1982) called this "reframing;" Mann (1987) called it a "Power Generator;" Virginia Satir, Carl Whitaker and others refer to a related process as "relabeling." This is the procedure:

1. Have in mind the behavior you desire. Then, attempt to get in touch with the part of you that is responsible for the unwanted behavior or the resistance that interferes with your desired behavior.
2. Work out a way of communicating with the responsible part, preferably using words but if that isn't possible, bodily signals, like movement of a finger, in

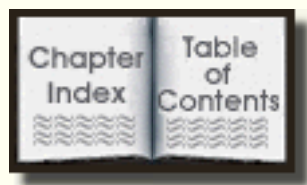
response to questions will work. Be kind, patient and respectful to the part, assume that the part has some positive intention. Make a distinction between the behavior, which may be harmful to you, and the intention of the responsible part.

3. Ask the part what it is trying to do for you. This is the crucial step in reframing. Once the intention is known, ask the part if it would consider achieving its purpose in some other ways. It might be obvious how to achieve this purpose in a better way. If solutions are not easy to come by, ask the part to use its creativity (or to seek help from a creative part of your personality) and come up with alternative ways of achieving its purpose.
4. When alternatives have been thought of, including continuing to do what you have been, ask the responsible part, the conscious self, and other parts of your personality to agree upon the most acceptable way to cope. Make sure no part objects. The idea is to minimize the resistance from all the parts and maximize the support.
5. Help the part responsible for the to-be-changed-behavior to plan the desired changes--it must be in full agreement. Establish times and places for the new behavior (have environmental or cognitive "signals" to prompt the new behavior or feelings), and mentally rehearse putting the plan into action. Then, do it!

Examples: the jealous person may start giving fun-loving attention to his/her lover instead of suspicious, controlling, critical nagging; the over-eater may substitute self-praise for food; the angry person may substitute assertive problem-solving for bitterness, etc.

[← Back a page](#)

[Forward a page →](#)



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LET THE BODY TALK (FOCUSING)

To understand this method, called focusing, you must first recognize that it involves another way of knowing. Like Gestalt therapy, this method avoids reasoning and using the mind to figure things out. But unlike Gestalt, this method also avoids "getting in touch with feelings" and expressing intense emotions. So what does this method use? Body sense or "wisdom of the body" or what Eugene Gendlin (1978), inventor of the method, calls "felt sense." The method involves *focusing on the "felt sense."* His new book for therapists will soon be published (Gendlin, 1996), but a student of his has also written a self-help book about focusing (Cornell, 1996).

"Felt sense" is not well understood or identified in our culture. That's why Gendlin coined a new word for it. Let's get a feel for this extra-sense. Actually, you already know this feeling well in some situations. "Felt sense" is a special kind of internal, natural, bodily-felt awareness. It is a physical experience, not a mental or emotional one; it is what your body really feels. An example of a "felt sense" is the vague, general sense you have of (a) some situation, say losing a relationship, (b) some event, say a serious accident, or (c) someone, say your mother. For example, in the latter case, it doesn't involve a mental list of thousands of physical features or behavioral traits or past experiences you know about your mother; that is too much to think about at one time; your "felt sense" of your mother is your global sense of "all about Mom." Vague and non-specific as it is, you will never confuse the "felt sense" of your mother with a "felt sense" of someone else. It doesn't involve all the emotions you have ever felt towards your mother nor even the one dominant emotion you have recently been feeling towards her; it is a vague sense of your mother that is broader than a single emotion. This "felt sense" of your mother entering the room, however, may change your behavior immediately and without conscious planning.

Psychological-emotional problems often exist on this deep, unconscious, bodily-felt level and these problems must, according to Gendlin, be corrected on this level. When you make a change towards awareness or a solution, i.e. when progress is made inside, there is a detectable "*felt shift*" or a satisfying "body shift." The body seems to know what makes sense and there is a noticeable easing or loosening up--a bodily change or shift. Gendlin's example of body shift is a good one: first, suppose you are shopping and you sense you

have forgotten something but can't remember what. Your body knows more than your mind, in this case. Next, you may think of certain things you actually have forgotten but you know they aren't "it." Instantly, as soon as you think of it, say toothpaste, you know for sure and may sigh, "That's it!" There is a noticeable physical sensation, a reduced tension or a certainty we all know. All of this awareness is your "felt sense" about the situation; the bodily relief and certainty immediately after remembering is your "felt shift." A change in your "felt sense" changes you and how you feel. Your "felt shift" is valuable for it says "you're on the right track." Look for it. Get to know it well. You can use it for insight and self-understanding in many ways.

Gendlin believes he has discovered how people change. By letting the body talk and listening to its wisdom, people can help themselves. By doing essentially the same thing in therapy, many patients get better. Gendlin says he can tell within the first couple of sessions of therapy if a person uses his/her "felt sense" and will successfully change. Thus, focusing on the "felt sense" comes natural to some people, but if "you ain't got it" already, the effective method isn't taught in most therapy. Yet, focusing on the "felt sense" can be taught rather easily, and, unlike therapy, it feels good. Gendlin teaches his patients how to do this (see below).

Gendlin is a very experienced therapist. It was his opinion (before the Cognitive Therapy movement) that cognitive (problem solving) attempts seldom solve emotional problems. He says ruminating about some upsetting experience frequently doesn't help and sometimes makes it worse. Likewise, developing a clinical explanation of why you are upset doesn't help. The solution to overwhelming emotions is not a head trip (see Gestalt techniques in method # 2). Freud also knew very well that no one ever makes great therapeutic changes just by intellectually recognizing "I probably had an Oedipus Complex." True helpful insight into the Oedipus situation involves remembering and "working through" real episodes of strong attachment to mother, longing for her closeness, getting in touch with your animosity towards father, and lots of fears, urges, guilt, and frustrations. It is uncovering these strong, taboo, *emotional* experiences, which are still stored in our bodies, that are shoved into the unconscious, not some intellectual concept or explanation, that are curative.

When the "felt sense" of any situation, event, or person is *focused* on, it has the power to change. When your "felt sense" about a situation or problem changes, then you change. Many therapists would agree with Gendlin that there may be great wisdom in the body, if we will listen to it. It will tell us what is wrong, even when our head can't figure it out. In my opinion, focusing isn't the only fruitful method for tapping unconscious wisdom, but it is worth a try.

Gendlin suggests the following steps:

- *Find your concerns.* Relax and slowly use your "felt sense" (not your mind or your feelings) to identify several concerns. The concerns may be events, situations, physical problems (headache, fatigue, tension), or persons. Do not probe or elaborate on these concerns at this point. Don't list all your problems, just what is bugging you now. (One or two minutes)
- Select your main concern and *get a "felt sense" of it.* First, use your body or felt sense to select your main problem at this time to focus on. Do not try to figure out the problem; do not concern yourself with all the complex factual details and do not dwell on the intense or mixed emotions you might be feeling. Instead, stand back from the problem, avoid obsessing about it. Second, again using your "felt sense" (not your mind), try to get a vague, intuitive, holistic but unclear sense of *the whole problem.* Don't cognitively analyze or solve the problem. Instead, try to sense what this whole problem feels like. (A couple of minutes)
- *Find a tentative "handle."* Use your "felt sense" to find a word, phrase, or image that fits exactly the "felt sense" you have of the problem. You want a phrase that captures the basic emotional quality of the problem; get a "handle" on it. The descriptive words should reflect the "bodily sensed" nature of the problem; they might be words like pushed around, scared, really attracted, sad, oppressed, pulled different directions, confused, jealous, discouraged, very peaceful, and so on. (A minute or so)
- Repeatedly *compare your "felt sense" of the problem with the descriptive words, the "handle," you selected.* Often the "felt sense" will change as you dwell on it, so change the descriptive words. Keep shifting back and forth until the "handle" seems to fit the problem perfectly well. Don't mentally ask, "Is this right?" but rather look for the bodily signal--the "felt shift" that says "this is right." Relish this accomplishment. (Just a couple of minutes, unless your "felt sense" of the problem keeps changing, which is good, then it may take three or four minutes.)
- Ask your "felt sense: "*What is it about this whole problem or situation that causes me to have this overall feeling quality (the "handle")?* Wait patiently for an answer. Beware of quick, well rehearsed self-lectures and pseudo-intellectual explanations; you've heard these ideas before; tell your "Freud" to go away. Listen to your body.

If that basic question doesn't fit or work, try questions like this:

- What is really so bad about this situation?
- What about this quality (the "handle") that is so terrible?
- What needs to be done so you (or the "felt sense") will feel OK?

Don't ask your mind to answer these questions. Don't let your inner critic upset you; don't awfulize. Stay calm, concentrate on looking for answers from this new source of wisdom you are investigating. Stay with your "felt sense" until you get an answer which seems right (you will feel the "felt shift").

