Essential Skills for Wellness
Bolstering Your Daily Mental Health
TABLE OF CONTENTS

Introduction

1:: Making Yourself More Resilient

2:: Love Life Just As It Is

3:: Who Am I Now?

4:: What Should We Do: Making Decisions

5:: Developing Relaxation Skills

6:: Manage Shyness Skills

7:: Challenging Stressful Thinking

8:: Keeping the Skills We Have Learned

9:: The Top 10 Reasons a Therapist Can Help
GET ESSENTIAL TIPS FOR BOLSTERING YOUR MENTAL HEALTH WITH THE FULL TEXT OF THESE TITLES!

VISIT ROUTLEDGE MENTAL HEALTH TO BROWSE OUR FULL COLLECTION OF RESOURCES FOR MENTAL HEALTH PROFESSIONALS.

USE DISCOUNT CODE ESW15 FOR 20% OFF ALL ROUTLEDGE MENTAL HEALTH TITLES
Introduction

How to use this book

Worldwide, 1 in 4 people will experience some sort of mental health problem in their lifetime. Only about a third of them will seek professional help.

To support sufferers and their loved ones during Mental Health Awareness Week, Mental Health Awareness Month, and all year round, Essential Skills for Wellness: Bolstering Your Daily Mental Health provides a handy compendium of direct insights and practical advice for managing and improving mental health and wellness every day.

In this FreeBook, you’ll get the necessary skills to make decisions, relax, tame your stress, conquer your shyness and more! Feel free to skip around and focus on the topics that are most important to you. And remember that if you’re in search of more in-depth coverage of any of these topics, all of the titles featured in Essential Skills for Wellness: Bolstering Your Daily Mental Health are available in full from our website.

Chapter 1

In this excerpt from Developing Resilience, Michael Neenan explains how the way we think influences the way we feel and act. Neenan guides readers toward developing resilience, becoming assertive, and dealing with troublesome emotions from a problem-solving vantage point.

Michael Neenan is Associate Director of the Centre for Stress Management and Centre for Coaching, Blackheath, and a BABCP accredited cognitive behavioural therapist. He has written and edited over 20 books.

Chapter 2

In this chapter Lisa Dale Miller draws on a Buddhist psychological understanding of mental health concerns to encourage readers to love and accept their life as it is. She incorporates Theravada, Mahayana and Vajrayana Buddhist teachings and practices to promote genuine mental health through the direct experience of awakened presence.

Lisa Dale Miller, LMFT, LPCC, SEP, is a private practice psychotherapist in Los Gatos, California. She specializes in mindfulness psychotherapy and Buddhist psychology and is a certified Somatic Experiencing practitioner.

Chapter 3

Experiencing a long-term physical or psychological health condition can take over your life. This chapter from Living with the Enemy is meant to help sufferers of a chronic illness redefine and conceptualize themselves as a person living with a disorder. Ray Owen helps you reclaim a sense of yourself as separate from an ailment.

Ray Owen is a clinical psychologist working in cancer and palliative care for the NHS in Herefordshire. He has worked in hospital, community and hospice settings for the past
20 years.

Chapter 4

When disaster strikes – whether that’s job loss, a breakup, illness, or supporting someone who’s going through a difficult time – the most difficult thing to do can be making decisions about how to move forward. This chapter, also from author Ray Owen, will help equip you with the skills you need to act decisively in even the most stressful situations.

Chapter 5

In this chapter from *Overcoming Your Workplace Stress*, readers will learn techniques to counter stress in the workplace. Martin Bamber’s straightforward, easy-to-follow style allows you to develop your relaxation skills and become your own therapist.

Martin R. Bamber is a consultant clinical psychologist, Professional Head of Psychological Therapies for North Yorkshire and York NHS Primary Care Trust and director of MRB Clinical Psychology Services Ltd, a private practice based in York, UK.

Chapter 6

Want to learn to manage your shyness and become more comfortable asserting yourself? This excerpt from *Human Relationship Skills* provides a practical, easy-to-follow how-to guide to doing just that.

Richard Nelson-Jones is a leading international author whose books have helped train many thousands of psychotherapists, counsellors and helpers worldwide. He has held university appointments in Britain and Australia, and is a Fellow of the British and Australian Psychological Societies and of the British Association for Counselling and Psychotherapy.

Chapter 7

This excerpt from David D. Chen and Jeffrey A. Kottler’s *Stress Management and Prevention* will equip you with the tools you need to change the way you think and banish stress from your mind. A collection of 17 videos to accompany the text are available here: www.youtube.com/user/routledgetherapy.

Jeffrey A. Kottler, PhD, is a Professor of Counseling at California State University–Fullerton and the author of over 75 books.

David D. Chen, PhD, is an Associate Professor of Kinesiology at California State University–Fullerton.

Chapter 8

Even if you can teach an old dog new tricks, the hardest trick is maintaining those new
skills. This excerpt from *The Aging Mind* focuses on keeping the mental tools you’ve honed in the rest of the chapters sharp year after year.

Patrick Rabbitt is Emeritus Professor at the University of Manchester, UK, and remains an active researcher affiliated to both the University of Oxford, UK, and the University of Western Australia, Australia. He is also Honorary Fellow of the British Psychological Society and the British Society of Gerontology and a Member of the Academy of Europe.

**Chapter 9**

People with mental health issues wait an average of 10 years before seeking treatment. A therapist can be a powerful ally in treating and managing mental illness. In this chapter, Lisa Ferentz offers the top 10 reasons why a therapist can be helpful – and why it’s not worth waiting to talk to someone you trust!

Lisa Ferentz, LCSW-C, is the president and founder of the Institute for Advanced Psychotherapy Training and Education, which provides continuing education to mental health professionals. She was named “Social Worker of the Year” by the Maryland Society for Clinical Social Work in 2009 and has been in solo private practice specializing in trauma for 30 years.
Making Yourself More Resilient
1.: Making Yourself More Resilient

Introduction

The development of resilience can start at any time for any reason (development means building on what strengths and skills you already have as well as identifying those you lack). You may seek therapy to construct some skills from scratch (e.g. learning to problem solve in a methodical way, see Chapter 5) or because you feel helpless in a particular situation that you believe you should be responding to resiliently (e.g. ‘I had my car stolen and I can’t stop crying. What’s wrong with me?’). Some people assume that their resilience skills will transfer automatically from one situation to another and are stymied when they discover this isn’t the case (e.g. being assertive with a rude colleague reduces his ill-tempered behaviour towards you but doesn’t work with your new, noisy neighbour who threatens violence when you ask him to turn down his music and you feel powerless in the face of his threats). Or you say you fully understand the importance of thinking and acting flexibly in the face of challenging and changing circumstances - a key resilience quality - yet you absolutely insist that what’s happening in this situation shouldn’t be happening, a denial of reality (e.g. having to reapply for your job when your company is taken over by a competitor).

You threaten to resign over this issue even as you realize how irrationally you’re behaving: ‘Reapplying for your job is quite commonplace these days. I know that. So why am I getting so hot under the collar about it?’ (reapplying for your job may have violated one of your core values such as being treated fairly which means not having to reapply - once is enough!).

Developing resilience can be forced on to you by the sudden death of your beloved partner, having a heart attack at the height of your career or your partner threatening to leave you if you don’t seek professional help for your heavy drinking. I say ‘can be forced on to you’ because you may not derive new meaning and direction in your life from these events or believe that being ‘blackmailed’ into change can turn out favourably for you (e.g. respectively, you become a recluse as you believe that your life died with your partner, you keep up the punishing work schedule which the cardiologist says will lead to a second, probably fatal, heart attack, and you console yourself with the probability that you can always find another partner instead of stopping drinking to keep this one).

Potential change can be triggered in other ways such as a routine incident (e.g. being stuck for hours in a traffic jam leads you to reflect on the dullness of your life and you decide some major changes are needed); or a dramatic one (e.g. the train you missed crashes, scores of people are injured and several are dead, and the shock of what might have happened to you leads you to ponder if you are making the most of your life...
when it can be extinguished so suddenly). Boredom may propel you into action or an event may act as an epiphany (revelation) in your life. For example, Hugh was with his friends in the pub one evening when one of them made a joke and he started laughing: 'Suddenly, I seemed to detach from myself as if I was looking down on myself and I thought, 'Why are you laughing when you don't find the joke remotely funny?' After that, I was quiet for most of the evening and walked home alone. I realized how much of a people pleaser I was and I didn't like myself for that, but I was determined to change even if I didn't know how to do it at that stage.'

These turning points - and they can only be seen as such in hindsight once change is well under way or achieved - usually crystallize your thinking rather than offering you a perspective you've never considered before. (Hugh had been troubled by his people-pleasing behaviour but reluctantly accepted it as necessary if he wanted to be 'part of the group') Whatever the reason you have for initiating change in your life, persevering with it in order to achieve your goals is another key resilience strength. Unfortunately, the initial surge in change activities can quickly die away and your life returns to business as usual which last week or month you were fed up with.

**Looking for your strengths**

I mentioned in Chapter 1 that most people do display resilient behaviour in their lives, but some may not be aware of this because they think resilience is bouncing back from terrible adversity and haven't experienced these kinds of incidents or they only have vague ideas of what resilience is. So looking for your strengths is an important starting point in understanding resilience. Some writers (e.g. Reivich and Shatté, 2003) have resilience quotient (RQ) tests in their books in order to determine your current RQ level. These tests are based on the factors or abilities they believe constitute resilience. I don't give RQ tests but I do ask my clients how they've dealt successfully with previous problems or what qualities they like about themselves in order to uncover the strengths that can be used to tackle their present concerns (usually clients can quickly describe their weaknesses but often struggle to list their strengths and qualities).

Rachel, who was 27, thought she was 'falling behind' when she compared her post-university progress to that of her friends who left university at the same time as she did. Her presenting problem was her inability, when criticized at work, to separate the criticism of her specific behaviour from criticism of herself: 'I immediately rush to defend myself. I feel crushed and hurt and don't pay attention to whether the criticism might be justified. I know it's a weakness and I want to stop reacting like that but I can't seem to stop myself doing it.' When we looked for strengths in her life she was initially puzzled because she equated strengths with making the same kind of progress as her friends in terms of career advancement and higher salary. On further examination she revealed that she:
• runs marathons
• has not had a day off work
• completed her degree
• finishes tasks she is given
• believes that problems do have solutions
• keeps her word
• has friends she sticks by and who stick by her
• worked hard to pay off debts incurred at university
• is generally optimistic.

RACHEL: I didn’t think about those things. I think I know what you’re trying to do but I’m not quite sure.

MICHAEL: What does running marathons suggest about you?

RACHEL: That I’ve got determination, stamina, and I like doing them. I started at university when I joined the running club. I was overweight and unfit and wanted to do something about it. I really enjoy them now.

MICHAEL: You say you haven’t had a day off work.

RACHEL: That’s right.

MICHAEL: Why don’t you take a day off like some people do when they’re not genuinely ill?

RACHEL: I thought about it but it just doesn’t seem right to pretend that you’re ill when you’re not.

MICHAEL: Are you tempted to take a day or two off when you feel under pressure from the criticism?

RACHEL: Tempted to, but I don’t want to run away from it. I want to deal with it.

MICHAEL: You’ve paid off your debts from university.

RACHEL: I didn’t want those hanging over my head.

MICHAEL: Okay. I won’t go through the whole list with you, but what do you think I’m getting at?

RACHEL: That I’ve got some pretty good qualities and can accomplish things when I put my mind to it but I’m struggling with this issue.

MICHAEL: Struggle doesn’t seem to be something you’re afraid of. Given what you know about yourself, what do you predict the outcome will be with this issue?

RACHEL: That there will be a solution to it and I’ll find it with your help.
MICHAEL: And I would suggest we are already halfway there without even getting into the detailed specifics of this issue yet because of the strengths you already have.

RACHEL: Why aren’t I coping then with this issue if I have all these strengths and good qualities?

MICHAEL: Because each new challenge or problem that we face may reveal what skills and abilities we lack to deal with it. At that point we have a choice: to learn these skills, retreat from the problem hoping it will go away or just give up.

RACHEL: I want to learn to deal with it, not give up or retreat.

MICHAEL: And that’s why we’re already halfway there to a solution.

Rachel learnt to focus on dealing with criticisms of her specific behaviours (e.g. her boss accused her of ‘falling down on the job’ when she failed to respond immediately to an urgent email from him) without turning these specific criticisms into condemnation of her overall performance at work (‘I’m incompetent’): ‘Some of these criticisms are definitely valid which I’m putting right. Feeling sorry for myself just drained the energy away from problem solving.’ Additionally, as she compared herself unfavourably with the progress her friends were making in their careers, she was prone to see herself as a failure for not keeping pace with them. She now decided to evaluate her career progress based on her own values, desires and timetable and stopped looking through the lens of her friends’ progress to do this for her.

**Examining daily life for evidence of your resilience**

Strengths can be found in the daily activities you undertake yet probably dismiss as ‘just getting on with it’ and do not see this as evidence of resilience in action (Padesky, 2008). For example, you take the children to and from school every day, look after your pets, keep the house tidy, make sure the fridge is full, keep your dental and GP appointments, pay the bills on time, look after your children when they’re ill even if you’re ill yourself, and so on. You might see your behaviour as on automatic pilot as you breeze through the day ticking off all the things you’ve done. Believe it or not, your behaviour shows dedication, perseverance, self-discipline and problem solving. Now imagine you wake up tomorrow and decide it’s too much effort to take your children to school on time, the dogs out for a walk, go shopping or keep appointments. The cracks in the structure of your life would begin to show pretty quickly, and if you persisted in this ‘not bothering’ approach you would not be the only one to suffer. That this unravelling of your life does not occur is attributable to the routine resilience you display every day.

**Revisiting past adversities to uncover useful lessons to help you cope better with current events**
Another way to uncover strengths is to go back to past adversities and think again about how well or badly you faced them. You might say that you coped badly in these situations because you did not immediately rise to the challenge and deal with them quickly and effectively or display some other ideal response. For example, when Bill found out that his 19-year-old son was using heroin he went ‘ballistic’ and read the riot act to him: ‘Essentially, it was stop using or I’ll kick you out of the house.’ He also felt guilty (‘I must have failed my son in some way because he has become a heroin addict’) and was fearful that his son would end up in the gutter or worse. He thought that shouting at his son and ordering him to get off heroin would do the trick, but all to no avail. Bill took his son to see drug specialists who put him on methadone programmes (to wean him off street heroin) and arranged for him to go into rehabilitation centres, but he usually left them after a few days and returned to drug use. Bill thought he was a failure as a father because he wasn’t able to get his son to kick the drugs for good. He should have the ability to make his son stop (this viewpoint assumes that he is all-powerful and can make his son do what he commands).

Looking back at those times, Bill now realizes that he did the best he could, though it took him some time to see this: ‘I didn’t realize how little influence I would have over my son compared to the drugs. They were everything to him. The drug specialists told me that heroin addiction was a chronically relapsing condition. I should prepare myself for the long haul. He lied to me a lot which was very upsetting but I eventually realized he couldn’t distinguish between truth and lies any longer. He stole money from us, shoplifted, did petty thievery to get money for the drugs. He went to prison for a short while. He kept on saying that he had reached rock bottom and the only way now was up. Initially, this would fill me with hope, but then I quickly realized there was always another rock bottom beneath the current rock bottom.