- Carefully *attend to any answers* or images or solutions from your "felt sense" that give rise to the bodily sensation of "that's right" or "that fits." These insights are instantly relieving, they change you automatically and your body feels better right away. The new awareness may need to be acted upon by using conscious self-help efforts also. But, on the other hand, you don't have to agree with the "felt sense" nor follow its advice. It may ask for the impossible. Just listen.
- Decide if you want to *go another round of "felt sensing"* a problem, giving it a "handle," and asking the body to help you understand your feelings or possible solutions. Often the next focus is on your last body-wisdom--the answer or view or feeling given you by your "felt sense." That is, you now "felt sense" your last "felt sense" that produced a "felt shift." The sequence from one "felt sense" to another is not logical or orderly, it just happens. You keep on trying to get under or get into the last "felt sense" until the problem is resolved. Or until you want to take a break.

Focusing is not stressful and hard work. Yet, it takes lots of practice to learn to focus. It is honest talk with your body, something most people don't do much. It is not an instant cure. Like meditation, it may take a few minutes a day for several weeks to make progress on a difficult problem.

The nature of the problem changes with each shift or feeling of "that fits," i.e. putting the puzzle together keeps changing the picture you have of the problem as other facets come into focus. This isn't troubling because you learn that seeing a new part of the problem is the next step to solving the problem...and putting in little pieces of the puzzle feels good.

A case illustration will help

Gendlin (1987) describes the focusing process done by Peggy, a mother of a 5-year-old son and a part-time teacher. Her husband, John, worked at a bank and on this day had come home thrilled about being promoted. He was so excited, he broke one of her best pieces of china. She was very mad and ran upstairs crying.

Trying to calm down, she tried to see the problem as trivial but that didn't work. She tried to figure it out: she was very tired! That didn't help either, she was still upset. She decided to relax and try focusing. Step (b): She started by getting a "felt sense" of her big scene over the broken china. Step (c): After a minute or so, she asked the "felt sense" to

name itself--to find a word or phrase to describe the total experience. That didn't seem hard: "mad at John." Step (d): She compared the "felt sense" (event) with the handle (mad) and there was a little "felt shift." Step (e): She asked the "felt sense," "What is making me so mad?" The answer she got was: "The broken china isn't it so much as John's jubilation--he's so damn cocky." Step (f): Wow, a big "felt shift" came with that, so she knew the "felt sense" had that right.

Step (g): She wanted to pursue this feeling more, so she went back to step (b) and got a whole sense--a "felt sense"--of John's joyous, prideful reaction. Step (c): It took some time but the "handle" that came to her was "jealousy!" Step (d): She compared the "felt sense" (John's jubilation) with the "handle" (jealousy) and got very little "felt shift." She thought she could find a better "handle" but all that came to her was "sort-of-jealous." There was a little more "felt shift." Step (e): She asked the "felt sense:" "What about John's happiness and cockiness leads to the sort-of-jealous handle?" Step (f): She waited...the answer came, "It isn't jealousy as much as it is feeling left behind." "Aha! That's it," she thought and there was a clear, strong change in her body.

Step (g): Peggy decided to spend some more time on the "being left behind" problem so she went back to step (b) and focused on the "felt sense" of that situation. Again she worked through steps (c), (d), (e) and (f) for 10 more minutes. Of course, she didn't solve all her problems of being a full-time mother and a frustrated professional, but she certainly felt better. Her problem looked different to her now. It had little to do with broken china. It had more to do with John helping with the child care and her developing more teaching skills so she would get more recognition. She went down stairs a changed person and they had a nice talk about home responsibilities and exciting futures for both of them.

Free association and word association test

Freud first used hypnosis to uncover the patient's unconscious feeling and conflicts. This wasn't entirely satisfactory, so he switched to free association. For the last 80 to 90 years, Psychoanalysts have instructed their patients to lie on the couch and talk about whatever comes to their mind, regardless if it is logically connected to the previous topic or if it seems related to their troubles or not. The patient is free to say anything. The therapist will probably not react at all, certainly not negatively. In effect, the patient is also relieved of his/her responsibility for what he/she spontaneously discloses. Under these conditions, perhaps, the internal "censor" of the unconscious will relax so unconscious material can emerge, at least symbolically. Psychoanalysis may take 300 to 500 or more hours; that is a lot of associations. Actually, very few therapists use free association today, it takes too long at \$75-\$150 an hour.

It is unlikely that you will want to take 500 hours over the next year or two to do a self-psychoanalysis by recording your free associations. Yet, it was seriously recommended by

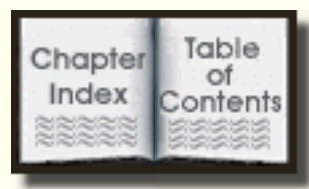
Karen Horney (1942). It would not be unlike meditating daily; it is sort of letting the body speak; it would involve a study of your entire life by listening to your associations and thoughts about events in your life; it would allow emotions and forgotten memories to surface.

A more practical modification would consist of recording only a few hours of free association on a tape recorder. It is very informative and enlightening to listen to yourself (see chapter 12). It may be even more helpful if you listen for the more emotionally laden or suggestive sections and then express these ideas over and over again with more feeling. In this way, you can sometimes find and fully express the hidden feelings. That is the purpose of Psychoanalysis: to uncover the unconscious which always has strong negative emotions attached (see the last section on dream interpretation). It would also be helpful if you shared your associations with a small helpful group and got their input.

To do a word association "test" you need someone's help. Single words are presented to you (you must not know what the words will be) and you respond as quickly as possible with the first word that comes to your mind. Words thought to be emotionally significant to you are scattered among common words. The significance of your response is judged subjectively--sort of clinical conjecture about the specific word you blurt out. Also, some significance is attached to how long it takes you to respond. A long response suggests some kind of emotional blockage.

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CATHARSIS AND ABREACTION

Catharsis-abreaction

Freud reported that his free associating patients occasionally experienced such an emotionally intense and vivid memory that they almost relived the experience. This is like a "flashback" from a war or a rape experience. Such a stressful memory, so real it feels like it is happening again, is called an abreaction. If such a disturbing memory occurred in therapy or with a supportive friend *and one felt better--relieved or cleansed--later*, it would be called a catharsis. Frequently, these intensely emotional experiences provided Freud a valuable insight into the patient's problems. That isn't surprising, e.g. if a woman who abhors all flirtatious and sexual activity suddenly remembers (with intense crying) being brutally raped when she was 8 by her older brother, it would be impossible to deny that there is a possible connection between the rape and her current attitude towards sex. Freud saw his patients have these kinds of emotional memories and then feel better (and eventually act differently sexually). Hence, the theory that repressed traumatic experiences cause neurosis. And the advice: uncover the trauma.

The idea that painful, abusive experiences need to be uncovered (remembered) before treatment can progress is not just an old notion; most therapists today believe uncovering such memories is at least moderately helpful. The detailed procedures (and the safe-guards) for catharsis or venting or discharging emotions are given in method #8 of chapter 12. Be cautious when dealing with any strong emotion. And, be skeptical of any traumatic memory, especially if it is recovered in a way (books, therapy or groups) or under conditions that might be suggestive (see warning about psychological readings given above).

Early memories

Over 50 years ago, Alfred Adler (1931) wrote that our earliest memories give us insight into our "life-style," i.e. they represent "the story of my life." This is because our earliest memories reflect our original view of life. Our life-style has three parts: (1) *Beliefs*: What am I like? What are others like? What is the world like? (2) *Motivation*: What do I want? What do I expect? What is my place? Our goals are unique and based on the meaning we give to life. (3) *Choice*: How to reach my life goals (or how to stay in my place)?

Very often we don't change very much between ages 2 or 3 and 20... or 60, perhaps because our 2 or 3-year-old self still lives within us. Our beliefs, motives, and choices as a 3-year-old may still be operating inside us quite unconsciously. The purpose of this method is to see if you are still

behaving and emoting according to the basic beliefs and motivations you had as a child. A recent book may help you understand your childhood memories (Leman and Carlson, 1989). They say that the earliest memory is an accurate picture of you *as you really are* today. For example, if your earliest memory is about messing up or being criticized, then you may still feel insecure (afraid of messing up again). This fear may cause you to be too scared to try to succeed *or* to be an anxious perfectionist to try to avoid failure. Your early memory reflects the central insecure aspect of your personality and how you try to cope with the insecurity. If you believe others are always trying to make you look bad, your early memories are likely to be humiliating experiences.