The best piece of advice the drug people gave me was to not neglect my other children as I would probably experience problems with them if I did, and to get on with my life as best as I could. I joined a parents’ support group which helped me a lot to gain more understanding of how to cope better. I was able to forgive my son for all the pain and grief he had caused the family as he was in the grip of this addiction. This was another way of coming to terms with the situation. I learned to support my son in a positive way if he wanted to make another attempt to give up the drugs - definitely not give him money to pay off his drug debts - but to give up the idea that I could get him to stop. That was my son’s responsibility to do, whenever that would be. I eventually lost touch with him. So I don’t know where he is or how he is today and, of course, I still miss him. The most powerful lesson I learnt from those times was to accept my limitations as a parent without despair and focus on what I could influence - my own life and those of my other children if they were prepared to listen to me. But it took some time for that lesson to sink in, but that lesson keeps me in good stead whenever I face a new
problem: step back and have a good look to see what's in my control. For example, my
daughter is getting married again. I think the man she's going to marry is totally wrong
for her, I certainly don't like him. I've said my piece to her about this subject and I'm not
going any further than that or get myself upset over it. It's her life and she'll have to
get on with it.'

**Envisaging future adversities to build additional resilience strengths**

In Chapter 3, in the section 'I need to know' (pp. 49-50), I discussed the kind of 'What
if?' worrying thinking that generates more problems because potential solutions are
not being sought to challenge the ever-increasing number of 'What if?' questions.
However, 'What if?' thinking can play a constructive role when used in contingency
planning:

A unique feature of resilience is that you can promote the factors [of resilience]
independently of experiences of adversity. You can even engage in a game of
'what if?' This means you can pretend an adversity or tragedy has occurred, and
you can imagine what you would do to deal with it and which resilience factors
you would use.

(Grotberg, 2003: 13)

In your imagination, you can begin to work through dealing with this future adversity
and list the stuck points you encounter along the way. It is important that the future
adversity is an actual concern (e.g. your partner leaving you) and not one that is highly
improbable but interesting to speculate about (e.g. living on the streets). For example,
Sophie was a very experienced workshop presenter and had faced tough audiences
which she handled with aplomb. She was resourceful, self-confident, had a sense of
humour, possessed good interpersonal skills, was not afraid to take risks and had
persevered to build up her own successful business. However, when she thought about
being laughed at when presenting a workshop, she mentally disintegrated. 'Why can't I
get a handle on this blasted issue?' She had tried to imagine them laughing with her
instead of at her, carrying on with the presentation and pretending not to hear the
laughter, looking at the group sternly to stop the laughter abruptly, engaging in
self-deprecating humour to lessen the harsh impact of the laughter, lecturing them on
the insensitivity of their laughter, but each tactic she considered never really convinced
her that it would work. What I wanted to know to start off the investigation was:

MICHAEL: What is the meaning you attach to being laughed at?

SOPHIE: Well, I don't like it.

MICHAEL: I understand that but this fear strikes deep into your heart which suggests
it's more profound than simply not liking it.

SOPHIE: I'm not really sure. I know it's something I dread even though I have bags of
confidence and should be able to deal with it.

MICHAEL: But presently you can’t seem to. Try to imagine as vividly as possible an audience laughing at you. What might have you done to trigger the laughter?

SOPHIE: Tripped over or done something like that, really stupid.

MICHAEL: How are you feeling?

SOPHIE: Angry, but really feeling humiliated, powerless.

MICHAEL: And you’re humiliated and powerless because . . .?

SOPHIE: My credibility has been destroyed through my stupidity, everything I’ve worked damn hard for is gone and there’s nothing I can do about it. I know it’s ridiculous, but there it is.

Sophie regarded herself as a very optimistic person but was shocked at how quickly she allowed herself, if laughed at, to become engulfed by the pessimistic explanatory style I discussed in Chapter 3 (pp. 51-54): permanence (‘My credibility has been destroyed’); pervasiveness (‘Everything I’ve worked damn hard for is gone’); and personalization (‘My stupidity’). She said she went from ‘confidence to collapse in the blink of an eye’. Being laughed at also had distant echoes (‘I felt the same way in school when people laughed at me’). The most important step was to change the meaning of being laughed at - to extract the ‘poison’ from the laughter and thereby make it harmless which would stop Sophie feeling helpless. Sophie saw herself as ‘being put down’ by the laughter (she had felt the same at school) and therefore her professional credibility wasn’t being taken seriously. She felt angry towards the audience for their behaviour (‘How dare you bastards laugh at me!’). So this is how she tackled the issue:

- By accepting that there is no reason why she can’t be laughed at no matter how seriously she takes herself in that situation - she doesn’t have the power to stop people doing it.
- By acknowledging that it would have to take something pretty spectacular to destroy her professional credibility, not just tripping over or dropping a bunch of papers.
- By understanding that the real problem was her evaluation of what the laughter means, not the laughter itself - only she can put herself down, not the laughter.
- Thereby re-evaluating being laughed at as something to put up with, not to be used to put herself down with: ‘I remain highly professional even though I might have done something silly or made a mistake.’

Sophie practised this new outlook in imagery for a couple of weeks: imagining powerfully and vividly dropping some papers on the floor (or other worrying incidents), being laughed at but feeling in control of herself as she had removed the ‘poison’ from
the laughter, and saw herself bending down to pick up the papers by which time the laughter had subsided. Instead of waiting for this future adversity to happen, she wanted to bring it into the present in order to practise self-management. Therefore, her next step was to try out her new approach in a forthcoming presentation. She accidentally on purpose knocked over a plastic cup of water while talking to a group of managers. She was pleased with her ability to keep on talking to the group while clearing up the mess and was surprised that there wasn't more laughter. A few members of the audience came forward to help her. She had never considered that some people might help her rather than laugh at her. Through these methods she regained the sense of perspective - the optimistic explanatory style - she usually displayed in other difficult situations: that the incident was temporary (lasting a couple of minutes at most), limited to this specific area (the part of the workshop where she knocked over the cup of water) and took immediate responsibility to clear up the mess without putting herself down or feeling angry towards the audience and thereby replacing her catastrophic view with a realistic assessment of what actually happened.

**Dealing with adversity as it unfolds**

You can learn from past adversities and anticipate what you might do to deal with future ones, but what do you do when you’re unexpectedly faced with adversity? Grotberg (2003: 20) observes that ‘a major problem of living through adversity is that it begins to have a life of its own . . . you [are] increasingly reacting to what is happening rather than being proactive.’ She states that it’s important for you to try and exert some control over what is happening to you by monitoring how you are responding to the adversity and its aftermath and making adjustments in your responding as events unfold, e.g. stop allowing well-meaning others to do too much for you as this will help to reduce your current sense of helplessness, or instead of trying to suppress your feelings, begin expressing them to sympathetic others in order to challenge the idea that you’re all alone in the world and no one will be able to understand what you’re going through. This ability to exert some control over adverse events will help you to find a path out of your present predicament.

In Chapter 2 I mentioned that I had a lumbar disc prolapse in 1997. My back was giving me some trouble a few weeks before that Sunday evening when I bent down to pick something up and it ‘went.’ I ended up lying on the floor, breathing rapidly, my left side in seemingly perpetual painful spasm. When I was lying on the floor I accepted immediately that something pretty substantial had happened to my back without feeling sorry for myself (this is not a retrospectively and heroically embellished account of what happened, but what I was thinking and doing at the time). I dragged myself over to the telephone and called for an ambulance. While waiting for it to arrive, I slowed down my rapid breathing as best I could. Even though I appeared to be in a
helpless position I was, in fact, taking control of what I was able to, namely, choose what attitude I wanted to adopt in this situation. While lying on a trolley in casualty, I pledged myself to follow whatever advice the professionals decreed was the quickest way to get back on my feet. After being given painkillers and tranquillizers as well as a letter for my GP, I took a taxi home and lay down on the bed.

The acute phase of the adversity was over; now the rehabilitation phase after a few more investigations (e.g. MRI scan) had been carried out. I was eager for this phase to start so I could build myself up again, but within the limitations imposed by the prolapse, and get back to work which I was able to do within several weeks. I wanted to avoid the kind of thinking I had seen some of my clients display with regard to their own pain and physical impairments such as: ‘I have to stop doing tasks when I’m in pain [as opposed to learning to tolerate some pain while carrying out these tasks]’; ‘My body keeps letting me down [it will if you keep insisting on having exactly the same body you did before the accident]’; or ‘I’m powerless to do anything with my life [powerless is a hypothesis, not a fact, and you might be surprised to learn that you have more power than you realize if you’re prepared to experiment with new ways of doing things that are within your current limitations].’

These beliefs prevent you from seeing any brighter future beyond the pain and increase both your psychological distress and the intensity of the physical pain. I didn’t want to go down that road and therefore I was always monitoring myself to ensure that I focused on what I could do to hasten my recovery such as going swimming and getting an exercise bike and accepting (without liking it) that lifelong management of my back pain was now called for (e.g. doing back exercises twice a day to keep it flexible, regular visits to the chiropractor) including periods when the pain flares up again and my mobility is restricted. In this way, adversity is faced, managed and kept in its proper place so it doesn’t overshadow everything else in my life.

Andrew was walking home from the railway station one night when he was attacked in an alleyway: ‘There were two of them. It all happened so fast, it was over in seconds. They punched and kicked me and I fell to the ground. They took my wallet, watch and mobile phone. I got myself up and staggered home. All I could think of was to cancel my credit cards as I had these images of my money flowing out of my bank account as these two bastards went on an immediate spending spree. That was my only concern at the time. When I got home my wife became distressed when she saw my cuts and bruises, my nose was bleeding. In fact, I had to calm her down before I could get to the phone to cancel the cards. Once that was done I felt relieved. My wife wanted to rush me to casualty but I couldn’t be bothered to sit there for hours waiting to be seen. So I patched myself up as best as I could and saw my GP the next day. I didn’t see what happened to me as any major trauma - my father went through far, far worse in the war.
- but my wife and some of my friends kept on insisting I was probably traumatized and didn’t realize it or was denying it, so mainly to placate my wife I came to see you.’

I saw Andrew for one session. I certainly did not want to pathologize (i.e. turn into a problem) his resilient response to the attack. In fact, he showed remarkable resilient qualities. As soon as the attack was over he employed an immediate problem-solving focus (cancel the credit cards). He showed empathy in attending to his wife’s distress while he was bruised and bleeding as well as coming to therapy for her sake. In our conversation there was no ‘Why me?’ anguish (he shrewdly observed that such anguish would be self-generated and he didn’t want to add that to the physical aches and pains he was experiencing from the attack). He refused to let the attack dominate his life and his only concession to it was to avoid walking through the alleyway at night. Also, he got bored with being asked ‘How have you been feeling since the attack? It must have been terrible.’ He said he hadn’t lost his sense of humour, so his usual reply to this question was: ‘What’s really terrible is to keep on being asked about the attack. How about asking me about my garden instead?’

**Move out of your comfort zone in order to develop greater tolerance for experiencing discomfort**

As I mentioned in the lengthy definition of resilience in Chapter 1, dealing with the challenges of daily living helps to prepare you for the inevitable adversities that lie ahead. How so? By tackling the activities you’ve been avoiding, you raise your threshold, sometimes significantly, for dealing with frustrations and tolerating distress and discomfort. This ‘discomfort practice’ helps to change your view of yourself as more capable and stronger than you imagined. As Irvine (2009: 112) points out:

> By undertaking acts of voluntary discomfort . . . we harden ourselves against misfortunes that might befall us in the future. If all we know is comfort, we might be traumatized when we are forced to experience pain or discomfort, as we someday almost surely will. [Also] a person who periodically experiences minor discomforts will grow confident that he can withstand major discomforts as well, so the prospect of experiencing such discomforts at some future time will not, at present, be a source of anxiety for him.

For example, for a long time Roger had been avoiding clearing out all the junk that had piled up in the garage, the garden was overgrown, his office at work was untidy - Roger said he just ‘couldn’t be bothered’ with anything that was boring or burdensome. Yet he realized things had to change. ‘I need a rocket up my backside to get me moving’, so he decided it was time to ‘be bothered’.

He started where it was easiest - clearing up his office - but once cleared he had to be consciously aware of every move he made (like driving on the ‘wrong’ side of the road in Europe) not to clutter it up again and put things away tidily. Next he focused on the
garage. He stayed in there each time for at least a couple of hours to ensure that he worked through his disturbed thoughts and feelings ('I hate this boring crap!'). He said he did a lot of swearing and kicking cans around while sorting through which 'crap' to take to the council tip. Then he turned his attention to the garden with a similar stay-at-it attitude. These and other tasks he tackled helped him to see that 'being bothered' increased his sense of self-efficacy, i.e. he could accomplish what he set out to do: 'I don't like them [boring tasks] but I can do them.' His wife had for a long time wanted to move to a new area, but on every occasion she discussed it Roger refused to move, saying he was happy where he was. The real reason, he later admitted, was the huge upheaval it would cause in his life and he didn't want to experience it. This time, however, he agreed and what could have been a major source of stress (as rated on life events questionnaires) went relatively smoothly given his new 'be bothered' outlook.

While Roger avoided boring tasks, Nancy avoided interpersonal conflict whenever possible. She didn't like having to experience 'bad atmospheres' or people thinking ill of her. If she couldn't escape from conflict she felt overwhelmed with anxiety, became tongue-tied and tried to placate the other person by quickly admitting she was in the wrong or apologizing profusely. Nancy's motto was 'anything for a quiet life' but internally she led an unquiet life as she was deeply critical of her passivity and cowardice ('Why can't I stand up for myself?'). As with Roger, Nancy had to embrace what she feared or disliked if she was going to make progress, deliberately seeking discomfort in order to learn how to tolerate it. So she constructed a hierarchy of situations to move through from least to most threatening in terms of confrontation, starting with asking the two boys next door to stop kicking their ball into her garden and putting up with the withering looks from the boys' mother. Other situations she faced included complaining in restaurants about her meal, persistently asking her husband to put his dirty clothes into the washing basket instead of dropping them on the floor, and insisting that a work colleague stop speaking to her in a patronizing way.

The situation she feared the most was saying 'no' to her sister who expected Nancy to do her bidding and became angry if she demurred: 'She treats me like a slave.' 'Correction,' I said. 'You allow her to treat you like a slave. When will the slave rise up and break the chains she has placed on herself because of her quest for the quiet life?' The revolt soon began and her sister stopped speaking to Nancy for a while. Eventually, the relationship was reestablished through Nancy's desire still to see her sister but now under very different conditions. It's important to point out that Nancy's progress was not easy. She was anxious a lot of the time, often feeling physically sick, as she worked her way through the hierarchy and many times considered giving up. The reason she didn't was 'because staying the same was more frightening to me than what I'd have to do trying to be a different person.'
At the end of therapy, Nancy said she had been through an emotional ordeal but felt she had emerged from it a stronger person. At a six-month follow-up appointment, she said her marriage was under severe strain as her husband was considering leaving her as he didn’t like the ‘new’ Nancy and having to change his behaviour in the light of her changes. She wasn’t happy about the possible end of her marriage but realized that her husband had taken her for granted for many years and had never encouraged her to be stronger: ‘Maybe it’s for the best. He wants the old Nancy and I want someone who’s going to support me in what I’m now doing. If he does leave, I’m more than ready to cope with living alone. I was already living alone in many ways.’