There are several ways to obtain the early memories. First, simplest of all, just ask yourself, "What is my earliest memory?" Second, since certain kinds of memories are more helpful than others, more complex instructions might be given, for example:

What is the first thing you can remember...something before you were eight, something that happened only once (or you can remember a particular time this thing happened), something you remember very clearly yourself (not something you have been told you did)? Write down your description. When finished, be sure your feelings during the experience are clearly expressed. Preferably, write down, in a similar way, three early memories.

Examine your early memories by asking: Who is present... and who isn't? What are the peoples' basic feelings? What is the world like? nice or hostile? exciting or dull? What is your role or action? helpful or mean? strong or weak? successful or failing? Do you feel alone or close to someone? What are you feeling? happy or sad? calm or scared? proud or ashamed? What is your motive? to help, to get attention, to exert power? What is the basic theme in each memory?

Finally, by analyzing your three memories, try to infer your original (at age 2 to 5) self-concept, world image, view of others, your goals, your ways of achieving those goals, your strengths, and your weaknesses. Then ask yourself: Are these things still true of me?

The next two approaches (third and fourth) are interesting, both attempt to tie the early recollection to the present.

Third, based on work by Willhite (1978), it is assumed that the sequence of emotions in the early memory reflects the person's expectations about life--his/her emotional modus operandi. Thus, as illustrated below, every segment of the earliest memory is numbered and written down (see column A). Beneath each segment of the early memory, write down the primary emotions actually experienced during that segment. In column B, write down the activities and emotions you would have liked to have happened during this segment of the early experience, i.e. your ideal experience. Finally, in column C, using the same number of segments as in column A, describe your actions and feelings in a current interpersonal problem. The Willhite method (an example):

A

B

C

<u>Memory of what happened</u> (feelings)	<u>Your ideal</u> (feelings)	<u>Current problem</u> (feelings)
1. Playing ball with father (nervous--not very good)	Playing with father (fun, close)	Talking with wife--don't want to. (being considerate but uneasy)
2. Using big padded ball (a fact--conceals feelings?)	Throwing ball easy (trusting, caring)	Trying to avoid an argument (afraid of a fight)
3. Throwing to each other (afraid of messing up)	I drop the ball (disappointed)	She changes topic & "got me" (tricked, vulnerable, angry)
4. See dad's not having fun (concerned, fear)	I run to get ball (proud, confident)	I see: I just lost the argument (disappointed, shot down, fear)
5. He's teaching me! Not playing (inferior, looked down on)	Laughing, good time (accepted, happy)	Feel my efforts were useless (inadequate, despair)
6. It's his job to help me (a fact--hiding something? Denying being angry?)	We start talking (worthy, trusting)	She seems to always be right (frustrated, angry)
7. I don't know how to be better (helpless, lonely, inadequate)	Dad listens to me (understood, content)	I want to get away from her (useless, inadequate, alone)
8. [Overall feeling] (I'll never be able to do it well enough)	[Overall feeling] (loved, close)	[Overall feeling] (She always wins, I lose; inferior, rejected, unloved)

The first step in interpreting your early memory (column A) is to look at the last couple of segments (6 & 7) and the overall feeling (8) to see how life is viewed. As seen in column A, this person ends up feeling like a loser, inferior, and helpless. But, by looking at segments 4, 5 and 6, it is clear that the goal is to avoid taking responsibility for what happened (*dad* makes me feel inadequate). Often the feelings in the early memory reflect the person's basic expectation of what life will be like and a major determinant of his/her life-style, e.g. "I'm no good and if I assert myself, I'll be rejected, BUT IT'S ALL SOMEONE ELSE'S FAULT."

Emotions cause behaviors that confirm our beliefs about ourselves, others, and the world.

The second step is checking to see if the sequence of emotions (and outcome) in the early memory is similar to the emotional sequence in current problems (column C). Are you following an old script? In this case, you can see that the same old drama--a self-put down or a "Kick Me" game--is being played. He sees himself as trying real hard to be good to his wife but SHE changes topics putting him down in an argument. Thus, his feeling inadequate

and angry is HER FAULT. And, he ends up feeling ineffective, unloved and abandoned, just like when he was three years old and played with dad. He is still trying to solve his problems in the same old ways. We all may be doing that sometimes.

Of course, the purpose is to give up the self-defeating life-style and get your life more like you want it to be. So, the idealized early experience (column B) provides another sequence of emotions that this person might try to substitute for the current problem's sequence. This person needs to take more responsibility for being easygoing, fun loving, intimate, accepting, trusting, empathic and more confident, so he can end up feeling close to others and loved, instead of a loser. He has a lot of work to do but his early memories may help him get started.

Fourth, other therapists (Colker and Funk, 1981) have combined early recollections with psychodrama. First of all, the person's early memory is connected with current problems by first asking him/her to describe a recent difficulty; second, describe a similar episode in Jr High or High School; third, describe an early childhood memory related to the problem. The Willhite method is also used, so the psychodrama group have memories, how-I-wish-it-had-been, and other current concerns to "act out" or role play (see chapter 13). By re-enacting the memories and problems, the emotions become more vivid, more obvious, and easier to handle. A therapeutic group can then discuss and rehearse better ways of emoting and handling the problems.

Other self-help methods, helping groups, and therapy

Passing mention should be made of meditation (see chapter 12) as a means of gaining insight. It is considered by some people to be a major method. Certainly, the other methods in this chapter contribute to "self-analysis," the title of this section. Also, all the chapters from 3 to 10 are oriented towards increasing our cognitive understanding of common problems, which addresses our unawareness attributable to ignorance (not what we ordinarily call unconscious). Another part of our unawareness may be attributable to our unconscious, as in defense mechanisms (chapter 5) or self-deception as in procrastination (chapter 4), values (chapter 3), and denial of emotions (chapters 5-8). This chapter buttresses the other chapters in addressing these latter kinds of blind spots.

I have spent a lot of time in helping, encounter, or support groups--hundreds of them over a period of 30 years. My experience in groups has been very positive. It is scary (sometimes) but usually very helpful to share your problems with a concerned group. They ask you things you hadn't thought of; they share their relevant experiences with you; they suggest actions and viewpoints you had never considered. One more thing I want to make perfectly clear: I had more professional credentials than anyone else in those groups, but the meaningful experience, the wisdom, and insight did not usually come from me! Ordinary people, who have had real life experience, are wonderful sources of knowledge. Knowledge in this case isn't from reading research and books, it is from watching and experiencing real life--which is the true laws of behavior in action. See the discussion of support groups in chapter 5.

This book is not about psychotherapy, but I would be amiss if I did not remind you that the principle means of gaining self-awareness and insights today is talking to a well trained, experienced, and empathic therapist. Too often we do not recognize ourselves when we read about problems like ours in a book. Surely we will learn more about writing insight-producing but safe books.

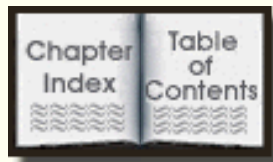
Time involved, common problems with these methods, and effectiveness

You could try out most of the self-analysis methods in this section in an hour or two. But to use any of them effectively as a means of gaining insight into your ongoing unconscious processes, it would take time each day, perhaps an hour-a-day, like Freud. Serious self-discovery within the unconscious is an endless task, so maybe it should be called a life-style, rather than a self-help method.

Memories and emotions are probably in our unconscious because they make us feel awful and ashamed or because they make us feel tense and uncomfortable. Bringing such an unconscious thought or feeling to our awareness is likely to be stressful, something to be undertaken with some caution. These uncovering methods are not the "royal road" to everyone's unconscious; they don't always work and sometimes when they "work" they yield false information. If you can't get results by yourself or if you fear what might happen by yourself, these are good and sufficient reasons for getting professional help.

Very little is known scientifically about self-analysis of unconscious material. I "believe" some people can do it with little training and guidance (such as this chapter); they have a talent for finding hidden causes for their feelings. For many, though, the greatest barrier is their resistance to trying things that seem "silly," such as telling stories to pictures, drawing pictures, sharing fantasies, free associating, or letting the body talk. Actually, therapists also vary in terms of their readiness to try some new techniques for insight. I like the more adventurous type. Neither therapists nor self-helpers have any scientific basis for predicting which methods will work best for you. It is an art.

On the other hand, it is my opinion, also based on much experience, that the most productive therapy hours are when the patient is emotionally upset, often in a crisis. The emotions pour out. Old related memories flood back. The hurting patient doesn't try to impress the therapist or to keep him/herself under control; he/she just blurts out the feelings as they flood into his/her mind. This is a truly insightful time. When the patient is in such a state, the therapist doesn't need skill or methods or techniques; he/she just needs to listen and care (and remember what was said, so the new insights can be capitalized on later). So, I believe, exposing ourselves to emotional experiences and memories (a part of many of the methods in this chapter) may help us be more insightful and able to get in touch with other emotions.