Like a lot of clients I see, Nancy asked, ‘Why didn’t I do this much sooner in my life or see it for myself?’ My answer is that earlier in your life you were not thinking or acting in ways that would have brought about your current changes. In Nancy’s case, thinking ‘anything for a quiet life’ and avoiding interpersonal conflict were key cognitive and behavioural processes maintaining her problems. What you did at the time is determined by what you were thinking at the time (looking back, it’s pointless to insist that you should have been thinking something different). Flowing from this understanding, other points logically slot into place:

- Even if you knew what to do at the time to deal with your problem, you didn’t do it.
- Even if you knew what to do and began doing it, you didn’t persist with it.
- Even if you considered seeking professional help because you realized you couldn’t do it alone, you didn’t follow up on this idea.

Therefore, all the conditions were in place in your life to prevent you from dealing effectively with your problems. However, some clients continue trying to challenge this unassailable truth by searching for the ‘real’ answer or keep torturing themselves with their retrospective and accusatory ‘I should have knowns’. Better to enjoy the changes you have made and consider how to build on them in order to get more of what you want from life than remain stuck in a state of irritated puzzlement wondering why you didn’t do these things earlier. This state is likely to hold you back from taking full advantage of the changes you’ve worked so hard to bring about.

**Building a strength from scratch**

While you may have a range of qualities that you appreciate about yourself, you’re still irritated by a particular response that you can’t seem to do anything about, no matter what you try. For example, Jonathan described himself as ‘oversensitive’ to criticism, quick to take offence even if no offence was intended: ‘I remember at a meeting a colleague asked me to pass along a jug of water and I immediately reacted to his request by thinking, “He’s treating me like a dogsbody, he doesn’t have any respect for me. Why didn’t he ask someone else or reach over to get it himself?” It was utterly
ridiculous to think like that as I was closest to the water. Do you see what I mean? I'm a lost cause.' Also, he was embarrassed that some of his colleagues would preface their comments by saying, 'Now Jonathan, I'm not trying to get at you. I just want to point out . . .' Jonathan didn't like being treated with kid gloves yet he acted in ways that elicited such behaviour from others (two of his colleagues, however, spoke their minds as they were fed up with the tiptoeing strategy others used around him).

What made Jonathan so sensitive to criticism - real, implied or imagined? He said he wasn't sure as he had been like that for a long time: 'My mind seems to be on the lookout for put-downs.' He said he probably did see himself, at times, as inferior to others, 'My self-esteem can get shaky', but thought he was good at his job and proud of the expertise that others drew upon to complete their projects. As I discussed in Chapter 2, how to overcome a problem is more important than knowing why it exists in the first place, so the focus was on 'toughening up' Jonathan, not seeking answers by extensive trawling through his past.

An ingrained response can be difficult to shift, so a firm commitment to the hard work of change was required which Jonathan agreed to. Then we discussed the important point that you can't be offended without your consent (but you can be harmed without your consent such as being punched in the face), 'You're stupid for not knowing the answer to that easy question.' The person delivering the insult cannot put it into your head unless you 'open the gate' to let it in and the usual reason you do that is because you agree with the insult. If you argue that you wouldn't agree with the insult but would still be offended by it, this is likely to occur because your personal rule that you shouldn't be insulted has been violated, thereby activating your anger, so you still believe you have been offended through rule violation. Insults can't harm you, only offend you if you let them. When Jonathan grasped and agreed with this distinction, the next step was to investigate what options he had when responding to an insult or criticism. He came up with the following:

1. There is no reason why he can't be criticized or insulted (the world does not revolve around his wishes and wants) and it's not the job of others to protect his shaky self-esteem. It's his responsibility to learn how to make it sturdy rather than keep it shaky.
2. Acknowledge the current shortcomings in his performance and develop an action plan to address them.
3. Decide which part of an insult or criticism may be valid and state what he intends to do about it, but point out it could have been said in a friendlier or constructive way.
4. Allow others the right to be wrong about him when he believes their criticisms are unfounded, and also allow himself the right to be wrong about others' behaviour
and apologize to them if necessary.
5. Spend as little time as possible with those who are overly critical or ceaselessly fault finding.
6. Seek constructive feedback from those who can help to improve his performance.

In the session, we practised dealing with the insults Jonathan was most sensitive to. With his permission, I ‘insulted’ him and then he practised his response:

MICHAEL: You’re hopeless at bringing meetings to a close at the agreed time.
JONATHAN: Most of my meetings do overrun but not all of them. I don’t agree I’m hopeless because that indicates I’ll never change which is certainly not my view. [Coming out of the role play] You know when you said ‘hopeless’ that really struck home.

MICHAEL: Because ...?
JONATHAN: Because I thought, ‘You’re right, I am’.

MICHAEL: Someone else starts giving you a verbal kicking, then you take over. I think your self-esteem remains shaky because you are a harsh self-critic. If you move from condemning yourself to compassionately helping yourself to make those changes that you want, then you might see a sturdier self emerging.

JONATHAN: Well, I’m going to keep on practising till I get the hang of what you just said.

Which is what he did. By working intrapersonally (i.e. developing self-supporting beliefs such as ‘My performance sometimes is poor but my intrinsic worth as a person stays constant’) and interpersonally (i.e. deciding whether to respond to actual insults from his colleagues who, in reality, were the two he never got on with anyway) he experienced his oversensitivity becoming blunted ‘as my skin thickened’. Imagined slights or insults fell away sharply. As I discussed in Chapter 1, acting resiliently can be seen as a ratio between helpful and unhelpful behaviour in pursuit of your goal, so it’s important that your resilience balance sheet shows more assets (occurrences of helpful behaviour) than liabilities (occurrences of unhelpful behaviour). In Jonathan’s case, 70 per cent of the time he was able to respond constructively to criticism while 30 per cent of the time he turned the criticism inwards and ‘condemned myself instead of focusing on my behaviour’. At the end of therapy he was working towards his ideal goal: ‘The best defense lies in refusing to take offense. The worst defense lies in seeking to be offended at every turn. As Eleanor Roosevelt said, “No one can make you feel inferior without your consent”’ (Marinoff, 2004: 99).

**Physical fitness doesn’t necessarily make you mentally tough**
Exercise is good for both physical and mental health. Physically, it helps to reduce your weight and improves your pulse rate, blood pressure and lung capacity (Oyebode, 2007). Mentally, it can lift your mood, reduce stress levels, make you more alert and improve your self-image (you see yourself as more capable and confident because you feel fitter and stronger). Sometimes you can put too much emphasis on getting physically fit and strong as you think this will automatically make you mentally tough and able to deal with anything that comes your way.

Patricia was a compulsive gym goer (a ‘gym rat’ she called herself). She had a high-pressured job and believed that being fit and slim helped her to cope with this pressure; she looked down on those of her colleagues who were overweight and unfit. Going to the gym for a vigorous workout gave her a tremendous feeling of self-confidence and control over her life: ‘I can take on the world.’ However, cracks began to show in her high self-confidence if she was unable to get to the gym because of the demands of her job. She became agitated, imagining she was putting on weight and becoming unfit and that her sense of self-control was being eroded (this was based on one day’s absence from the gym!). During a period of illness she became frantic with worry that because she couldn’t get to the gym or train she was becoming what she despised in others, fat and unfit, and was alarmed by how quickly her tough mindedness was turning into crumble mindedness.

This psychological fragility proved to be the turning point for Patricia; it showed how narrowly based was her sense of identity and control. She started developing a broader range of interests and strengths that she could draw upon at times of difficulty to help her cope better. Also, widening her perspective helped her to see that her identity was composed of a variety of aspects of varying importance, but not to make any of these aspects all-important as this would again ‘imprison’ her identity. She stopped going to the gym so often (three times a week versus seven days a week) and expanded her constricted life by engaging in more social activities including finding a partner (she hadn’t had one for several years). I encouraged her to conduct a survey among the ‘despised’ group of overweight/unfit colleagues for their views on what constitutes being in control of one’s life. The main finding from her survey was having a work-life balance and enjoying both (which opened her eyes to the fact that people can be happy without being fit and slim - this is not everyone’s priority in life). In retrospect, she felt her life had been out of balance: either at work or in the gym with little real excitement in between.

**Resolve to be more resilient**

Virtually everyone has some resilience strengths. This point can be easily forgotten when you’re entangled in your present problems and can’t see a way forward. This chapter has looked at bringing these overlooked strengths to your attention, learning
from past adversities in order to inform your present behaviour when new difficulties emerge, anticipating future adversities to see what additional resilience responses might be needed to deal with them, dealing with adversity as it unfolds and trying to keep some control over what is happening to you, facing what you’ve been avoiding in order to increase your threshold for tolerating discomfort, and building a strength from scratch to increase your repertoire of problem-solving options. All these things can help to make you more resilient in the face of present and future problems. In this and previous chapters I’ve discussed some of the strengths that underpin resilience. In the next chapter, I look at the full range of strengths that I believe form a resilient outlook.
Love Life Just As It Is
2:: Love Life Just As It Is

The Buddhist Psychology of Happiness

(P & S: somanassa T: skyid)

In Buddhism happiness (more accurately understood as well-being) is similarly thought to be a natural outcome of wise understanding, compassionate action and ethical conduct. The psychologist Thomas Bien sums up Buddhism’s recipe for happiness in this pithy remark, “Happiness is being mindful” (2010). In this case, ‘being mindful’ is a virtuous dedication to developing the wakeful, compassionate presence that lies at the heart of genuine mental and emotional health.

Mindful engagement with wisdom and virtue endows us with the capacity to know which forms of happiness are and are not conducive to suffering. “It’s our nature to want happiness and not want suffering, and thus Buddhists do not ask that one give up the pursuit of happiness but merely suggest that one become more intelligent about how it is pursued” (Hopkins, 2008).

Selflessness (P: anattā S: anātman) and non-violence (S: ahimsā) are central to the intelligent pursuit of happiness. When one knows what intentions and actions facilitate an aliveness that is non-harming, the joy of being in the world is always available irrespective of causes and conditions. The Buddha offered two schemas for actualizing the well-being of non-harming and selflessness in daily life.

The primary method, The Eightfold Path, is elaborated in the Fourth Noble Truth, “And this is the path: the path with eight branches: right vision, right thought, right speech, right action, right livelihood, right effort, right mindfulness, right concentration” (Batchelor, 2010).

The Eightfold Path can be divided into three categories of practice—wise knowing, samādhi and ethical conduct, each offering its own particular type of well-being. Meditative equipoise develops serenity and wise insight—the causes of liberation. Ethical conduct is the conduit through which liberative wisdom actualizes itself in daily life. The message is: until you are fully awakened, mindfully endeavor to act in each moment with an aspiration to achieve the very awakening you seek.

The second Buddhist framework involves ongoing cultivation of the Perfections (P: pāramī S: pāramīta), or complete virtuous action. Theravada Buddhism prescribes 10 pāramīs: generosity (dāna), virtue (sīla), renunciation (nekkhamma), transcendent wisdom (paññā), energy/zeal (viriya), patience (khanti), truthfulness (sacca), determination (adhipatīna), lovingkindness (mettā) and equanimity (upekkhā). Mahāyāna Buddhism stipulates 6 pāramītas: generosity (dāna), virtue (sīla), patience (ksanti), energy/zeal (vīra), one-pointed concentration (dhyāna) and transcendent wisdom (prajñā).
Two Kinds of Happiness

A person cannot have happiness unless they have some space, some freedom inside them. (Hahn, 2013)

Because of the rise in popularity of positive psychology, research on happiness has increased exponentially. Until recently this research primarily measured life satisfaction, largely attributed to positive feelings about favorable circumstances. But studies increasingly show that conditional happiness turns out to be a poor indicator of inner well-being. Wealthier individuals report reduced levels of happiness derived from their wealth and impaired capacity to savor positive everyday experiences.¹ Furthermore, although increases in income up to $75,000 correlate to similar gains in emotional well-being and life satisfaction, no additional increases in emotional well-being occur above that amount.² It seems that more money does not necessarily equal more inner contentment.

Social science has differentiated happiness into two modes: (1) fluctuating, hedonic happiness³ — the transient joy or relief derived from self-motivated seeking of pleasure and avoiding of displeasure; and (2) sustainable, authentic happiness⁴ — a eudaimonic, resilient, non-egoic inner well-being resulting from inner development of wisdom (prajñā), compassion (karunā) and virtue (śīla).

When people say, “I just want to be happy,” I believe they seek authentic happiness but may not know how to achieve it. Consumerism, materialism and fame-ism enslave us in a seemingly inescapable happiness trap of discomfort relief, pleasure seeking and maniacal becoming. Unaware of our captivity, we remain oblivious to the psyche's fixation on insufficiency and the painful pointlessness of incessant wanting.

Buddhism—with its insistence on the three trainings—wholeheartedly endorses renouncing self-centered, hedonic happiness for the self-less path of authentic human flourishing.

If by giving up a lesser happiness [fluctuating, hedonic happiness]

One could experience greater happiness [sustainable, authentic happiness],

A wise person would renounce the lesser to behold the greater.

The Buddha, Dhammapada 21⁵

Craving for the lesser happiness is sustained by the psyche’s persistent denial of temporality and its false belief in certainty. No matter how painful the inevitable loss of favorable circumstances, a deluded psyche will still cling to false hope: ‘next time it/they will be different, or it/they will work, or it/they won’t end/leave.’ Swinging between hope and fear the psyche remains fixated and captive in endless rounds of samsāra.
Buddhism's greater happiness is eudaimonic and results from embodying the practical wisdom of the three trainings. This inspires us to act wisely and virtuously with compassion, respect and regard for all beings. The greater happiness manifests in daily life as virtuous human flourishing.

**Personal Exploration of Lesser and Greater Happiness**

Exploring what makes us truly happy can be exciting and distressing. Realizing how much of what we think makes us happy actually leads to unsatisfactoriness can be frustrating. In the first part of the exercise, I urge you to be honest and kind. Non-judgmentality is your best friend. In the second part, focus on what you consider virtuous action. Again be honest and seek change that is doable. Over time small changes turn into big transformations.

Part 1: List your primary sources of happiness: family, intimate relationships, friends, work, service, hobbies, spiritual activities, leisure activities, community or political interests. Don't be afraid to list negative sources of pleasure like self-centeredness, irresponsibility, untruthfulness, addictions, infidelities, laziness, procrastination and so on. We do get something from the destructive habits we claim to dislike. Check the category of happiness it falls under. Contemplate and document what forms of suffering arise from it. Sources of greater happiness may have downsides and challenges too.

<table>
<thead>
<tr>
<th>Source of happiness</th>
<th>Lesser</th>
<th>Greater</th>
<th>What kinds of suffering arise from this source?</th>
</tr>
</thead>
</table>

Part 2: Consider your current sources of happiness and the amount of suffering they contribute to your daily life. Now look at the following list of pāramīs (commendable virtues that cultivate authentic happiness): generosity, morality, renunciation, meditation/wisdom, energy, patience, truthfulness, determination, restraint, lovingkindness and equanimity. Take some time to really sit with each of these virtuous qualities. Consider which virtues would generally increase feelings of well-being in your daily life. How might dedication to its practice specifically transform current positive sources of lesser happiness or replace destructive sources of hedonic happiness? Use the table...
below to document your chosen Pāramīs, the way in which they would increase well-being and a practice plan for their implementation in your daily life.