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DREAM ANALYSIS

People have always had an interest in dreams. The Babylonians, 5,000 years before Christ, had a Goddess of Dreams, Mamu, and a book for interpreting dreams. The Egyptians, in 3,000 B. C., also had a God of Dreams, Serpis, and learned men, like Joseph in the Bible, were dream interpreters. They even had self-help techniques for inducing certain dreams. They may have thought, as we do now, that dreams satisfy some of our psychological needs and change our mood.

During the Dark and Middle Ages when alchemists were trying to turn lead into gold, etc., many ideas were proposed about good and evil forces, human thoughts, and dreams. Generalizations were made, such as "things must fall apart, decay and rot, before a revival of new healthy growth is possible," "opposites, like love and hate, try to escape one another, but also seek a balance," etc. The alchemists thought in terms of *three worlds: the black, the white, and the red world*. *Black* is darkness, evil, despair, ruins, the crude unconscious taking over our minds... *White* is the eerie, uncertain light of the moon, the twilight zone of lunacy, irrational thoughts, things changing, slippery, some hope... *Red* is the bright light of the sun, new life, things in order, ability to see clearly, rational, willful control, morals, growth, laughter... Each section of a dream and each object comes from one of these worlds, supposedly.

Now, about 1000 years later, many dream interpretation books, especially those by Jungian analysts, are *still* using these alchemy ideas to understand the symbolism in dreams. There is no science here; there is a lot of mystical, religious fantasy. Examples: The *black* world's symbols--death, wounds, violence, confusion, chaos, black cats, witches, sewers, sinister figures, "disgusting" pornography, physical and sexual abuse, etc. The *white* world's symbols--going crazy, shimmering surfaces, falling, snakes, night animals, street people, being drunk, healing the sick, taking drugs, lying down, being chased, eroticism, voyeurism, sex changes, pregnancy, etc. The *red* world's symbols--a bright light, new growth, keen-sighted animals, computers, schools, scientists, food, exercise, powerful people, male and female genitals or similarly shaped objects, romance, making love, etc. You can train yourself to think in these terms; there is no proof but perhaps the above objects and acts are associated with your underlying emotions of bleak sadness (black),

scary confusion (white), and productive joy (red). At least, the archaic symbolic interpretations may cause you to think. But don't take them too seriously.

During the middle ages, Christian theologians were obsessed with sex (see chapter 10) and sin. They were deadly serious. Dreams were thought to be the travels of our souls outside our bodies during the night. Certain church authorities preached that the devil was responsible for dreams. In fact, your dreams might have been interpreted by churchmen to indicate if you were chaste or lustful. And if you were seen as lustful, and if you were a woman, and if there was any hint that you might have had sex with an evil character (the devil) in your dreams, you might have been burned alive (Van de Castle, 1971). Males' explanations of dreams have a fascinating history (but it tells us more about *men* than about dreams).

There have been many reports that dreams have led directly to great novels, musical compositions, scientific discoveries, and political-military decisions (surely dreams have also led to terrible blunders too, wonder why we don't hear about those?). Dreams have also often been regarded as messages from gods or the devil; no wonder they are considered important. However, as we will see later, current science suggests that dreams do not have much meaning.

Hopefully, you will not take your dreams as seriously as some alchemists, some generals (Hannibal, Julius Caesar, Genghis Kahn), some dictators (Hitler), or some religious folks and witch burners have. But while we hardly know more about the meaning of our dreams than the Babylonians 5,000 years ago, it is possible that dreams reflect our traumatic memories, our needs, and our unconscious "thoughts." So, dreams are thought to tell us something about ourselves we did not know. But the truth is: we don't know for sure why we dream almost two hours every night or what the dreams mean. We know dreams are strange; impossible things happen there. We can only speculate as to why (and we do here). We need to know more.

Freud did not believe in a god, but he still attached great significance to dreams. Freud said dreams were a peep hole (well, really he said a "royal road") into our unconscious which directs much of our lives... and our dreams. The unconscious was made up of forbidden childhood wishes (e.g. to do away with little brother), intense impulses (let's zap Dad away too), our strong needs for love (and sex, whatever that means to a 4-year-old). Freud thought dreams were venting our emotions or fulfilling our unconscious wishes, except we had to conceal the really awful stuff (like wanting to have Mommy all to ourselves), because such thoughts would wake us up. Thus, for insight Freud thought analysts needed to separate the surface or manifest dream content from the repressed forbidden feelings and urges, which were the real causes of our problems. That is what "dream analysis" involves, i.e. figuring out the symbols, the distortions, the displacement, and the reversal of feelings (all designed to hide the real purpose of dreams and calm us down so we can continue to dream about these awful, shameful emotions and needs). Step

3 describes self-analysis of dreams.

Science has discovered that mammals and birds have REM (rapid eye movements that occur with dreams) sleep but reptiles do not, so the dreaming every 90 minutes is a natural biological rhythm. While the eyes move vigorously (the movement can easily be seen through the closed eye lids), the rest of the body is usually quiet. Even a 6-month-old fetus has REM sleep. But for the first ten years of life, children's dreams (as distinguished from nightmares) are different from adults' dreams; their dreams are simple, usually unemotional, and children do not usually put themselves into their dreams (Begley, 1989). Adults are almost always involved in their own dreams. Since 1952 when REM was discovered, thousands of sleepers have been awakened by researchers and asked, "What were you dreaming?" Dreams last 10 to 40 minutes. Men and women have about the same emotions as they dream. The longer, more vivid and dramatic dreams are early in the morning, shortly before awaking. Actually, most of our dreams are common-place and dull. We remember and talk about the more interesting ones. More dreams involve being passive or playing than involve work or studying.

Many more unpleasant emotions, especially fear and anger, are expressed in dreams than pleasant emotions, although *sexual arousal is frequent* during dreams (Scarr and Vander Zanden, 1984). It is a bit puzzling to wake up from a scary or sad or violent dream with an erection. In contrast with our frequent sexual arousal, only an occasional dream is X-rated. Nightmares occur more often in sensitive and creative people (Chollar, 1989); they are different from dreams or non-REM experiences (non-REM "experiences" are short, simple, and seem to us more like thoughts than dreaming). Bettelheim found that he and other prisoners of German concentration camps had dreamed of food and escape while being brutalized, but it was only after escaping that the survivors started having nightmares about the atrocities. Decades later they were still occasionally having nightmares that they can not escape the horrors. Dreams and nightmares are fascinating to most of us. We are only discussing dreams here, not nightmares or non-REM experiences.

Quite a lot has been recently discovered about the physiology of dreaming. For example, during REM sleep, electrical activity from the brain stem surges into the motor and thinking areas of the brain. This led McCarley (1978) and Hobson (1988) to speculate that during dreams the cortex is working very hard to make sense out of the senseless nerve impulses it is receiving. Thus, a male might get an erection as a result of this brain stem activity (why 85% of the time?), then the thinking part of the brain concocts a fantastically beautiful, very explicit, and elaborate sexual dream with a specific person to explain the erection. As Hobson points out, you are still faced with the same problem Freud struggled with: why does the brain make this kind of sense--this particular image--out of an erection or some other nerve activity? Hobson believes our drives, emotions, early memories, daytime experiences, and associations influence our dreams (just like Freud). Researchers have noted that even though a dream contains lots of visual images, the occipital lobe (where we see) is not as active as the frontal lobe (where higher thinking,

emotions and personality are located). Also, if you wear red glasses all day for several days, your dreams start to be in red, suggesting that day-time experience becomes part of your dreams. On the other hand, a person who loses his/her sight may take 25 years before dreaming they are blind. Since most of us do not use smell and taste very much, perhaps that is why our dreams contain very few such images but lots of visual images. There is a lot we don't know.

Theories about the functions of dreams are contradictory. Recent studies have found that dreaming and learning are connected: people think better after a good night's sleep; they remember complex skills (Choller, 1989) and bedtime stories (Begley, 1989) better. However, another theory is that dreams have to do with forgetting or, more specifically, with dumping useless information from our brain during sleep, like "purging" the big computers (Milnechuk, 1983). The exact connection between dream images and erasing or enhancing our memory is unclear. Once out of REM sleep, it is hard to remember the dream we just had. So hard that even extremely vivid and traumatic or unusual dreams are quickly forgotten. If you were *really* in a horrible auto accident or *really* had a torrid sexual affair, you wouldn't forget it within 15 minutes, would you? So dreams and forgetting (or repressing) are connected somehow. Maybe, as Freud said, the connection is because dreams are laden with nasty sexual and aggressive drives which our conscious mind wants to forget. However, new born infants spend 50% of their sleeping time in REM sleep (and they are learning and forgetting a lot) but I doubt if 3-week-olds are overwhelmed with taboo sexuality and hostility. Moreover, like babies, my Irish Setter spends hours in REM sleep and, yet, seems totally unashamed of her sexual impulses!

These puzzles and theories are interesting but they don't tell us much about the meaning of dreams. Clearly, dreams are not totally random chaotic neural activity but they may not be windows to the soul either. Robert Cartwright and Lamberg (1992) have a very different notion, namely, that our dreams reflect our major *conscious* emotional concerns. In effect, our dreams underscore our current problems, rather than hide or erase them. Also, according to Cartwright and Lamberg, the dream content, while symbolic, can, with a little thought, be easily associated with the things that are consciously worrying us tonight. The mind supposedly searches our past to find a person, situation, or symbol that fits the feelings that are pressuring us during our sleep. It is as though bad dreams are telling us: HEY, PAY ATTENTION TO THIS PROBLEM!

Langs (1994) has another idea; he believes that dreams are giving us solutions for important but repressed problems. He says the conscious mind, busy with coping, often passes on difficult emotional problems to the unconscious mind for solving. Dreams are a way for the unconscious mind to give us its wisdom about handling emotional situations. Thus, the conscious mind needs to discover what problem the unconscious mind is working on and then decipher the unconscious's solution. Langs has a book and a workbook for understanding dreams. Other dream experts (Delaney, 1995; Garfield, 1994) are constantly publishing a new book for understanding or controlling dreams and problem-

solving.

As some ancient tribes, Indian medicine men, yogi dream interpreters, and psychoanalysts believed, perhaps we should listen to dreams for insight and our emotional health. Humans have certainly wanted dreams to have meaning. But physiological psychologists are finding more and more evidence that dreams may merely be our cortex trying hard to make sense out of meaningless signals straying up from the midbrain during sleep. This possibility should make us cautious. Think of it this way: perhaps dreams are not highly significant camouflaged messages from our unconscious, but, in any case, dreams do reflect our concerns of the day and our memories. Also, our conscious speculation about why our cortex had the particular associations (resulting in a vivid, complex, fascinating dream) to the random signals may aid our self-understanding. Dream analysis could be for understanding our cortex trying to make sense of nonsense, instead of for understanding unconscious motives. For instance, wondering about the significance of what we see in a cloud or an ink blot may yield some helpful self-awareness, without our believing that the cloud was formed by a higher power specifically to send us a message. Consider this method a challenge, not necessarily a "royal road to the unconscious."

Purposes

- To gain self-understanding, especially about repressed feelings and basic needs or motives.
- To release or "discharge" some emotion by dreaming, e.g. fears or tension, anger, sadness or others.

Steps

STEP ONE: Learning to remember your dreams.

Most or all of us dream, usually about five or six times every night during REM sleep. But a dream, if it occurred in the first 3 or 4 hours of sleep, will probably not be remembered at all the next morning. Even if a dramatic dream occurred just prior to awakening, you may have trouble remembering the details a few minutes later, unless you concentrate on the dream and exclude other thoughts, like what you have to do today. A few people remember their dreams very well, most people don't. However, everyone can learn to keep a dream diary. (Since the day's experience has so much impact on our dreams, we should also keep a daily journal.)

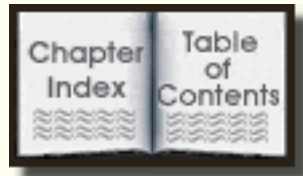
To improve your memory of dreams, you could have a friend awaken you during REM sleep, preferably in the early morning when dreams are more vivid and emotional. Also, just having someone call you about 1 1/2 hours after you go to sleep, would help you

recall the first dream which usually sets the theme for the night. It is more convenient, however, just to learn to record each of your dreams. How can you do this? Before going to sleep, tell yourself: "I will wake up at the end of each dream and remember the dream." When you are aware a dream is ending, try to remain partly asleep and "pull the dream together," remembering the dream's content and your feelings. In this half-awake state, it may help to make up a one-sentence summary of the dream. Then, record it. Garfield (1975) recommends keeping pencil and paper (or voice-activated tape recorder) at your bedside and taking brief notes (summary sentence or key words) during the night. By reviewing your notes and reconstructing your dreams *as soon as you wake up*, you will be able to write down more of your feelings as well as more about the characters and events in your dreams. It is important to note what is happening in your dreams when you are feeling most intensely. Give each dream a title. If only fragments of a dream are remembered, but it seems important parts are lost, try to think about the dream fragments before falling to sleep the next night. Often the key ingredients of the dream will be clarified the next night.

Cartwright and Lamberg have found that all 4 to 6 dreams during one night often deal with the same topic but have a different time perspective, one might deal with the present, the next might focus on a similar or related problem in the past, another might play out the problem in the future. Each dream is like a chapter in a book about this problem and sets the stage for the next dream. All the dreams in the nightly series need to be recorded in a dream journal or on tape. Furthermore, it is important to keep a record of your dreams over a period of days or weeks. One dream is not enough. Do *not* record just the juicier dreams; seemingly dull dreams may be significant. Most people have re-occurring dreams. They may be of special significance. Some people have serial dreams spread out over weeks or months that continue a story. All become part of a dream journal.

STEP TWO: Before "analyzing" your dreams, carefully observe how you feel-- physically and your mood.

Since remembering and giving serious thought to your dream(s) may change your feelings or attitudes, it is important to conscientiously note your feelings prior to the analysis of a dream. Take a quick look around inside you... how does each part of you feel? What is your mood? Later, check to see if your feelings have changed. If so, try to discover what "made you" tense or gave you a headache or a knot in your stomach.



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DREAM ANALYSIS

STEP THREE: Look for possible meaning in each element of the dream (or skip to step 5 if spending hours searching for dubious meanings doesn't interest you).

Before starting to decipher the dream, it is helpful to have the dream well in mind, at least outlined and maybe written out. Also, you will probably profit greatly from discussing your dream with someone or a group you trust and can be completely open with, perhaps a dream analysis group (Ullman & Zimmerman, 1985) or a therapist or an insightful friend, probably not a lover, a parent, or your minister. It is important to realize that the first reaction of a highly trained and very experienced dream analyst to a dream is usually: "My gosh, I have no idea what it means." (If a snap judgment about the dream's meaning does occur, the wise person might wonder if it is a mental trick to avoid the real meaning.) So, don't be discouraged by doubts. The whole process is like solving a great mystery with lots of detective work to be done to uncover the motivations--the unconscious wishes and the defenses--underlying the dream.

Here are several procedures for investigating the meaning of a dream (in method #3 we have already discussed Progoff's [1975] Intensive Journal technique):

1. Carefully select someone (or a small group) to work with you over a period of time--you can't keep a dream journal and analyze your dreams in a single hour or two. After step one of relaxing and surveying your body, feelings and mood, *describe your dream as if it is happening right now*. Be specific about *what happened* and what *emotions* you experienced in the dream. Tell it all as you remember it. No one should interrupt you or ask questions until you are through. Be blunt and honest. Be graphic, don't leave out gory or embarrassing details, that defeats the purpose. (Even if you are working by yourself, tell yourself or write out the entire dream.)
2. As you are telling your dream--and as others are listening to it--each person should also pay attention to parts of the dream that fascinate him/her, bore him/her, embarrass him/her, irritate him/her, make him/her want to confront or rescue the dreamer, remind him/her of some past experience or of something else about the

dreamer, etc. These reactions may be resistance--drawing your attention away from upsetting thoughts and feelings. These avoidance reactions may be used to advantage by considering them as possible clues to some of your own conscious and unconscious feelings which may influence how you interpret the dream.

The point is: *Don't be in a hurry. Don't make snap judgments. Don't be judgmental or moralistic*, realize that "everything is true of everyone" (see method #1). Remember your unconscious parts are very different from your conscious parts (and the latter doesn't like it). Watch for avoidance tendencies--"I don't have time today," "I won't get anything out of it," "my partner can't help me with this." In reality, others can often see your unconscious motives better than you can, but a helper should never insist that his/her brilliant interpretation is right. The dreamer should take the lead in analyzing his/her own dream. He/she can ask for more ideas or stop the analysis at any time. The helper can share associations and speculations when asked, but her/his major job is to keep the dreamer from "running away" from parts or implications of the dream.