<table>
<thead>
<tr>
<th>Pārami</th>
<th>What well-being would arise from it?</th>
<th>How will I practice this pārami in daily life?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinician’s Exploration of Lesser and Greater Happiness**

When clinicians inquire deeply into their desire for patient well-being, insights into self-cherishing can arise. Sometimes clinicians feel frustrated or defeated when change doesn’t happen in line with their expectations. The goal of this exercise is to help clinicians discover which forms of encouragement and assistance to patients arise from an impulse to hedonically end the fear of another’s suffering or ego-grasp at good outcomes. In the first part of the exercise, I urge you to self-reflect with kindness and curiosity. In the second part of the exercise, you will consider which of the pāramīs would aid in receiving suffering with wisdom and clarity.

Part 1: Bring to mind a few of your favorite interventions, preferably those that facilitate relaxation, stabilization, emotional expression or regulation, mental clarity or self-reflection. Now bring to mind one or two instances where a patient was visibly suffering and you chose to intervene with one of these techniques. Consider your own state of mind prior to offering that intervention, and write down what you remember. Then reflect on whether that impulse arose from a desire to ensure lesser happiness (ending distress or feeling self-glory) or greater happiness (wise, virtuous action). Also look deeply at whose suffering—yours or the patient’s—was uppermost at that time.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>What were you thinking, feeling, wanting or experiencing prior to the intervention?</th>
<th>Lesser</th>
<th>Greater</th>
<th>Yours or theirs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7.3
Part 2: Now consider the following list of *pāramīs* (commendable virtues that cultivate authentic, durable happiness): *generosity, morality, renunciation, meditation/wisdom, energy, patience, truthfulness, determination, restraint, lovingkindness and equanimity*. Take some time to sit with each of these virtuous qualities. Which virtues would increase your capacity to recognize when you are caught in resistance to suffering? Which virtues would help you discern the appropriate timing for an intervention? How might dedication to its practice increase authentic well-being? Then document your chosen *pāramī*, the way in which they would increase well-being and a practice plan for their implementation in sessions with patients.

<table>
<thead>
<tr>
<th>pāramī</th>
<th>What well-being would arise from it?</th>
<th>How will I practice this pāramī in daily life?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>parami</th>
<th>What well-being would arise from it?</th>
<th>How will I practice this parami in daily life?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Psyche/Soma Interdependence**

**Organismic Wisdom**

Incarnation is an enactive, sensorimotor dance of body-mind-world engagement. But a thwarted capacity for attunement and self-regulation can severely undermine the joy of engaging with the world. These impediments often result from autonomic nervous system dysregulation, specifically chronic flight-fight-freeze response impairment. Despite what most mental health professionals think, we do not just work with minds; we work with minds dissociated from distressed psychophysical systems.

Genuine mental, emotional and physical health is unattainable when a dissociated mind absents itself from the body's homeostatic imperatives for metabolic and endocrine equilibrium. When the body signals 'NO!' but a disconnected mind continues to insist 'YES!' it exacerbates all manner of stress-related and freeze-physiology-related
diseases—adrenal failure, chronic depression and anxiety, asthma, mitrovalve prolapse, fibromyalgia, chronic fatigue, irritable bowel syndrome, chronic pain and sensory processing disorders. A disconnected mind—lost in its own repetitive conceptualizations and distorted narratives—cannot benefit from the body’s innate organismic wisdom.

Steven Hoskinson, MA, senior international somatic experiencing instructor, describes the problems that ensue from ongoing dissociative habits of mind and the solution of mindfully attending to the body’s innate capacity to heal itself:

The notion of mind being an autonomous process is illusory. The function of mind is integrally related to biology in spite of what the mind thinks. The mind dissociates from the somatic experience, reifies itself and does not realize it is just reflecting organismic processes…. If we can see through the projection and in some way reclaim the projective process—in other words, stop literally believing what I think I am seeing and hearing—we might be able to relate somatically to experience and connect with phenomena rather than dissociate from it. Then something that irritates me can be experienced as an internal response to external phenomena; reflected upon, and known directly as the irritant it actually is without the self-narrative about it. That enables one to know the accompanying somatic response to an irritant (like tightness in the chest) and reorganize it. When we are unaware of systemic responses, their activation persists. Only awareness facilitates a somatic response to reach its sufficiency and then naturally deactivate. (Hoskinson, 2013)

Somatically oriented psychotherapists help patients recognize how internal activation manifests in their particular system. Patients learn how to remain curious and present to activation states and the body’s efforts to restore equilibrium. Any clinician can foster mind-body relatedness by teaching Orienting practice, an important skill for naturally decreasing activation by landing the mind where the body already lives.

Buddhist psychology has its own methods for reconnecting mind-body communication. Practicing Open Monitoring meditation directed toward the body furthers interoceptive capacity. Objectless Shamatha meditation promotes embodied awareness and enables the mind to rest more completely in the durable well-being of awakened presence.

Reconnecting mind-body communication can also be fostered in therapeutic sessions by combining mindful inquiry into body sensations with resting awareness effortlessly in body experience. Below is an example of the healing power of this method:

W: I can’t tolerate my own mistakes. The thought of it is so terrible; even a small mistake will cause me to obsess about it for days.

LDM: It is interesting how intolerant we can be toward our own humanness.

W: When I was young I was afraid to cause trouble for others. I would hold in my feelings and pretend to be okay. No matter how difficult or scary the situation, I knew in
my gut that things would be okay eventually. And somehow the true feeling in my gut got mixed up with my intense need to take care of everything myself.

LDM: Shall we see what your gut has to say about your intolerance to imperfection?

W: Okay.

LDM: Bring to mind a recent time you had a strong reaction to making a small mistake. Now let your attention be drawn gently but firmly to your gut and see what shows up.

W: A strong knowing said, You deserve compassion too. And then my thinking mind started going with critical thoughts.

LDM: Yes, that is often the way when we are habituated to discursive thinking . . . Would it be okay to return awareness to the gut again and see what happens?

W: (After a minute or so) There was less thinking this time. I could stay with my gut knowing . . . well, more like a feeling/thought coming from my gut saying, I love you. You don't need to figure out what to do or not to do. Just be with things as they are and that is right for now.

Moving meditation is also excellent for re-inhabiting the mind in the body. Although this is not the appropriate venue to discuss or teach yoga, tai chi or chi gong, I heartily recommend that everyone train in one or more of these body-centered practices to encourage genuine mental health. Chi gong is eminently adaptable and very healing for people with autonomic nervous system disorders or physical disabilities.

Walking meditation is a movement practice I can definitely share with great gusto. The basic idea is to let your awareness be drawn to and remain with the body as it moves in space. It is both concentration and insight meditation. Walking meditation can be done at any of three speeds, although it is best to start at the slowest pace, affectionately known as 'zombie walking'.

**Walking Meditation Instruction**

Stand with your feet together in a place where you can comfortably take about 15 steps. Begin by bringing awareness to the feeling of your body standing. Feel the weight of your body land in the soles of your feet, your spine upright and long, your arms hanging at your sides. Know the sensation of standing still. Experience how the body maintains balance and uprightness. Now slowly shift your weight into your left foot and mindfully notice how the right heel begins to lift. Keeping your awareness in the right foot and leg, slowly and mindfully lift it, swing the leg forward and place the foot down. As you do this notice the shift in body weight and the way the left heel naturally lifts to accommodate the forward movement. Now do the same with the left foot; lift it up, swing the leg forward and place the foot down, continuing to land your
mind in the actual physical experience of the body moving. Mindfully take another 10–12 steps and then fully enjoy the complex movements required to turn the body around. Slowly and mindfully walk back to the point at which you started. Formal walking meditation can be done for a period of 20 minutes or more. If you are outside and something catches your attention, stop walking and mindfully attend to it. When you are ready, resume walking meditation. The second pace is a light stroll, and the third pace is a brisk walk. The faster you move, the more challenging the meditation. But definitely try a faster pace as you progress in your practice.

You can also do informal walking meditation in your daily life as you move around your office or from your car to the market. Zombie walking is not necessary in these instances because landing the mind in movement itself helps us meditate throughout the day.

**Subtle Body Health and Healing**

As Indian Buddhism progressed, so did attitudes about the body and its role in the process of awakening. Early Buddhism’s insistence on renunciation of the body and its desires shifted with Vajrayāna Buddhism’s recruitment of the body and desire as helpmates on the path to liberation. Vajrayāna and tantric Buddhism view the body as a microcosm of the dynamic interplay of energy, mass and cosmic intelligence. From the tantric point of view, enlightenment is a mind-body endeavor. Humans are tantric vessels, psycho-physical-spiritual beings with access to cognitive, affective, physical and subtle intelligences.

Along with the physical body, Vajrayāna and Tantric Buddhism postulate a gross energy body and a subtle energy body and emphasize their vital role in maintaining physical dynamism and psychological well-being. According to this model, the sensory/motor nerves and endocrine/metabolic systems condition the gross energy body. The subtle energy body consists of a complex system of energy-winds (S: prāṇa T: rlung)—motile, bio-energetic, animating life forces consistent with the proliferation of neural impulses. These energy-winds are the precursors or conditioners for kundalini (T: gtummo), an awakening life force that rises up, activating energetic hubs (S: bindu T: tigle) located at the main junctions of the subtle body energy channels (S: nadi T: tsa). In Chinese medicine, the winds would be analogous to chi and channels to the meridians.

The principal determinants of subtle body health are the quality of mind and lifestyle. Persistent disturbing emotions, incessant worry and rumination, and physical and emotional trauma, coupled with a non-stop pace, over-activate the subtle body energetic system. This manifests as exhaustion, persistent jitteriness, restlessness or franticness, tightness in the abdomen or in the chest area, or pervasive buzzing sensations throughout the body.
Although most people label these effects ‘anxiety,’ it is actually the feeling of dysfunction in the subtle energy body. The upward-moving prāna has been drawn away from its natural resting place below the navel, to reside at the head, chest or upper abdomen. This improper residence over-stimulates and depletes the subtle energy body.

There are a variety of tantric ‘wind’ (vayu) meditation practices that stimulate and harness prāna and direct its flow through the nadis and bindu. Some of these techniques are breath-related; others employ visualization and yogic exercises. gTummo practices intentionally arouse body heat and have been studied by respected researchers like Herbert Benson and Sara Lazar. Other ‘wind’ practices focus on the mind. In Tantric Buddhism, the mind is said to consist of wind-energy. These practices are specifically designed to induce psychophysical tranquility and promote emotional well-being. Simple tantric practices like Gentle Vase Breathing return the upward-moving prāna to its proper home, restoring health to the energetic body and nervous system. The Tibetan Buddhist teacher Tsoknyi Rinpoche is a vocal proponent of offering subtle body healing practices to Westerners, who he insists suffer greatly from over-active rlung.

**Gentle Vase Breathing Instruction**

You may be familiar with diaphragmatic breathing, which encourages inhalation and exhalation from the lower diaphragm rather than the upper lung area. Its longer, deeper breaths are valued for inducing mind-body relaxation. Or you may have experienced yogic Ujjayi breathing or chi gong Tu-Na breath practices, which fill the lower belly on the in-breath and then intentionally move the breath up through the rib cage into the chest and throat areas.

Vase Breathing is similar to and different from Ujjayi and Tu-Na. Although there are Vase Breathing practices that induce heat and stimulate kundalini/gtummo, I will offer a gentle Vase Breathing practice to restore prāna/rlung to its proper resting place. This practice globally calms the nervous system and reduces the somatic and psychological effects of chronic stress and trauma.

Sit in a chair or on a meditation cushion in an upright but not stiff position. Let your awareness expand to take in the experience of sitting. Open all your senses; see what is before you, hear the sounds around you, feel the weight of your body resting on the chair or cushion. Give your mind time to land in your body and its environment. Gently notice your body breathing. Is the breath slow or fast, long or short? Let it be what it is without manipulating it mentally or physically. Gently scan around the body for any sensations that seem agitating, but let them be for now. Notice the quality of your mind. Is it agitated, calm, dull, restless, overwrought or racing? Let that, too, be as it is for now.
Vase Breathing is best done through the nostrils. When you are ready, inhale slowly and fully through the nostrils, filling your lower abdomen and letting it expand out as you inhale. Notice if you can take in a bit more air and do so. Then exhale slowly through the nostrils, allowing the abdomen to empty completely and compress back toward the spine. Do this a couple of times to get the hang of breathing from the abdomen. It should feel relaxing. If you have any discomfort, make sure you are not straining or forcing your breath. Try to be at ease and as gentle as possible. As you breathe, let yourself become aware of any buzzing, tight or pressured sensations in the head, throat or chest area. This is an indication of over-active rlung.

Now direct your attention about four finger-widths below your belly button. When full of air this area expands and is shaped like a vase, hence the name Vase Breathing. It may take some extra attention and intention to locate your awareness below the navel. So take your time if needed. When ready, inhale slowly and fully through the nostrils, expanding your lower abdomen. Use your attention to gently draw the breath down toward the vase area below your navel, and feel the vase expand as it receives the breath. Never force the breath to move downward. Intend the movement without pushing or straining. While drawing breath down below the navel, you will be holding the breath in the body for a few seconds. Be very gentle and slowly exhale through the nostrils when you are ready. Do this inhaling, drawing down and exhaling process about three times.

Now notice any rlung sensations residing in the head, throat or chest area. They may have lessened, indicating that rlung is naturally being drawn down with the breath to the vase area. Don’t worry if the breath doesn’t move all the way down below the navel. That will come in time.

The fourth time you inhale though the nostrils, draw the breath down, and as you exhale through the nostrils, try holding that last bit of breath in the vase area, intending to keep the rlung in its proper residence. Again do not strain to hold the breath, and always exhale slowly, without urgency. At first, the length of holding may be very short, but it will naturally increase with practice.

Continue Vase Breathing for about 10 minutes in this manner: inhaling, drawing down, exhaling almost completely, holding the last bit of breath in the vase area and then exhaling fully. When you are done, rest and notice how the body feels. Note the quality of your mind and emotions. Remember how you felt prior to beginning this practice.

**Why Desire Is Not the Problem**

Prior to his awakening, Siddhartha Gautama experienced 28 years of overindulgent palace life and 6 years of extreme asceticism as a forest yogi. After his awakening, the Buddha taught a Middle Way approach to desire.
Few of us realize that hedonic pleasures, which feel good while we have them, are actually dukkha producing—afflictive and agitating—not just in the wanting but equally so in the having. The Buddha vociferously argued this point in his teachings on craving (tanha) and clinging (upadana). He recommended renouncing unwholesome wanting for the serenity of non-clinging. But of course even that endeavor involves a desire to awaken. So the problem cannot be desire, for without it we would never awaken out of suffering.

I asked Buddhist teacher and scholar Stephen Batchelor what he thought was the difference between craving (tanha) and desire (S: chanda T: 'dod pa).

Existentially, tanha is just a modality of desire. Desire, if you get to the root of it, is the state we find ourselves in when we recognize a circumstance in which we wish for improvement. Tanha is a desire that doesn’t work—a gratification or solution that is bound to fail because of tanha’s cognitive distortions. Abhidharmists went to a lot of trouble to delineate different kinds of desire. But I think it avoids the question that we are creatures of desire. I think the Vajrayana is quite good on this point. It has this expression, transform desire into the path. I think there is honesty there, possibly arrived in exasperation at trying to fine tune good desire from bad desire. My sense is that the real problem with craving is that it blocks us from blossoming and flourishing as humans. Egoism and self-image are problematic because they render life static, incapable of movement and growth because we are caught in patterns. Samsara. The freedom from samsara is not to get out of life but to get out of the cycle of suffering. The problem is the way we get locked into its cycles that reinforce our sense of ego. Where I would place the emphasis is on noticing reactive patterns as they come up and not identifying with them. Letting them go creates the freedom to embark on a response that is unconditioned by reactivity. This is what the Buddha was trying to impart. (Batchelor, 2013)

Get to Know Desire

I once heard the Venerable Ajahn Sumedho say, “The problem is not desire. Get to know desire; don’t get rid of desire.” Desire is our great teacher. It reveals our deepest longings and fuels creative actualization. Without desire life is passionless, sterile and bland. But desire is also a trickster and can at any time take on the false appearance of savior, master, friend or wise counselor.