3. After the dream is told, the listener(s) will probably want to ask questions about the dream content and the dreamer's emotions. This clarifies the dream and may remind the dreamer of parts he/she had forgotten or overlooked. Avoid speculating at this point about the meaning of the dream or about the dreamer's personal situation. That is the next step.
4. The first step in analyzing the dream should be *the dreamer relating the dream content to whatever is going on in his/her life around the time of the dream*. Several things need to be considered. First, some elements (people, actions, feelings) in your dreams are simply reflections of experiences you have had during the day. Freud called them "residuals" or leftovers. Some seemingly ordinary leftovers are significant, others are not. Some important leftovers are frequently overlooked; some trivial leftovers are given too much importance. The problem is: you can't trust your first reaction. The best one can do is to note the connection between the dream and a real life event, keeping it in the back of one's mind as you look for hidden feelings and motives. A common trick in dreams is that several events from the day will combine to form a composite happening, object, or person in the dream. This may be hard to recognize.

Secondly, my personal belief is that dreams are, in part, a means of releasing excessive leftover emotions from everyday life. There is some evidence for this. If the sleeper is awakened whenever REM sleep occurs, so that he/she does little dreaming, the sleeper is tired and irritable the next day even though he/she got plenty of sleep. Also, the more anxious one is during the day or the hornier one is, the more likely that these pent-up emotions will influence our dreams at night, right? It also seems very likely that dreams are sometimes quickly made up by the

cortex to incorporate the emotions being discharged, just like our dreams incorporate external sounds, like a horn, or a pain in our body.

Therefore, both *the emotions giving rise to the dream and the dream content (which surely isn't accidental) are important*. Thus, we should ask ourselves, "What emotions are left over from the day and being released?" and "Why do I have a build up of these emotions?" and "Why and how are these specific dream images connected with the expression of the built up emotions?" At least for me, in this way anxiety and other stressful dreams become easier to understand. Also, I can look for effective ways to handle the excessive emotions during the day.

In short, the dreamer must consider and share both the little events of his/her day and the major emotional events of her/his life. Obviously, a recent death or accident, a break up of a relationship, a serious set back or failure, or some wonderful event, a big break, a new love, and so on may have impact on our dreams. A helper can't help without knowing those things. For example, a dreamer reported a dream similar to this to a group (Shuttleworth-Jordon, Saayman & Faber, 1988):

I'm in a huge empty church with a storm raging outside. The wind and rain burst through an old stained glass window. I am terrified but I can't get out. Then I think of calling _____ (the dream group facilitator) and find a phone, but whoever answered the phone wouldn't let me talk with her.

The group members asked several questions, such as "How did you feel before the storm?", "Do you attend a church like this one?", "Do you ever go to church alone?", "What are your religious background and current beliefs?", "Have you recently been through a storm?", "How did you find a phone?", "Who do you think answered the phone?", "How did you feel when you couldn't talk to _____?", and so on. The dreamer told the group about her recent divorce which wrecked her life, violated her "Christian upbringing" and "stained" her reputation. She had been feeling abandoned, alone, empty, crushed, scared, and helpless since her husband left her six weeks ago. There certainly seems to be a close emotional connection in this case between real life and the dream.

5. Because dreams involve symbols, condensation, and displacement, there are many hidden meanings. Understanding this helps you analyze your dreams. Just like poems and art, dreams constantly use symbols to hide our real feelings. For example, a calm scene which turns into a storm which threatens your family may symbolize your loving outside and your angry feelings towards them inside. In condensation a small part of the dream may represent a major, life-long psychological drive or conflict. Example: dreaming of receiving food and presents may reflect decades of feeling unloved or neglected and an enormous need for love.

Displacement is a simple way of denying some motivation, e.g. dreaming that a friend is angry at you may be to hide that you are angry at him or dreaming that a stranger is attracted to your lover may reflect your insecurity about your lover's faithfulness.

In analyzing dreams the term "psychological conflict" is often used. It refers to the situation where there are strong motives or needs *and* barriers or resistance to fulfilling those motives or needs. Example: a person may feel a compelling need for attention but, at the same time, fear dependency and rejection. Thus, expect dreams to have several meanings on different levels and expect the motives to be complex and ambivalent.

6. Freud (1967) had his patients "*free associate*" to each separate element or part of the dream. Likewise, Bosnak (1988), a Jungian analyst, also associates to each part himself, along with the dreamer and 6 or 8 dream analysis group members. So one of the first questions for dreamer and helpers is: "What occurs to you when you think of _____?" (See examples in next paragraph.) This yields lots of ideas, perhaps some "leftovers" from the day, some recent personal problem that may still be "on your mind," some childhood memory, some desire you are unaware of, some wish or intention in the future, some conjecture about the element's symbolic meaning, and so on (Jung, 1973). When a dreamer has an association to a part of his/her dream or has an opinion about what it means, it may be helpful for the dreamer to ask, "What part of me thinks this?" "Is it my logical part?... my child?... my internal critic?" The "theater of the inner world" is complex and so is the analyzer.

A dream from one of Bosnak's (1988, pp. 18-26) patients will illustrate the association process: Stella's dream started, "I was a prisoner in a plane with a glass bottom..." Note there are five elements here: *I, prisoner, plane, glass, and bottom*. Also, note the dreamer felt no emotions, she was very calm during the dream and while discussing it. To get started, Stella, her therapist, and, in this case, her fellow group members freely associated to each element...then to the elements shuffled in a different order...then to the entire sentence or dream scene. So it was asked, "What do I associate with being a *prisoner*?" Perhaps locked away or out of control or fears of mistreatment or frustrations or introversion or self-restraint.... Do the same with each of the other elements. Note that *glass* and *bottom* have several interesting connotations, e.g. glass makes things visible but untouchable "behind glass," glass can be beautiful but fragile, bottom can be the floor of the plane or human buttocks and sexual parts and so on. There may be hundreds of associations to these five elements--an upcoming plane trip, feeling hemmed in by relatives, and real life circumstances, which for Stella included a 10-year sexually active marriage until four years ago and social isolation since then. Finally, a dream analyzer might speculate that the whole scene symbolizes a person becoming especially scared by

suddenly seeing something very frightening in her life. Or, a person anxiously flying high showing her beautiful buttocks. Or, a person uncomfortable with her sexuality who wants to stay on a high "plane" away from the real world. (Note: these speculations involve strong emotions in contrast to the calm dreamer.) All kinds of conjecture could come from just five elements in this brief scene. Then the dream analyzer has to gather evidence for each hunch. Finally, one believes he/she understands parts of the dream or gives up.

The rest of Stella's dream involved crashing in a dirty, foul city of derelicts where sex was rampant. She is repulsed by most of the pushy, obscene men but finds a gentle doctor (a white knight) she is attracted to, is willing to have sex with, and is hoping will save her from a filthy world. In fact, she becomes very sexual but remains very aloof, cultured, sensitive and pure. All of these objects and scenes would need to be "analyzed" too, just like the first scene.

7. Analysts assume that two other major factors influence dreams: the wishes or emotional needs and the defenses against recognizing those wishes. The interaction of these two forces results in "latent" (the true but hidden desires) and "manifest" (actual) content of a dream. In recent years dream interpreters have focused more on the manifest content and on the defenses, i.e. how each unique person censors or conceals his/her psychological needs. One example of the "censor's" work would be denial, such as when a desire ("I'd like to kill him") is turned into a fear ("he will hurt me") or a fear ("I'm sexually inadequate") is transformed into a powerful dream ("I'm a fantastic gymnast"). Thus, you can always ask about your dreams: "To what degree is the opposite really true of me?"

Some analysts think the manifest content of our dreams identify our unconscious conflicts (Gelman, 1989). Edward Brennan cites a case of a single woman who dreamed of being chased by a man with a big knife. Rather than this being an Electra dream, Brennan says it may simply be a desire for a strong male partner, which is frightening, and, thus, turned into a nightmare. Such a dream is useful if the dreamer can see that it is her unconscious conflict, namely, fears and denial of her desire for a successful, capable partner, which leads her to date inept or good-image-no-substance men. Brennan says our unconscious conflicts appear in our dreams over and over again. We can see the conflicts if we look.

8. Some therapists say if we try to logically analyze a dream, we will fail. Dreams aren't logical. Another kind of knowing is needed. Several investigators (Jung, 1973; Progroff, 1975; Bosnak, 1988; Mahrer, 1971) have said *one has to and can return to the "reality of the dream." You re-enter the dream.* This is how you do it: you realize you are awake but you vividly get in touch with the dream; the dream continues on without any control from you--it remains autonomous; you aren't "making up a story" and you aren't dreaming; you have the ability to focus on *both*

the "real world" and the "dream world;" you are interacting with a dream that "has a mind of its own" in such a way as to understand it better. This was called "active imagination" by Jung. You start this process by observing a scene from the remembered dream so closely, so intimately that you can join the scene and soon you can relate to objects and people in the dream. Refer to Johnson (1989) for a recent description of active imagination. Refer to method #3 in this chapter for a journal approach to analyzing dreams.

Another patient of Bosnak (1988, pp. 86-102), George, illustrates this procedure. George's dream was of a water filled steel bowl with a rabbit in it. Dr. Bosnak asked George to try "active imagination" by imagining the dream scene and describing it in detail. The bowl was shiny and silvery-blue, something like a chalice. He could see (this is imagination now, not the original dream) the rabbit hopping around, comfortable and happy under water. It had a bubble of air around it. As George described the changing scene, he was surprised that the water started to run out of the bowl. This made the rabbit scared; it seemed to want to be stroked. George longed to touch the rabbit and although it was hard to put his hand in the water and his heart felt heavy, he did it... and the rabbit calmed down. The experience made George feel as though he had re-lived an emotional early childhood experience.

9. In "active imagination" you remain yourself and interact with things and people in the dream scene, but Perls (1971) and Mahrer (1971) recommend *identifying with and, in effect, mentally becoming each object or person in the dream*, especially the thing or person associated with the peak emotion in the dream. Thus, Perls says to "become" the dainty, fragile table or the sports car or the raging monster in your dream... note how you feel as that object or person, what do you say or do, what is your purpose (as that object or person)? Every part of your dream is a part of you, projected into the dream. So, understand and own each part.

Mahrer recommends letting yourself be taken over by the strong feelings of the main character (or thing) in the dream. Then, let the dream continue, see what happens if the raw naked emotions are fully carried out. He observed that as people got in touch with the basic motivation, their attitude towards the motivation frequently changed. Or, the apparent motive gives way to a deeper motive. What is initially abhorrent or scary may become tempting or exciting (wish-fulfilling?); we may take a certain childish delight in thinking about carrying out some aspect of the initial motivation. Stay with the fantasy until you have experienced and explored the feelings to the fullest and to the end. Mahrer (1990) has developed this method into a complete method for self-change.

Example: Mahrer described being terrified by his own dream of a giant, shiny, scaly gorilla in a house of mirrors. The gorilla looked crazed with rage, very

powerful and very angry. It was clear to Mahrer that the mirrors and shiny scales were "leftovers" from his experiences that day in a lighting fixture store where he had been overcharged. So, to understand his dream, he tried to identify with the angry gorilla and see what the animal felt and did (as the gorilla). It seemed like the gorilla was about to lose control and destroy everything. The gorilla pointedly looked at Mahrer in the house of mirrors but wasn't going after him. So Mahrer's fear eased and in its place he felt a glimmer of "Yea, go ahead!" It sounded like fun to be huge and smash the whole damn place. Mahrer recognized his anger at the manager was still intense and vowed to assertively handle the inflated bill the next day. He did (and he later told the manager that he had felt like smashing the store; the manager said he frequently felt that way too).

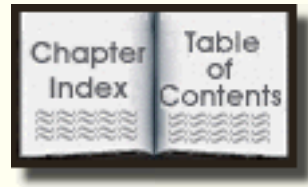
One of Freud's famous cases had a terrifying and repeated dream very similar to Mahrer's dream. The 27-year-old patient dreamed that a man with a hatchet was chasing him. Freud had him free associate to the dream. He remembered an uncle's tale about being attacked, but the hatchet didn't fit in. The hatchet reminded him of once hurting his hand and once hitting his brother with some object. Then suddenly a memory of when he was 9-years-old occurred to him. His parents came home late at night and he heard them having intercourse and panting and moaning. He thought they were being violent, which was reinforced when he saw blood on their sheets the next day. This memory in combination with the dream enabled the patient to see the connection he had long ago made between sex and violence. The patient could also see that his wish to be approached by another man (as his brother had done) was concealed by fear in the dream. Note: similar dreams may mean very different things (and different therapists look for different motives).

10. Finally, you must take the hints and hunches gathered during your "analysis" of the dream and pull it together into a feasible interpretation--or maybe two or three alternative interpretations. Keep in mind that one dream is never enough to base a conclusion about yourself on; you need to analyze several dreams. It will clarify your dream interpretation(s) if you break it into several parts, such as
 - a. Life situation and leftovers from the day.
 - b. Free associations to parts of the dream.
 - c. Common themes and the motives suggested by those themes.
 - d. Current, conscious psychological conflicts suggested by the dreams, e.g. dreaming a disliked boss dies in a auto accident.
 - e. Life-long, usually unconscious psychological conflicts possibly implied in

the dreams, e.g. realizing a childhood wish that a demeaning father would die or that "defying authority is the story of my life."

[← Back a page](#)

[Forward a page →](#)



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DREAM ANALYSIS

STEP FOUR: Make use of the insights from your dreams.

By accepting your repressed emotions and secret wishes, you have "owned" a formerly rejected part of yourself. Most therapists believe this is healthy. The insights may result in immediate, constructive changes, but many people seem to gain insight (parts IV and V) but make no behavioral (part I) or emotional (part II) or skills (part III) changes in their life. Contrary to what Freud thought, it is very likely that specific self-help projects will be necessary to make full use of any insight.

It is important that a person not blindly accept an insight or solution inferred from a dream as being the truth for certain. Dreams should never be the sole source of a self-help plan. Our conscious, logical thoughts must also lead us to the conclusion that a particular solution to a problem is reasonable, the best we can do. We should never avoid the responsibility for our lives by saying, "I was told in a dream to do it." Dreams are not a dependable source of wisdom.

STEP FIVE: Try controlling your dreams to reduce unwanted feelings, to solve problems, or to feel better.

Perhaps uncovering the obscure, dubious "meaning" of dreams isn't all that important. Perhaps the real question is: Do your dreams help you cope or hurt you? Several dream therapists think so.

A respected research-oriented psychologist, Rosalind Cartwright, has for 25 years studied dreams of people in crisis. It is clear to her that dreams reflect our current concerns—our worries or crises. They are *designed to warn us* when something is wrong. Instead of revealing deeply hidden, childhood based traumas and wishes, dreams highlight the emotionally most important aspect of our lives yesterday (which may, of course, be related to an early trauma). It is also clear that *bad dreams hurt us*; they make us feel worse during the next day, undermine our self-esteem, keep our attention on unpleasant events in the past, and make us feel helpless. A *good dream leaves us refreshed*, more confident there is

a solution to our problem, more emotionally balanced, and with a better idea how our problems can be resolved in the future. So, the task is to have fewer bad dreams and more good ones. That is, change your dreams to improve your emotional life (whereas Freud was trying to do the opposite).

Freud thought dreams *concealed* our vile feelings; Cartwright thinks dreams *reveal* our current worries (sometimes more clearly than our thoughts). She says dreams are not hard to understand if you assume dreams are concentrating on your current emotional distress along dimensions that concern you the most, such as being good-bad, safe-dangerous, loving-anger, capable-weak, close-lonely, trusting-suspicious, active-passive, pretty-ugly, etc. Ask yourself: Why this dream? What emotional concern is it telling me to attend to? What are the main "feeling" dimensions? For example, when we are not coping very well with some situation, we often have bad dreams in which we do bad things, feel scared or helpless or lonely or hurt or angry, and generally deal with the situation poorly. Dream therapy and self-help involve using your dream diary and turning your bad dreams into good dreams. This process (R-I-S-C) is simple but may take 6 to 8 weeks to master:

Recognize you are having bad dreams (you feel worse afterwards). Ask: What dreams are most troublesome? Why? The content of your dreams may help you figure out the connections between your current troubles and earlier crises.

Identify the emotional dimensions of your dreams; these are your feelings that need to change, i.e. less anxiety, less anger, less helplessness, less shame, etc. Use the negative emotions and situations in your dreams to identify your real problems. Start working on them when awake too.

Stop the bad dreams by telling yourself before going to sleep that you can and will take control of the bad dreams. Self-instructions before sleeping might consist of: "My dreams are my creation not some external force. I don't need to scare myself," "I will become aware that I am dreaming," and "I choose to face and take charge of my scary dreams with courage." When you recognize a bad dream is starting, just tell it to stop. Wake yourself up if you must... or take charge of the dream.

Change the content and outcomes of your bad dreams. During sleep, when you stop a negative dream, ask that the dream continue but be more positive. With practice, you can do this without waking up. Prior to going to bed, plan ways to change the unwanted dreams into more positive dreams, e.g. practice making up several more helpful outcomes for your recent bad dreams. For instance, if you dream of falling, turn it into flying and land in a pleasant place. If you dream of failing, plan in advance how you could change the story-line, i.e. rehearse dreaming that you are a more capable, more secure, more self-accepting, and just a happier, better adjusted person.

With positive, hopeful dreams you should be in a better mood the next day, more future oriented, more positive about life, and feel good about being more in control. You might even try out some new approaches to your problems in your dreams.

This procedure for changing our dreams is well worth trying, although there is very limited research to support its effectiveness. On the other hand, Cartwright cites many, many cases showing improved adjustment after the dreams change (and/or better dreams after the adjustment improves).