By the time a person shows up in a therapist’s office, he may feel disconnected from many aspects of his inner and outer life—including desire. Nevertheless, inquiring about desire relatively early in the work can be informative and fruitful. Don’t be deterred if the first response is one of hesitation or confusion: something along the lines of “I am afraid to want anything” or “I don’t know what I want anymore” or “what’s
the point, nothing goes right for me anyway.” Past failures and losses often incite negative self-narratives that, when perseverated on, devolve into chronic hopelessness or helplessness.

Some come to therapy saddled with warped notions about desire and sensuality, often introjected from religious dogma or cultural/familial beliefs or as a result of abuse. These distortions restrict the psyche to a narrow, disgust-based world of self-imposed limitation and alienate it from its instinctual urge to enjoy the rich sensuality of human experience.

Getting to know desire—its destructive and transformative effects—is a process of discerning the difference between pure desires and deluded clinging to objects of desire. A wise psychotherapist can help patients rediscover, reclaim and reassert pure desires.

For example, a victim of repeated domestic violence continues to remain in an injurious relationship despite numerous therapeutic conversations about the need to exit. At the heart of every relationship—even the harmful, chaotic ones—is a pure desire to love and be loved. How that pure desire manifests in a particular psyche depends on the internal level of unawareness, volitional dispositions and external past or present circumstances. Although pure desire precedes the impulses and actions it begets, it can easily become over-coupled with subsequent clinging to objects of fulfillment—even harmful objects that will never satisfy the untainted desire’s original intent.

In this example the harmful object of desire has become indistinguishable from the pure desire to love and be loved. Caught up in hoping for the harm to end or fearing what might occur if the partner is left, the mind clings to the false equation of harm and love. Suffering manifests as emotional confusion and an inability to secure one’s own safety.

The first step in separating pure desire from its tainted manifestations is to name it. Reconnecting this domestic violence sufferer with the untainted desire to love and be loved will reveal desire’s non-harming nature and help uncouple it from violence of any kind. The more the mind dis-identifies the harmful partner with the pure desire for love, the less clinging and suffering will occur. Buddhist psychology relies on facilitation of right seeing rather than repeated convincing; for wisdom is the path to awakening and its result.

**Wholesome and Unwholesome Desires**

Recently, a mid-30s Silicon Valley billionaire chose to be married in Big Sur, a pristine part of the California coastline. If you’ve visited the area, you may have felt the vast quietude emanating from Big Sur’s awe-inspiring oceanscapes and old-growth redwoods. Who would not want to be married surrounded by such wondrous natural
beauty? Did the couple choose one of several stunning, exclusive inns? No. They rented an abandoned campground in the old-growth redwoods and constructed an elaborate $4.5 million ‘movie set’ (with ruins, staircases, a stone bridge and enormous floral overhangs) without obtaining permits. Three weeks prior to the wedding the Coastal Commission ordered a stop to all preparations. The couple’s claims of environmental sensitivity were met with a $2.5 million fine and reluctant go-ahead. Photos of the wedding site revealed their perverse vision of environmental sensitivity. The grand old growth redwoods were shrouded behind soaring, garish displays. In the end, the wholesome desire to celebrate the joining of two hearts was hijacked by unwholesome ego-driven wanting. The result was an astronomically wasteful $10 million hedonic event.

Psychiatrist Mark Epstein claims that desire forces us to face again and again the gap between expectations and reality.\(^{10}\) I agree that this is absolutely true of unwholesome desires, which always lead to some form of disappointment or harm. But wholesome desires seem to narrow this gap. Wholesome desires are self-less (anattā/anātman) and non-violent (ahimsā), because their impetus and results reflect wisdom, humility and virtuous conduct.

Psychologist and Buddhist teacher Jack Kornfield offers the following advice: “To live in this world wisely, we have to go beyond the extremes of being numb to desire and being lost in desire. We need to release unhealthy desire and learn to hold healthy desire lightly” (2008). Kornfield further suggests that abundance, generosity and adornment naturally arise when one willingly lets go of greed, grasping and addiction. We can suffuse wholesome desire into all aspects of daily life through meaningful work, fairness, skillfulness, acts of caring and generosity, service, fidelity, honoring of parents, education of children and living in harmony with our environment.

Psychotherapeutic inquiry is an effective way to distinguish healthy desire from unhealthy desire. Many of us who use Motivational Interviewing with substance use sufferers know the power of meeting them in their addiction so they can reconnect with healthy desire and realize how antithetical it is to using a substance.

Buddhist psychology utilizes a universally applicable strategy for inquiring into wholesome and unwholesome desire— expose self-cherishing and self-confusion. More than any other cause, self-cherishing and self-confusion are the principal conditions that turn wholesome desire into unwholesome desire. Exorcising desire does not root out self-clinging. So we must hold the self lightly with an intention toward non-harming.

**Discovering Pure Desire Exercise**

(Psychotherapists please note: This exercise illustrates how I implement this inquiry)
with patients.) Choose a person, object or situation that has caused you suffering and that, for whatever reason, you’ve been unable to release. Try to pick something that has been confusing for you, or maybe that dear friends insist is unhealthy or wrong for you. When you have chosen something to work with, think back to how things were before it came into your life. Were you were feeling a lack of or longing for something like it? Was it surprising and unexpected, or were you actively seeking it? Take some time to sit with these questions.

Now remember how your life was impacted by its arrival. What did you feel? Were you open or cautious, impulsive or resistant? How strong was the attraction? How certain were you about the rightness of the object of your desire? How perfect did it seem in the beginning? Again, sit with this inquiry.

Now contemplate what desires you were hoping it would fulfill. List them below. Which of these desires feels most authentic, wholesome and virtuous? Write it down and explain why.

Now remember when the person or the situation started to change or deteriorate. Was this authentic desire still being met? If so, in what way? If not, how did you cope?

Now come into the present and contemplate it with honesty and courage. Is this person, object or situation in opposition to that desire? Have you lost sight of the authentic desire? Maybe there is a different pure desire that feels more pertinent to your current life. Kindly investigate the truth of these questions as best you can.

Imagine how your life would be without this object, person or situation. Notice whether what you imagine is primarily comprised of assumptions, hopes or fears. As you do this, observe your thoughts and emotions; let them come and go without clinging to them. Note the presence of negative or positive self-cherishing.

When you feel ready, bring to mind the pure desire or, if you have identified a new authentic desire, use that instead. Allow it to suffuse your mind, and let your heart open to it as well. Notice how it resonates in your body, and be curious about these sensations. Stay with this for a few minutes.

Before we finish, once again bring to mind the person, object or situation that has caused you suffering and that you’ve been unable to release. Notice how this feels in your mind, body and heart. Note the difference and then return to the authentic, pure desire. Rest in that for a few more minutes.
The Ultimate Desire: Being Good

A recent study measured the effect of mindfulness and compassion meditation on goodness and moral decision-making. Subjects were wait-listed or placed in either an 8-week mindfulness or a compassion meditation class. Upon completion each subject returned to the lab for ‘cognitive testing.’ The designated waiting area had three chairs, two of which were occupied by female confederates. Another confederate ‘sufferer’ entered on crutches. Seeing no empty chairs she winced and leaned against the wall.

“To assess compassionate responding, we measured whether the true participant offered his or her seat to the sufferer to relieve her pain. If two minutes passed and the participant had not given up his or her seat, the trial was ended and coded as a non-helping response” (Condon, Desbordes, Miller, DeSteno, Hospital, & DeSteno, 2013 in press). The meditation group participants were five times more likely to offer their seats to the ‘sufferer’ than the wait-listed participants. The enhanced compassionate response was equivalent for the mindfulness and compassion protocols.

The Greek philosopher Aristotle placed great emphasis on the role of virtue in achieving the human goodness he considered central to living a happy life. For Aristotle, eudaimonia —the human flourishing that comes from goodness and its virtuous activities—was a sufficient goal for human life.

Buddhism agrees that fulfilling the fundamental human desire for happiness depends on the actualization of human goodness. But it goes one step further by determining that innate goodness has always been our true nature. The Buddha was adamant that although goodness is our birthright, embodying it requires intentional virtuous striving. Buddhist psychology maintains the centrality of virtue and goodness for psychological well-being. Thankfully, these days that view is finding increasing support in Western psychology.11

During the early part of the 20th century scientific psychology deemphasized virtue and morality in its study of the personality.12 That bolstered Western psychology’s existing tendency to favor individualism and contributed to its ambivalent relationship with morality, some might even say its moral neutrality with respect to the decent or indecent actions of patients.13

The desire to be good is not value-free proposition. Aligning oneself with a desire for wholesome action (kusala kamma) and moral agency requires sustained intention and effort. Do not mistake this for a neurotic need to always be and do what one thinks others want. That ‘trying to be good’ comes from distorted perceptions (saññā) and mental proliferations (papañca) rooted in self-loathing and doubt. Hating oneself is anathema to moral agency and virtuous conduct.

I would like to pose some questions for clinicians to ponder. What role should
psychotherapy play in the cultivation of a person's desire to connect with basic goodness? Can we find a universally agreed-upon standard for virtuous conduct and champion its value in sustaining genuine mental health? If mental health relies on cognitive and affective flexibility and resilience, why wouldn't psychotherapists offer skills to help patients connect with values and virtues that foster patience, willingness, restraint, thoughtfulness, tolerance, curiosity and openness?

It is not my place to insist that clinicians look within and question how willingly they reflect goodness to their patients. But I do think everyone would be better served if the meta-conversation about what a 'good life' or a 'good person' means took place openly and honestly. Being good is not just a matter of competence; it is the precious desire to seek the welfare and well-being of all beings, including ourselves, as best we are able. I firmly believe the powerful aspiration of bodhicitta could be a welcome addition to psychotherapy.

**Bring Desire Onto the Path**

"Bring everything onto the path" is a Vajrayāna Buddhist sentiment. Open your heart and hold this extraordinary attitude toward everything — crisis and loss too. Open your heart and take everything onto the path and through that awaken to your infinite nature. (Thubten, 2012, July 29)

As Stephen Batchelor intimated, the instructions for how one meets and deals with desire vary among the three main schools of Buddhism. The Tibetan Buddhist monk and scholar Jamgön Kongtrul Lodrö Tayé (1813–1899) synthesized teachings from many Buddhist lineages in his renowned treatise *The Five Great Treasures*. His instructions for dealing with desire combined skillful means from Theravada, Mahāyāna and Vajrayāna Buddhism. Each of these paths has merit and, depending on the situation, any one of their strategies may be the best choice for skillfully meeting a strong desire, overwhelming impulse or distressing emotion. The following information is loosely based on Jamgön Kongtrul Rinpoche's instructions.14

*Theravada Buddhism seeks to abandon clinging to desire through clear comprehension and wise action.* The goal is to intentionally realize the *samsāric* nature of all desires and mitigate their arising. In the presence of strong desire, analyze the object of your desire and your responses. Seek to recognize its impermanence, inevitable unsatisfactoriness and dependent constructed nature. Inquire into any self-cherishing or self-clinging that might be fueling intense wanting or aversion. Constant mindful attending and wise inquiry are recommended to increase wholesome desire, reduce the harm of unwholesome desire and lessen the psyche's tendencies toward mindless self-gratification. In the presence of overwhelming craving or distressful emotions, remember the internal and external harm these can cause. Endeavor to limit that harm with mindful, compassionate recognition of suffering and appropriate ethical conduct.
Mahāyāna Buddhism seeks to transform desires and afflictive emotions through Bodhisattvic means. Recognizing selflessness, emptiness and boundless compassion is emphasized in this method. When desire or disturbing emotions arise, Theravada methods for clear comprehension are recommended. While doing so, remain alert for any ego-driven grasping at the pride of being a ‘good practitioner.’ This is especially pertinent when working with disturbing emotions or unwholesome desires, which can catalyze strong aversion to one’s own primordial ignorance and basic humanness. Remembering that all beings are afflicted by strong desire and disturbing emotions deflates pride and stimulates the Bodhisattvic wish to free all beings from similar suffering. Then one can freely practice Tonglen meditation with the Bodhisattvic intent to transform one’s own suffering into liberation for all beings everywhere.

Dzongsar Jamyang Khyentse Rinpoche describes the value of this process:

> From a relative point of view what happens when you take on the suffering of others in this way? Fundamentally, you go against the wishes of your ego. So if your ego wants to be the holiest and most sublime of all beings so it can boast it has no desire or jealousy, this is exactly the practice you need to oppose and resist it. . . . If emotions were not inherently empty, transformation would not be possible because they would be “real.” (2012)

Vajrayāna Buddhism seeks to know desire from within non-elaborative awareness. Rather than recommending the wholesale abandonment of desire and disturbing emotions, Vajrayāna suggests the skillful means of non-elaboration—resting awareness in these phenomena without following their dictates. Since effortless mindfulness is our ultimate aim, it is important to clearly understand the intent and right application of these instructions.

Because all phenomena are impermanent, what has arisen will naturally dissolve on its own. Remaining wakefully present in the actuality of intense desire or disturbing emotions allows us to recognize their appearance as transparent, shifting impressions of an illusory self. Letting be in the presence of internal disturbance loosens the discursive mind’s compulsive, ego-driven need to construct, elaborate upon, or fix experience. This non-reactivity is the fertile ground for clear comprehension and wise action.

Elaborating refers to three conditions: falsely determining through afflictive thinking that internal or external phenomena are of the self or separately existent; emotionally grasping at ending or continuing experience for self-gain or self-soothing; or incorrectly identifying phenomena as anything other than a mere appearance of the innate luminosity of mind/consciousness.

When one looks into the nature of desire, the source of desire is known as the union of emptiness and awareness—*rigpa*, the nature of mind. Every desire, all afflictive
emotions and thoughts, every experience (easy or hard, wanted or unwanted) is welcomed as a cause for the realization of primordial wisdom. Like a snake untangling itself, clinging can spontaneously liberate itself from within the experience of desire. No longer driven by agitated reactivity, the mind dynamically responds from within the skillful play of awakened presence.

**Abandon Clinging to Hope and Fear**

*Being a bodhisattva means to be courageous and not to go looking for a perfect reality or spiritual 'lala land' for yourself . . . to have the courage to run into the samsāra — the life of messiness, pain and misery. True courage is to let go of all hope and fear.* (Thubten, 2012, December 23)

As a child, Yongey Mingyur Rinpoche suffered from anxiety, which exponentially increased when he left his family home and entered monastic life at the age of 11. In his books, Rinpoche recounts the mental anguish he lived with and kept secret during those first few months in the monastery. One day during a lesson with his teacher he finally shared his awful predicament. Saljay Rinpoche asked the novice monk to notice how his fearful thoughts came and went and then suggested he stop resisting his anxiety and make friends with it instead. While at first this didn’t make sense to him, it soon became his refuge from the mental anguish of clinging to hope and fear.