Other dream specialists believe we can self-help by learning to have certain kinds of dreams. Garfield (1975) says a dreamer can control his/her dream content to some extent by *repeating believable self-instructions before going to sleep*. Examples: one man discovered that he felt much better the next day if he had dreamed of his mother or an older woman. He did this by repeating several times before falling asleep, "dream of mother" or "dream of a nurturing, caring person." One person going through a stressful time of life might instruct him/herself to dream of calm, peaceful ocean scenes, while another person may need to dream of scary events and people (as a way of releasing some of the pent up anxiety). One has to find his/her own prescription.

A number of people routinely use another, but similar, form of dream control, namely, going back to sleep with the intention and vague self-instructions to change a dream that they don't like or makes them uncomfortable. After the dream is changed, they "feel better." Rather than just "avoiding" the scary aspects of the dream in this way, though, it may be wise to also explore the dream. Such analysis may reveal a serious problem which needs to be worked on during the day as well.

There is also an unique kind of dreaming, called "lucid dreams" in which the dreamer knows he/she is dreaming, very vividly, and can control the specific events of the dream and can also think clearly. *One set of self-instructions for lucid dreaming* given right after awaking are: "I will remember the details of my last dream and when I go back to sleep I will realize I'm dreaming. I will visualize my last dream until I fall asleep and this time I will know I'm dreaming and will be able to influence what happens." Repeat the instructions and visualizations until you fall asleep...and go back into your dream.

There are other instructions for producing lucid dreaming (Gackenbach & Bosveld, 1989). These include (1) asking yourself 10 to 15 times a day "Am I dreaming?" especially in confusing or emotional or dream-like situations. Also, try to imagine yourself dreaming, then ask the same question. The idea is to train yourself to consciously and habitually question the reality of your experiences; you are supposedly also training yourself to think and reason while sleeping and dreaming. (2) Right before going to sleep, tell yourself to become conscious during your dreams. (3) Practice producing certain simple dreams, say taking a drink or kissing someone, by imagining these actions as you fall asleep.

Eventually, you should be able to have lucid dreams, be aware you are dreaming, be able to control your reaction to a dream, be able to interact with the dream figures and understand your dreams (LaBerge & Rheingold, 1990).

One fascinating possibility under dream control is confronting the dreams, especially nightmares (Delaney, 1992). The dreamer must be willing to *courageously take control within the dream*. You can't just be weak and terrified if you are being pursued by a masked murderer or rapist; you have to "take control" and suddenly wheel and spray him with mace, ripping off his mask to see who he is as he falls. Or, you can simply stop running, look the pursuer in the eye, and ask, "Who are you? What do you want?" You must become strong and assertive, i.e. take charge! This sometimes "cures" nightmares.

Other dream specialists say you should engage the dream figure in a dialogue, asking "What is your purpose?" or "Can't we just talk?" or "Can you help me with a problem I'm having?" Defend yourself but don't be mean to the frightening dream figure. Consider his/her criticism. Try to resolve your conflicts with the dream figure by talking. (Sometimes the dreamer can enter the body and mind of the dream figure--sort of "mind read"--similar to step 9 above. This is especially insight-producing if the dream figure represents an unconscious part of you or an unseen aspect of another person.)

In a similar way, the Greeks slept in the temples of certain Gods or Goddesses in an effort to have a healing or revealing dream. About 4000 years ago, Egyptians, wanting a visit during the night from a certain God, were told to "draw the God on their left hand, wrap it in black cloth that had been blessed, and talk to no one before sleeping." Today, we are told by dream books (Delaney, 1979) to do about the same: "think for several minutes about the details of the problem you want help with but boil it down to one basic question, writing it down. Continue thinking about this question until you go to sleep." This is called "dream incubation." Delaney says that the resulting dream is relevant to the question nine times out of ten, but it may not be what we want to hear.

Many people believe that *conscious* healing images (the pain is easing; the swelling is reducing; the grief is lessening) are health-promoting. And, there is fairly clear evidence that dreams influence our mood the next day. Therefore, self-instruction induced or self-controlled dreams might be quite helpful to you, if you can determine or discover what dreams you need to have.

Time involved

The process of remembering and briefly recording your dreams will take only a few minutes each night. But the "analysis" of a series of dreams, especially since it ideally might involve free association, active imagination, "becoming the thing or person," intensive journal dialogue (method # 3), or repeated discussions with friends as well as

careful review of your psychosocial history and current situation, will take two to three hours each week for several weeks.

It requires less time to gain some control over your dreams and try to get them to be less stressful and/or more therapeutic. Still a couple of months are required for the Cartwright techniques.

Common problems

You have to be quite motivated to endure the unpleasantness and inconvenience of awaking the middle of the night and making detailed notes about your dreams. Besides, the payoff for dream analysis in terms of insight and behavior change is weeks or months later, if at all, so it is hard to sustain your interest in this method. On the other hand, some people find their dreams fascinating and well worth the time.

If some wish or emotion is really painful to admit, it will be quite easy for your censor, even while analyzing dreams, to lead your conscious mind away from the threatening awareness. Dreams may give us a peek at some aspect of our unconscious but that is no guarantee that we will explore those motives in great depth. That is why one should pay attention to the signs of resistance mentioned above (e.g. getting bored, forgetting to think about your dreams, quickly concluding a dream or an interpretation is unimportant and so on).

Effectiveness, advantages and dangers

Interpretation of dreams illustrates humans trying to understand themselves for thousands of years without objectively assessing the validity or usefulness of dreams. There are thousands, probably millions, of testimonials about dreams prophesying the future or supplying answers to personal problems. In contrast, there is no research comparing the adjustment of dream analyzers vs. non-analyzers or dream book readers vs. non-readers. (Cartwright did find that people who participated in dream research were more likely to stay in therapy and get more out of therapy.) Authorities, like dream interpreters, prefer to pretend they already know the truth and don't need to empirically investigate their hunches. It would be relatively easy to compute the accuracy of dreamed prophesies of actual events in life, and to compare them with the awake, rational predictions made in a similar area by the same person and/or by matched persons. But, it is hard to assess the validity and utility of insight into unconscious motives. How do we know what the symbols mean? How do we measure unconscious motives? How do we know if a dream interpretation is the truth? Obviously, we can't know for certain, but what really matters is if the interpretation, right or wrong, helps us change. We can measure that. We might even be able to measure changes in specific adjustment situations, in emotional reactions, and in coping skills (see chapter 2 and method # 5 above). Wiser

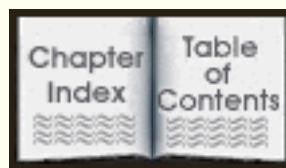
living should be the outcome of dream analysis.

Freud thought dreams were symbolic--sort of a private language made up by each of us (Jung says the collective unconscious provides the symbols) in order to express our unconscious feelings and wishes without having to consciously admit them to ourselves. But the same symbol may mean different things in different people. Example: if a person dreams of going to school naked, it may mean in one person that he/she wants to disclose certain secrets to others while in another person it may mean that he/she is experiencing a lot of anxiety and in still other people it may mean the dreamer is ashamed or proud of his/her body, and on and on. One of Freud's major goals in therapy was to break the patient's symbolic code so his/her unconscious but true wishes become known. This, of course, would seem to require the intensive study for a year or so of the history, psychological make-up, and current situation of one individual as well as the symbols. (No wonder there are no definitive research studies, yet, of Freudian dream analysis.) Such an intensive self-study is part of your task in using this method. If you do such an extraordinary self-analysis, then you may be able to research dreams more thoroughly than science has ever been able to do, thus far. The only measure of your accuracy and effectiveness in analyzing your dreams is an assessment of how much you improve your adjustment or life skills (if you can rule out all other causes--which, of course, is the rub). So, again, you are your own therapist *and* your own researcher. You can start tonight.

The advantages of the method are that everyone dreams and most people find their dreams interesting, at least occasionally. Some insight is possible, but there is a risk that one will attribute more significance to his/her dreams than they warrant. Remember, it is possible that the dream images are rather meaningless neuronal brain activity. This was discussed in the "general idea" section. Besides the dream context being of dubious significance, other disadvantages are the time involved, the long delay of most benefits, the uncertain effectiveness of the "dream analysis" work, and perhaps the psychological stress involved. Being upset by the dreams or their implications are the only known dangers. If this should happen, talk to a friend and/or divert your attention to something else. In general, however, I would assume it is less dangerous to cautiously explore the possible implications of our dreams (and daydreams) than to assume that dreams have absolutely no significance or utility at all.

[← Back a page](#)

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A supplement to Psychological Self-Help
by Clay Tucker-Ladd

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