Words like ‘attachment’ and ‘grasping’ don’t really capture the complexity of the underlying nature of this mechanism, which may best be described as a kind of balancing act between hope and fear: hope that things will either change or stay the same and fear of the same things . . . . One of the questions I am frequently asked in public teachings and private interviews is, ‘How can I get rid of hope and fear?’ The simple answer is, ‘By not trying.’ (Mingyur, 2009)

I think every psychotherapist has grappled with grasping at hope for a patient’s healing and fear of continued suffering. Some clinicians keep hope alive for the hopeless or use fear to inspire change in the resistant. Trying to ameliorate or fix another’s suffering by clinging to a wrong self-view (‘I can change them’) binds therapist and patient to the false legitimacy of powerlessness. ‘Not trying’ means being wakefully present, interested in and flexibly interacting with the stream of dependently originated intersubjective phenomena, clearly comprehending causes and conditions while skillfully, compassionately inspiring insight into the nature of suffering.

**Dynamic Responsiveness**

I tell patients that hope and fear fuel mental time travel and obstruct the mind’s capacity for insight, intention and presence. Hope is ethereal. It lives in an undetermined imaginative future disconnected from personal accountability and intentionality. Fear belongs to the past but does not mentally stay there. Agitation in the psyche propels fearful mentation into the present, where its distress
instantaneously transmutes fear into worry about the future. Consequently, much of our moment-to-moment inner experience is taken up with habitual rejecting and accepting. The result is the unsatisfactoriness of unawareness (ävidya) or what cognitive neuroscience calls cognitive-affective automaticity.

The cure for automaticity is awareness (vidyā), and awareness is a choice. When we actively choose to rest in awareness, its immeasurable display is revealed. Recognizing the luminosity of mind in the immediacy of experience dissolves dualism and with it internal fixation on hope and fear. Knower, known and knowing interare, and the psyche becomes an unobstructed vessel for spontaneous responsiveness and dynamic skillfulness. This is the primordial wisdom of effortless mindfulness.

A patient who came to therapy with childhood trauma-related post-traumatic stress disorder and alcohol dependence recently shared a pivotal experience of spontaneous insight and effortless responsiveness:

I am becoming more comfortable with knowing what I need and noticing thoughts that before would have kept me from simply asking my son to take care of a task. I just did it without feeling any guilt or shame. That made it possible to take my time and drive to the social event in a relaxed way. When I arrived I was not feeling anxious, like I normally do. I poured myself a glass of ice water and started saying hello to people. It was so strange. I have known many of them for years and have intense opinions about them—lots of it negative or fearful. But I found myself not judging them, just being with them as they are. I let them talk and really listened without the stream of anxious negative self-talk. I was actually with them! After some time, the hostess asked if I would like a glass of wine. Normally I would have already had at least one or two glasses of wine by that time to lessen the anxiety of talking to people. I said yes, but it didn’t really make much of a difference in how I felt about them or me. I realized the story I had been telling myself about my anxiety and what alcohol did for me, why I needed it, was completely false.

**Effortless Mindfulness: The Refuge of Resting in Awakened Presence**

Effortless mindfulness (rtsol med kyi dran pa) is a technical term used in Mahāmudrā to refer to an advanced stage of meditative practice. I have chosen to use this term not because I am teaching an advanced-stage practice but more because it is the description I hear most from those who experience this practice. This insight meditation is the non-meditation of just being in the open, spacious clarity of knowing, holding onto nothing and resting effortlessly in experience. On the last retreat I attended with Ajahn Sumedho, he kept insisting we surrender into the deathless, which told me, without a doubt, that effortless mindfulness is exactly where Buddhist practitioners land in the end (regardless of their tradition). Once the limitless
luminosity of mind is recognized, the mind will naturally be drawn to the peaceful abode of *awakened presence*. Certainly, that is a refuge every mental health clinician can immediately understand the value of helping patients cultivate in session.

What follows are a series of easy instructions for introducing the practice of effortless mindfulness in your life and in the midst of psychotherapy.

**From Within the Body**

*The concrete presence of mind means that it resides in the center of the body... This is the fundamental awareness present in the body. It is the abolition of all fictions.*  
(Guenther, 1976)

Draw your attention to your gut from within the gut. Attend to the actual physical feeling of the upper abdomen, rib cage and stomach. Rest your awareness in the actuality of how the upper abdomen, rib cage and stomach feel. You may notice the discursive mind label and critique, or the ego having its opinions. Know these phenomena as the mentation of self-clinging; don't grasp, hold or fixate on them. Remain instead with the gut—awareness of the gut. Now let go of any effort to hold attention to the gut and instead *surrender the awareness that knows the gut completely into the gut*. Rest spaciously, knowing that which illuminates the experience of the gut.

**From Within Rumination**

You realize you are obsessing on the past, running scenarios and mentally berating yourself. Locate the awareness that is witnessing rumination. Intentionally watch the mind's activity, scenarios running on like a movie. Know these phenomena as the mentation of self-clinging; don’t grasp, hold or fixate on them. When you notice thoughts cease, let go in knowing itself. Awareness of no thought is the same as awareness of thought. No matter what occurs in the field of mind, rest spaciously, effortlessly knowing that which illuminates all mentation and non-mentation.

**From Within Agitated or Worried Mind**

You realize you are worrying about the future, running scenarios that mentally grip you in fear. Locate the awareness that is witnessing a worried and agitated mind. Know these phenomena as the mentation of self-clinging; don't grasp, hold or fixate on them. Instead, draw awareness into the body, and find any agitated sensations in the body (buzzing or tightness in the chest or gripping in the stomach). Don’t dive into them. Let awareness be open, receptive and at ease—awareness resting at the edge of agitated sensations. Let the mind be soft and surrender into sensation without hoping it will end or fearing it will not end. Let be in phenomena, allowing them to come and go on their own. Rest spaciously, effortlessly knowing that which illuminates all sensation, thought and non-thought.
From Within Craving and Aversion

You realize you want something you cannot or should not have, avoiding or negating something painful. Know these phenomena as the mentation of self-clinging; don’t believe, grasp, or fixate on them. Use awareness to get to know the actual experience of attraction and repulsion. Is it physical? If so, bring awareness to the body’s positive or negative sensational response. Don’t dive into sensations. Let awareness be open, receptive and at ease—awareness resting at the edge of aversive or longing sensations. Let the mind be soft and surrender into aversion or wanting without hoping it will end or fearing it will not end. Let be in the experience, resting spaciously, effortlessly knowing that which illuminates aversion and wanting.

Is your craving or aversion merely mental or emotional? Are you gripped in thinking about it obsessively or emotionally over-wrought? Locate the awareness that is witnessing thoughts and feelings of wanting and aversion. Intentionally watch the mind’s activity as you would a movie. Remain interested and awake. Know these phenomena as the mentation of self-clinging; don’t grasp, hold or fixate on them. When you notice thoughts and emotions cease, let go in that which knows. Awareness of no thought or neutrality is the same as awareness of distressing thought and over-emotionality. No matter what occurs in the field of mind, rest spaciously, effortlessly knowing that which illuminates all mentation and non-mentation.

From Within Awareness Itself

Open your awareness wide; take in as much as you can of what is actually occurring in you and around you. Don’t fixate on anything in particular. If you are doing, just do, and rest awareness effortlessly in the doing. If you are sitting in meditation, let go of any reference point, including fixation on the self. Let be in the wakeful freshness of awareness—the mereness of all phenomena—with no effort to make anything happen or not happen. As Chökyi Nyima Rinpoche instructs (2002):

Allow your mind to be in the natural state,
The unity of being empty and cognizant.
Not fixating on anything,
Not forming any conceptual attitude,
You arrive at the innate nature.
At that moment, no negative or positive attitude is present.
There is nothing to be accepted or rejected.
This is the natural state itself.
For a short while
There is total freedom from samsara,
Total freedom from karma and disturbing emotions.
Even though it is so short,
How utterly amazing!
For a brief moment we have awakened
From the sleep of delusion.

Lojong : Daily Life Training in Awakened Presence

Lojong mind training is a powerful and practical teaching. The essential meaning of lojong is expressed in two phrases: stop placing blame on others or outer circumstances and embrace all unfavorable conditions as the path to awakening. (Thubten, 2013, March 13)

The Tibetan term lo means 'mind,' 'attitude' or thought; and jong means 'training,' 'familiarization' or 'purification.' Atiśa (982–1054), the revered Bengali Buddhist teacher, brought Lojong Seven Point Mind Training to Tibet after receiving these teachings from a Sumatran Buddhist master. Because of its universal applicability, lojong is a preferred method for cultivating awakening in daily life. One of lojong's main tenets is: If we truly cherish our happiness, we must seek the welfare of others. This makes the Seven Point Mind Training particularly useful for clinicians, who, by definition, are constantly engaged in seeking the welfare of others, and for patients, who come to alleviate their suffering.

Like crisis intervention, the first step in lojong mind training is delineating one's primary area of mental or emotional affliction. To alleviate that suffering, lojong specifies contemplative training in discerning self-reflection, compassionate renunciation, vigilant mindfulness and self-restraint. As with the Eightfold Path, the ultimate goal of lojong is the realization of emptiness through wisdom, compassion and virtue. But lojong mind training differentiates itself by encouraging contemplation of the dreamlike nature of mind, self and experience as a means to realizing the 'mereness' of phenomena. This right seeing enables us to regard all aspects of the human condition (even the most despicable) as our precious teacher and bring them onto the path of liberation.

Lojong is engaged Buddhism. It encourages us to courageously heal our own suffering so we can be free to intelligently, compassionately and energetically heal the world's suffering.

One of the central themes running throughout the mind training instructions is the notion of genuine courage... a courage rooted in a clear understanding of the complexity that is our human condition.... The vision is this: a carefree mind rooted in a deep joy. (Jinpa, 2011)

What follows is a practical overview of several aspects of Seven Point Mind Training, with attention to its applicability for developing effortless mindfulness in daily life. I urge you to study lojong in depth and highly recommend Thubten Jinpa's classic text Essential Mind Training for this purpose.
Choosing to Live in Awareness

The Tibetan master Longchen Rabjam (Longchenpa) wrote, "Wherever I go I am always arriving at the truth; wherever I reside I am always residing in the truth," (2001). That truth is the clear comprehending, without any doubt, of the myriad ways in which we create suffering for ourselves and others. Arriving at and residing in this truth is possible only when we choose to live in awareness (rigpa)—wakefully present to causes and conditions, curious and willing to wisely and compassionately avert or end suffering.

D: My mind was quiet. It was the strangest feeling, because normally my mind is talking ‘at’ me a thousand words a minute. What did this new quiet mean? At our next session, I told Lisa about this new development. She smiled and said, “That is awakened presence.” The difference I’ve noticed between mindfulness therapy and traditional talk therapy is the focus on what is happening inside the body and mind versus the mind’s story about what is happening. This inside-out approach gives relevance to whatever it is I’m feeling and gives me permission to just sit with whatever is happening. By quieting myself and really listening to and feeling what my body and mind were telling me, I was able to come to some realizations and finally heal some very old wounds. Being present is an amazing feeling! The focus and openness to the world and myself has been a true gift, one for which I am so grateful.

Lojong mind training begins with the cultivation of The Four Recollections and bodhicitta. To awaken the mind-heart, one must first become aware of the preciousness of human birth and its impermanent nature. These recollections combined with shamatha meditation comprise preliminary training in mindfulness and clear comprehension (smṛti samprajānyā). The second preliminary training arouses the desire for bodhicitta, the awakened heart. One investigates the principles of absolute bodhicitta—the dreamlike nature of self and objects and the unborn nature of mind—and practices relative bodhicitta through Tonglen and the six pāramītas.

Contemplating the dreamlike nature of existence invites us to open to the mystery of perception. The thoughts and feelings that carry so much weight and seem so real are merely dreamlike appearances of the mind. Embodying perception in the five senses allows us to truly see, hear, touch, smell and taste life as it is. The more we can recognize the difference between embodied awareness and the dreamlike nature of mentation, the greater our capacity to joyfully receive experience in all its vividness and to lightheartedly interact with causes and conditions as the cosmic play of an embodied mind-heart.

Living in Interdependence

Seek for the Buddha nowhere else than in primordial freedom itself, which is rootless and groundless — the pure fact of being aware right now. (Rabjam, 2000)
Lojong was created for practitioners who wish to be free of internal strain while living in a world filled with negativity and hardship. When life rips away our delusions of primacy through the sudden death of a loved one, a serious disease, a massive betrayal, a random act of violence or natural disaster, the groundlessness of existence is exposed. Fixating on ‘Why do bad things happen to me?’ and wrongfully placing blame on outer circumstances or others is a uniquely human inaccuracy. We seem to partake in our lives while remaining unaware of how we participate in creating circumstances that lead to unwanted distressful events. This is a pervasive and destructive outcome of primordial ignorance (avidya).

Because we can’t magically make life conform to our wishes, the only workable solution is to bring adversity onto the path of awakening and transform our unskillful responses to suffering. That is the third step in lojong mind training. No one can know the full ramifications of his or her actions. Nor can anyone comprehend all the causes and conditions that lead to the harmful actions of others. Blaming difficulties on circumstances or on others prevents us looking deeply into self-clinging, the true source of all affliction.

Emptiness, groundlessness, freaks out the ego. “The sense of groundlessness leads to great defensive maneuvers to regain ground or significance” (Schneider, 2013). Because destructive emotions that feed blaming—like resentment, anger and vengeance—are primarily fueled by the ego’s strong belief in its own significance, we must recognize self-centeredness as the main hindrance to personal and collective well-being.

To diminish self-centeredness, lojong suggests mind training in kindness, humility and tolerance toward all circumstances and all beings (including ourselves). Here are a few suggestions for how to accomplish this:

- Don’t jump to conclusions.
- Be open-minded and listen.
- Share thoughts and feelings with honesty and truthfulness.
- Be generous in the presence of mistakes—yours and others.
- Compassionately recognize that every human being endures unsatisfactoriness.

But, above all other strategies, lojong mind training advises us to bring all blames to the single source. That source is self-cherishing: (1) putting one’s benefit above all others’ and (2) grasping at ego-delusions and self-idealizations that, whether we know it or not, cause, contribute to or maintain self-and other-suffering. When we see how self-centeredness hurts us, we can understand how others’ self-centeredness hurts them.

Integrating lojong mind training into psychotherapy shifts the focus from altering the
self-view to transforming the root causes of self-suffering. For instance, traditional talk psychotherapy might help a patient feel less insecure by focusing on self-worth. If a patient can recognize insecurity as a mere collection of thoughts and feelings, which the mind reactively rejects as bad or accepts as true, insecurity is no longer something that is happening to them. It is a habitual mechanism of suffering that they are now empowered to follow or not follow. By discerning the dependent nature of insecurity, the patient’s right seeing becomes the antidote to clinging to negative self-cherishing. To further dissolve the self-hatred at the core of insecurity, one can generate the pāramīta of generosity toward oneself or bring to mind all others who similarly suffer and practice Tonglen.

Making Friends With Samsāra

If you can tolerate anything, whatever you do brings happiness; If your mind rests where it’s placed, you can journey anywhere. (Sumpa Lotsāwa, quoted in Jinpa, 2011)

I work in a field where every day is a chance to contribute joy to the world. I have also had the good fortune to work with people who continually inspire me. They bring such courage and fortitude to freeing themselves from forms of suffering that would make most of us recoil or give up altogether. Here is the story of one person who triumphed over tremendous adversity by making friends with her samsāric existence.

L was raised in an adverse childhood environment. Despite ongoing emotional distress she managed to do well in high school. After she graduated from university, worsening depression and anxiety undermined her personal and professional independence. Within a few years she returned to her parents’ home severely depressed and unable to work full-time. Her decline worsened after a failed surgery undercut her mobility. In-patient and out-patient psychotherapy had not lessened her emotional dysregulation. She struggled day to day with massive pain, working part-time at two jobs and spending the rest of her hours collapsed in bed. When L entered therapy with me, she had endured 10 years of ongoing autoimmune disorders, chronic nerve pain, severe suicidal depression and anxiety. Unsuccessful medical interventions had left her with an intense fear of doctors. Defeatism, self-loathing and exhaustion pervaded every cell of her body and psyche.

The first year of our work was challenging for both of us. L interpreted any pain as a sign that nothing would get better. Her long-held inner story of ugliness and unlovability was pervasive. Complex trauma, intense fearfulness, anger and psychophysical sensitivities to most drugs and neuromodulators required a slow and gentle approach. Toward the end of our first year she was using mindfulness and compassion skills on her own with some good effects and began to consider the
possibility of medical intervention.

Our second year of work was astonishing. L finally agreed to see a complementary pain specialist. As her body responded to pharmacological and nutritional treatment, her ability to implement awareness, inquiry and compassion dramatically increased. She spent less time collapsed in bed, joined a weekly chi gong class and was working more hours. With less cognitive and affective suffering, L realized how extreme clinging to hope for a cure and fear of no cure had obscured a life rich with possibility. Around the two-year mark, after her first successful trip in years, she came to a session and announced, “I am happy for the first time in years. I am not physically or mentally perfect by any means, but I don’t hate my body or myself like I used to. I still have chronic pain, but it no longer rules everything I think and do. I have more energy to be helpful to others, which really makes me happy. And I feel beautiful for the first time in my entire life.”

Befriending Your Greatest Challenges Exercise

Let’s begin with some sage advice from Dr. Judson Brewer, “You’re already awesome. Just get out of your own way!” (2013). In other words, get doubting, comparing mentation out of your way.

I am a big fan of faith and encourage everyone to generate faith in their inborn capacities to beat the odds. The potential to develop everything you need to meet any challenge already resides within you, and the Dharma is the supreme vehicle for nurturing that potential. The Eightfold Path and/or lojong mind training help us internally unite around moral principles, which promote right seeing, right action and right mindfulness, under all conditions—especially in challenging situations.

I imagine every mental health clinician has faced the difficulty of working with someone who is averse to or ambivalent toward challenge. Avoidance and resistance are common first responses to challenge in those who suffer from freeze physiology, depression and anxiety. Conversely, lashing out or spiraling out is a common reaction for those overwhelmed by anger, impulses or emotion dysregulation. The failure to thrive can often be rooted in existential fear of one’s power and a resulting loss of will.

To encourage self-empowerment and lessen cognitive-affective resistance and fearfulness, I recommend breaking challenges down into digestible parts by examining motivation, intention, values and commitment. Doing so clarifies objectives and increases determination or ‘guts’—sometimes referred to as ‘fearlessness’ by my Buddhist teachers. Contemplating these four attributes reimagines purpose, stimulates personal investment and steers skillful execution and achievement. This method is especially useful when successfully meeting a challenge necessitates acquiring new skills or greater resources or enduring difficult conditions.
The following exercise will help you analyze a current challenge and create a plan to meet it successfully by exploring motivation, intention, values and commitment. When commitment falters or doubts arise, reconnecting with motivation, intention and values will promote determination and follow-through. As you successfully work with this particular challenge, remain open to new challenges or the realization that what you thought was hard did not turn out to be very challenging in the end. Consider carefully any hopes and fears that may have distorted your perception of what you are capable of achieving, and let them go. Use this process to practice meeting life’s challenges with greater courage, humility and, of course, awakened presence.

Choose a current life challenge.

**Motivation**

What motivates you to meet and master this challenge?

---

What skills, knowledge and resources do you already possess that will help you?

---

What skills, knowledge and resources do you need to accumulate?

---

*Take some time to consider the following questions:*

How would meeting this challenge impact your sense of purpose or meaning?

How would surmounting this challenge transform the way you show up in the world?

How would mastering this challenge alter the way you feel about yourself?

**Intention**

What intention will inspire the courage to meet this challenge?

---

When your motivation wanes, what intention will reconnect and reinvigorate motivation?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What intention will inspire you to persevere in times of difficulty, fearfulness or doubt?</td>
<td></td>
</tr>
<tr>
<td>What is your intended outcome?</td>
<td></td>
</tr>
<tr>
<td>What compromises are you willing to make to ensure a mutually beneficial outcome?</td>
<td></td>
</tr>
<tr>
<td>What is non-negotiable?</td>
<td></td>
</tr>
<tr>
<td><strong>Values and Virtues</strong></td>
<td></td>
</tr>
<tr>
<td>What values and virtues are important to embody as you meet this challenge?</td>
<td></td>
</tr>
<tr>
<td>What values and virtues will help you cultivate resilience, creativity and the ability to successfully meet obstacles along the way?</td>
<td></td>
</tr>
<tr>
<td>How will meeting this challenge contribute to the well-being of others?</td>
<td></td>
</tr>
<tr>
<td><strong>Commitments</strong></td>
<td></td>
</tr>
<tr>
<td>Get started with small steps to meet this challenge to build confidence in your abilities: Choose one easily achievable goal:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>have it accomplished in _____ days.</td>
</tr>
<tr>
<td>Investigate a more challenging goal:</td>
<td></td>
</tr>
</tbody>
</table>
and have that accomplished in _____ days.

What allies and resources can you commit to gathering in the next _____ day/weeks?

Pick an activity for developing one of these resources and do it in the next _____ days/weeks.

On a scale of 1–10 (1 = not confident at all, 10 = totally confident), how confident were you before this exercise in your ability to face this challenge? _____ And now? _____

Notes


Who Am I Now?
3:: Who Am I Now?

Another weekend brings another argument between Desmond and his daughter Mary. This time, they’re discussing the wedding of his granddaughter Lauren in a few weeks’ time. Desmond and Lauren have always been close, and he’s pleased to see her finally getting married to that young man she’s been living with these last few years, especially now they’ve a baby on the way.

The problem is that the wedding ceremony, the photographs and the reception will involve a lot of walking and standing around, and it’s clear to both Desmond and Mary that he’s not going to be able to manage all of that.

Desmond’s solution is to say he won’t go at all, because he doesn’t want Lauren’s big day to be spoiled by a wheezing old invalid slowing everything down.

Mary’s solution is that he should use that nice fold-up wheelchair that she got for him; that way he can stand and sit normally for the bits that matter to him (the ceremony, the photographs), but between times one of his children or grown-up grandchildren can push him around.

And that’s where the argument starts, because Desmond’s reaction is an absolute ‘no’. He says, ‘I might not have my health, but I’m not going to be pushed around like a cripple; I’d rather be six feet underground than have people look at me with pity. I’ve always been a strong, independent man and I’m not going to have people see me like that.’

Although Desmond expresses himself bluntly (as you might expect from an old sailor), his reaction to the idea of using a wheelchair is not uncommon, and though resistance to using a wheelchair is well known, people are reluctant to accept many other things that might actually help – medication, a walking stick, an adapted bed or bathroom. There can, of course, be many different things going on behind this, but one of the commonest – as in Desmond’s case – is that this new thing doesn’t feel to the person in question as if it fits them – other people may need them, and benefit from them, but I’m not one of those people.

And because it will really matter if Desmond misses his granddaughter’s wedding, it’s worth us spending some time on just how this sense of ’Self ’ comes to get in the way so badly, and look at some other ways of approaching it that may prove more useful.

6.1 How your Self can get in the way

This is what Desmond experiences: he has a particular view of what is and isn’t OK for the kind of man he is. Now, we might well disagree – possibly strongly – with his perception of what it means for someone to be a wheelchair user; I dare say a large
number of people including Paralympian athletes would want to take issue with the idea that they are objects of pity and reduced to ‘being pushed around like a cripple,’ in his words. And anyone trying to help Desmond reconsider his decision might want to challenge some of that.

However, even if he modified these views, there’s a strong possibility he wouldn’t be much more accepting of the wheelchair for himself. Working with people who are adapting to change in their lives, time and again I have conversations like the following:

MRS SMITH: ‘I know the stressed and panicky feelings come from all the stuff that’s happened to me – the illness, the treatment – but I still shouldn’t be pathetic enough to get into such a state.’

ME: ‘If you met someone else, and heard she’d been through all the same things as you, and now she was feeling stressed, would you say she was “pathetic” for being like this?’

MRS SMITH: ‘Of course not … I’d say it was fair enough.’

ME: ‘So can you say “it’s fair enough” that you get stressed by what’s happened?’

MRS SMITH: ‘But it’s different; I can be all understanding for them, but I shouldn’t be like that!’

Changing an attitude to the situation (whether that’s panic or wheelchair use) is not enough in these situations, because a fixed and rigid sense of Self – who I am – gets in the way; maybe it’s OK for other people to use a wheelchair, or have panic attacks, only eat soft food or whatever other limitation or adaptation applies, but that’s just not me.

Experiencing the difference between how you see things are and how (you believe) they ought to be – sometimes called ‘dissonance’ – has been at the heart of many approaches to psychology, from Freud onwards.58, 59, 60 Broadly, a big difference between the two (lots of dissonance) seems to be uncomfortable and will often lead to action to close the gap. So, where reality is worse than how you think things ought to be – for example, you’re less fit than you believe you should be – you may be motivated to bring reality ‘into line’ with your expectation, in this case by exercising. Except, as the many of us who struggle with this know, it isn’t always quite that easy; other things get between the intention and the action (e.g. lack of time, lack of opportunity, laziness, lack of persistence).

Sometimes, though, we just can’t bring the reality into line with our expectation, because the expectation is unrealistic; so our expectation to become as fit as an athlete is no longer possible even with the best motivation in the world, because some limiting factor exists – such as an LTC that affects muscle or leaves energy levels
severely impaired. The risk is that you are then stuck between your idea of what ought to happen and what is actually possible – always disappointed, always frustrated.

The other logical answer to prevent this frustration, though, is not to alter a reality that cannot be altered, but, as the Stoic philosopher Seneca taught, to adjust our expectations,61 basically develop a more realistic view of how things are, so the gap between expectation and reality isn’t so huge.

Seneca was largely talking about our expectation of others and of the world; however, that same principle operates with expectations of ourselves. Maybe sometimes it’s not our expectations of the world that need changing, but our expectations of ourselves. Maybe we’ve always been unrealistic about our ability to be a great athlete, a great singer or someone who is entitled to be completely happy all the time.

Or maybe we have changed, but our idea of ourselves hasn’t, so what was once a reasonable expectation isn’t any longer. In Desmond’s case, above, a few years ago he could easily have been on his feet all day – that was a reasonable expectation of the ‘old’ Desmond, but not now. And if he compares himself now with himself then, he’s likely always to fall short.

So two of the main ways that my ideas about myself can get in the way are a fixed image of who I am that doesn’t match reality and (sometimes causing that) a tendency to hold on to who I used to be, even though things have changed. The rest of this chapter will discuss ways of trying to deal with these problems.

6.2 Old Self, new Self

‘I’m just not the person I used to be.’ This is one of the commonest things I hear from people trying to adjust to illness, disability or simply aging. And of course, in one sense it’s true; many of the attributes the 21-year-old you had are not there in the 51-year-old you – you may not have the same energy, shape, stamina or fitness. Your visual and mental acuity might be a little less sharp, your hair may be a different colour (or gone), you may be less optimistic, and so on. And there may be positives too – you may have more wisdom, more knowledge, more skills and a wealth of experience of how to deal with challenges that simply weren’t there as a youth. It’s important to remember those (and other) gains, but they don’t mean the losses don’t hurt.

Actually, the recognition that you’re not the person you were is the battle half-won; because, in our example above, Desmond hasn’t fully realised the fact that he has changed and is now exactly the kind of person who makes occasional use of a wheelchair. We’ll arrive shortly at the other half of that battle (having realised the change, then accepting it). But first, it’s worth taking a few minutes to apply it to yourself.
Exercise 6.1: Old Self/new Self

This exercise should clarify how this changed sense of Self applies in your life. It might turn out to be no great deal at all for you, but I should also warn you that thinking carefully about this stuff can sometimes be quite an emotional business. So make sure you’ve got enough time to carry on through it, and aren’t doing it somewhere you wouldn’t want to get upset (on the train, at a café). If you do find yourself getting upset, please don’t just give up on the exercise, remembering what we said in Chapter 4: that avoiding doing things because they make us feel bad can lead to a narrower life. So resolve to go through with it, even if you do need a few minutes’ break/cup of tea to settle yourself back to it. We will get to a different way of looking at this issue, but first it needs be confronted.

Take a sheet of paper and divide it into two columns, and head them ‘THEN, I was …’ and ‘NOW, I am …’ as in Figure 6.1 (or use Figure A1.11 in Appendix 1).

<table>
<thead>
<tr>
<th>THEN, I was ...</th>
<th>NOW, I am...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 6.1 Aspects of yourself in the past and in the present from Exercise 6.1*

For the ‘THEN’ column, add qualities that defined you at some point in the past – that could be pre-illness, or in your hey-day (whenever you see that as being). Make the list as long as you like, but try for at least eight or ten items. Those items could be psychological (e.g. ‘THEN, I was ... confident’) or physical (e.g. ‘THEN, I was ... able to walk for miles’), social (e.g. ‘THEN, I was ... in a successful relationship’), or indeed of any other type that seems relevant to you. It might be useful if there were some items you consider negative alongside those you consider positive (e.g. ‘THEN, I was ... socially awkward’), but only if you can think of some.

And next, do the same for the ‘NOW, I am ...’ column. The same rules apply; you may find yourself mainly putting in ones that ‘match’ the items from the first column (e.g. ‘THEN, I was ... confident’, ‘NOW, I am ... shy and anxious in public’), but there might also be aspects that don’t have any equivalent in the ‘THEN, I was ...’ column. Some (many?) may, of course, have stayed the same, and it might be good to see if there any positive ones alongside the negative.

So for Alina, the young woman with chronic pain problems we have been following, the
results might look something like this:

<table>
<thead>
<tr>
<th>THEN, I was...</th>
<th>NOW, I am...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slim</td>
<td>Fatter</td>
</tr>
<tr>
<td>Attractive</td>
<td>Unattractive</td>
</tr>
<tr>
<td>Sociable</td>
<td>A loner</td>
</tr>
<tr>
<td>Fit</td>
<td>Unhealthy</td>
</tr>
<tr>
<td>Able to work long hours</td>
<td>Unable to work long hours</td>
</tr>
<tr>
<td>Building a good career</td>
<td>Going nowhere</td>
</tr>
<tr>
<td>Intelligent</td>
<td>Still intelligent, though not using it</td>
</tr>
<tr>
<td>...and so on</td>
<td>...and so on</td>
</tr>
</tbody>
</table>

*Figure 6.2 Aspects of Self in the past and in the present – example*

So, what do you do with your list? Take a close look at it, especially noticing the following.

- I imagine the 'NOW' list is more negative than the 'THEN' list. If the changes your condition has brought have all been positive, I very much doubt you’d be reading this book! At the same time, though, if there’s only positive things about your old Self, and only negative things about your current Self, it may be that there’s a distortion creeping into your view; sometimes when our situation is genuinely worse than it used to be, we recall the past as even more entirely wonderful than we would have said at the time – a kind of 'halo' effect. Nostalgia can be pleasant, of course, but in this context it can be quite dangerous; an idealised past can be toxic in at least two ways – it can give an unrealistic target for what you are capable of at your very best, and it will make the present seem even harder to bear because you’re comparing it to an exaggerated ideal past.

- How accurate are the negatives? As well as overestimating how good things were in the past, we can underestimate the present. Are there other important positives to the present that aren’t listed? Are the negatives too strong or absolute? It’s worth trying to check for any obvious distortions; however, you won’t be able to reason away all (or maybe any) of them – and that’s not what we’re trying to do. Rather, just amend any that seem ‘over the top’ once you look at them again.

- Of the negative things in the 'NOW' column, how many are you genuinely stuck with? For example, Alina might truly be less fit and less able to work long hours than before. However, being ‘less sociable’ is a way she’s choosing to behave rather than something dictated by her condition. That bit can change; it might not be easy, but it can change. We’ll look at that more in the next two chapters.

- Accept the present, mourn the past. If you think that the contents of the NOW column do indeed accurately represent you now, take a good look at them. It may
not be comfortable, but it is better to get used to the new reality than to carry on assuming that you're 'really' the person in the THEN column – many years ago or before the condition. When I use the word 'accept' here, I'm not meaning you have to be pleased about it, or that you have to give up on improving aspects that can be changed (e.g. Alina could make a concerted attempt to lose some weight). Rather, as we saw in Chapter 4, I'm advising accepting that 'this is the way things are at this moment'. That equally means accepting that things have changed from how they were before (in the THEN column of the exercise). That's no small task, because there may be aspects of 'I, THEN' that you really liked and you really miss. So, it's understandable that you mourn that version of yourself; and I think 'mourning' is the right word, because that's what we do when we're sad at the passing of something important, even though we accept that it has really gone.

The way I explain this to anyone familiar with computer software is that we are talking about 'versions'. Most long-lasting computer programs (and I mean word-processors and spreadsheets rather than many games) keep changing subtly – known bugs are fixed, new features are added. To help keep track of how up-to-date your copy of the program is, the developers will 'number' them. So, initially, your word-processor or spreadsheet may be Version 1.0, but with updates it will become Version 1.1, Version 1.2 and so on. At some point, however, there may be a more major re-design; it will still be the same program at heart, but the changes will be great enough for it to be called Version 2.0. And then, as its own bugs get fixed and newer features are added, that becomes Version 2.1, Version 2.2 and so on.

The reason for discussing this is that it fits some aspect of how we change ourselves; we are constantly changing a little at a time (e.g. Version 1.5 to Version 1.6). But sometimes a much more major change comes along that is more like moving from Version 1.7 to Version 2.0. It's still the same program – the spreadsheet hasn't become a database, 'Microsoft Word' hasn't become 'Adobe Acrobat' – but things have moved on significantly, and they are unlikely to stop moving on as there will be a Version 2.1, 2.2 and so on.

This way of looking at it allows you to acknowledge the continuity of yourself, the constant change, but at the same time acknowledge the significance of some shifts. And though you may remember Version 1.7 with more fondness than Version 2.0, thinking of them this way helps to reinforce the difference between 'I, NOW' and 'I, THEN'.

Having become clearer about the differences between 'I, NOW' and 'I, THEN', and acknowledged that we understandably preferred Version 1.7 to Version 2.0 and will not (and should not) forget our old Self, the important thing to watch out for is the tendency to make comparisons.
Still on holiday, Bill is cooking a barbecue for his family on a pleasant evening. Clumsily, he knocks into one of the supporting legs of the barbecue and it begins to tip over. Unable to touch the hot top surface, he tries to stop it by grabbing at one of the legs, but doesn’t now have the strength of grip in his hands to hold on, and all the cooking food slides off on to the ground. Though his family see the funny side, he is furious with himself, thinking ‘Before the MS, I’d easily have stopped that,’ and he spends the rest of the evening in a far worse mood than a few spoiled sausages merit.

Caroline, however, has had a good day. She’s had barely any time for her voluntary work at the local day centre since Geoff’s accident. However, they were so desperate for help for their summer fund-raising fair that she agreed to organise the refreshment stall. And though having Geoff next to her was often more of a hindrance than a help, she manages it well despite business being brisk and several minor problems needing to be sorted out. She is thanked effusively by the organising committee, but when talking to her sister on the phone, she is dismissive of what she has done: ‘Yes, it all went pretty smoothly, and I know I haven’t done anything like it for a while, but honestly – before all this, I’d have been running the whole event, and a lot more professionally than this lot managed. Don’t you see, the fact that it seems like a big achievement to sell a few teas and cakes show just how far I’ve fallen.’

In each case, the current event, whether bad or good, is not reacted to in its own terms, but instead makes the person compare their current Self with their previous one, and come off worse in the process.

It’s as if we get stuck inside a particular ‘story’ about ourselves, or a set of stories. Desmond has a story about being strong and independent, Alina about being popular and attractive, and Caroline has one about being overburdened and carrying all the responsibility. It’s not a question of how accurate these stories are, but simply that, when we define ourselves in terms of them, we become trapped, less able to spot alternative ways of acting. In short, less flexible.

This also illustrates a much wider point: when we get lost in thinking about things, particularly the past, we lose track of what’s happening in front of us – it gets harder to make accurate judgements, harder to give things as much or as little credit as they deserve, and harder to get on coping with life. We’ve already touched on that in our section on present moment awareness (Chapter 5) and defusion (Chapter 4).

6.3 Social Self

It would be a mistake, when considering ‘Self’ and the problems it brings, only to consider how you make sense of it inside your own head. Because who we are is also greatly affected by others.

Some people, it’s true, seem to be pretty much the same whether in a work setting, a
private one, alongside a bishop or in a bar. But for many people, their characteristics change with the setting they're in, and particularly with the people around them. One way of looking at this is that some people are just better at matching how they present their 'real' Self to the situation they're in – a trait that is sometimes called 'self-monitoring'. Those who are very aware of how others are around them and alter their own behaviour to fit in are sometimes called 'high self-monitors', while those who tend to act more consistently, irrespective of who is around, are 'low self-monitors'.

But if we think about the person who is different in different settings, which is the 'real' him? If someone is polite but brisk in the office, loud-mouthed and comical in the pub, and short-tempered and controlling in the home, which one is the 'real' him, and which are the masks that he puts on?

Many of us would suspect that there actually isn't any one 'true' Self – that all those traits and mannerisms that make up a person are in part at least a creation of the person's environment, and so every version is equally truly 'them'.

There are certain problems that can crop up because of our social Selves – the version of ourselves that others see. True, some people find it comforting to 'play a role' in times of difficulty, even if they're feeling shaken by a recent diagnosis or unpleasant symptom. The idea of, for example, putting their work clothes on and playing their usual part of office joker or stern boss can be a welcome interruption to worry and doubt.

The difficulties come when the social role we play becomes a limitation on our flexibility – by which I mean that we avoid doing something useful because it's not what others would expect of us, or because we fear their disapproval or pity. That was part of Desmond's reluctance to use a wheelchair at the beginning of this chapter; not only did he not like the idea of being a wheelchair user, he also didn't like the idea of others seeing him as someone who uses one.

One of the main goals in dealing with LTCs is being able to make the right adaptations and changes in order to get the best quality of life under difficult circumstances. Anything that holds us back from spotting a useful change or from putting it into practice is reducing our flexibility, and so reducing our quality of life. Being trapped by our public image is one such limitation on flexibility.

It would be tempting to say that you'd be worrying over nothing in this regard – that no one will bat an eyelid if you suddenly act very differently if that's what's good for you. Well, sometimes that's true, and certainly on the wheelchair issue it's often the case that close friends and family are just pleased to see you out and about rather than a prisoner in your own home. Others, though, will indeed sometimes react in an unhelpful manner.
When one of her oldest friends decided to throw a big party before moving back to the Czech Republic, Alina initially decided not to go; she couldn’t face being at a big night out, looking and feeling fat and unable to dance all night like she used to. But that friend, Evka, has been worried about the changes she’s seen in Alina, and has been working hard to persuade her to come, out of duty if nothing else.

The evening has arrived and, despite her reluctance and anxiety, Alina is actually having a good time. She’s dressed differently than she normally would (to cover up her changed shape as best she can), and she’s only allowing herself to get up for one dance in every four or five, rather than being on the dance floor the whole time.

And then one of the young men she used to work the fields with drunkenly tries to drag her up on to the dance floor; when she refuses, he accuses her of being ‘boring,’ and that maybe if she danced more she might lose a few pounds ...

Most of us would be able to sympathise with Alina’s horrified response to this; not only has the man been rude to her, but he has voiced the very things she believes and hates about herself. And it’s usually those things that hurt us most, rather than things we know to be untrue. No wonder this incident makes Alina believe she should have stuck with her original plan of staying home, and never come out to anything like this again.

Evka finds Alina crying in the toilets, fiddling with her phone to try to arrange for a taxi straight away.

‘Come on,’ says Evka, ‘Greg is just being a drunken jerk, like usual. Since when did any of us take any notice of what he says?’

‘He’s right, though, isn’t he? I am fat and I am boring and I should never have come here.’

Evka isn’t quite sure how to reassure her friend, but (bolstered by the drinks she’s already had) decides to be bold.

‘Listen, Alina; you came here for a reason tonight. You did it because you wanted to be a good friend to me. And I think you did it because, despite your illness, you’d still like to be around people, enjoying the atmosphere. I’m really sorry Greg upset you, but seriously, if you run home and hide under the duvet every time something about this illness upsets you, then you’re in for a lonely time. At times we’ve all got to put up with feeling bad if we’re going to do any of the things that matter to us. So maybe we start by heading back out there and getting on with my party; after we’ve re-done your eye make-up, anyway; honestly, it makes you look like a depressed panda.’

It’s unlikely that Evka’s Bacardi-fuelled pep-talk is going to make Alina suddenly accept all the suffering in her life with complete tranquillity, and never have another tear or moment’s regret about her pain. However, the essence of what she says – that our lives
are impoverished if we give up those things that matter to us in order to avoid discomfort – is at the heart of this book's message, and we'll look at it further in the coming chapters.

So we've seen that the expectations of others can – if we let them – be a limit on our ability to use a new tool (e.g. wheelchair) or coping strategy (e.g. pacing yourself on a night out), and how that can lead us to deny ourselves things that matter. That doesn't make it easy to accept the shame, or the resentment, the anxiety or whatever other unwanted experience is brought about by doing the thing that's right for you, rather than what others expect (or that you want them to see). You'll need to look back at Chapter 4 to remind yourself of some of the ways to cope better with, or indeed accept, the presence of these feelings.

Before we move on from 'social Self'; there is another important aspect of the relationship between 'who I am' and other people, and that is ...

6.4 Self-as-burden

One of the hardest aspects of Geoff's brain injury for Caroline to deal with is his lack of insight; he doesn't notice, or he forgets, what he cannot now do. He'll commence an ambitious DIY project, only for it to descend into chaos within the first few hours. Or he'll make complex arrangements for meeting relatives in town, and genuinely believe that he'll remember the details, so doesn't bother writing them down; inevitably, within minutes he will have forgotten everything.

And yet Caroline will sometimes be taken by surprise by his understanding.

One evening, Caroline slumps into her chair with a sigh, and is telling Geoff about the long list of things she's had to do that day, and how tired she now is, when she notices that he's started to cry, something she's almost never seen him do.

It takes some coaxing to get him to say what's upset, him; but eventually he says:

'You're so tired all time, and you get ill; you're running around looking after me, or doing stuff I should be doing for you. You should just be doing things you want to: looking after the grandchildren, doing your voluntary work. Instead, you're so sad and worn down; and I'm doing that to you. You'd be so much better off without me – I'm just a burden.'

Working as I do with people with cancer, degenerative conditions or severely limiting LTCs, I hear variations of this all the time. And I know my colleagues who are nurses, doctors and care assistants do as well. Speaking personally, it always hurts a little to hear it, because it's usually so deeply meant and deeply felt. It's often at its strongest in relation to partners and close family, because, in loving them, we mostly want to make their lives more full of happiness, rather than filled with fatigue, worry and restrictions that being a carer can bring. And I think that's often especially true when the ill person
was previously a main care-giver; like a mother who saw her role as enabling her children to flourish and live an independent life, and now sees these grown-up children putting aspects of their own lives ‘on hold’ to care for her.

Within the tremendously controversial area of requests for euthanasia, one aspect that concerns many professionals in my field is the motivation (sometimes well hidden) to die quickly not because of personal physical or emotional suffering, but rather to relieve the perceived burden of care for partners and children.

How can we respond to someone feeling this acute sense of being a burden? It's natural, but I'd say unhelpful, for the partner to blatantly lie and claim that there is no extra work, that any increased responsibility for childcare, housework, bread-winning or transport is not tiring, that disrupted sleep from helping their partner with night-time medical routines has no effect. To a greater or lesser extent, these things do have an impact, and as the condition is long term, so generally is the impact.

If we accept the reality that there is indeed a 'burden' on the care-giver, the important thing is to be ruthlessly clear about exactly what that burden is:

The illness is the burden, not the person who has it.

So, in Caroline's case, it is the brain injury that is the burden, not Geoff himself, who doesn't choose to have these needs. That might sound as if I'm splitting hairs, but, if so, then it's a really important hair to split, because buying into that unhelpful and inaccurate belief that you personally are the burden actually just increases the sum total of suffering going on; neither you nor your carer/partner benefits from adding guilt, self-loathing and depression to the problems that already exist.

Many people have reached the same conclusion about the importance of recognising the difference between 'the person' and 'the illness'; we would rightly be upset these days if a doctor were to refer to someone you loved as 'the case of Parkinson's Disease in Bed 12' (and thankfully that seems a lot less common than it used to be). But just as we shouldn't tolerate others regarding us just as our illness, we shouldn't fall into doing it ourselves. The simple fact is that you are the person who has that condition (alongside a million other attributes); you are not that condition.

And we can go further in thinking about this. When talking to a couple where the question of 'being a burden' has come up, I'll often discuss the idea that the illness is the burden, not the person, because the person didn't choose this. And, instead, I ask the couple to consider that an illness comes into that couple's life, and affects both of them in different ways. It is as if it reaches into one person and causes pain, or reduced mobility, fatigue or whatever the relevant physical symptoms are, and it reaches into their partner and creates tiredness, and worry, and too-many-things-to-do, and so on. In doing so, I encourage them to see the condition as an almost 'external' thing, with
tendrils reaching into each of them creating these effects.

This is mainly to reinforce the separation of 'condition' and 'person' to undermine the sense of self-as-burden. Though, to reiterate what was said in Chapter 3, remember that you can never really prevent a thought from occurring or successfully eliminate it; recognising that you don't buy into it helps you retain some distance and reduces the extent to which you see the world through its eyes.

There's a second reason for putting forward that image of the illness as a separate thing reaching into all the family members: it can help couples visualise the problem as something they can face together. To go back to the title of this book, they can face that as the enemy, rather than feeling like it's a battle between them.

Incidentally, the importance of not seeing our selves in terms of particular attributes (that we aren't too fond of) certainly isn't new. A well-respected American psychotherapist called Irvin Yalom wrote about one of his patients, a man with advanced cancer, who one day realised that he was more than just his worst attributes; he said he had been in a meeting, staring down at his feet, when it struck him that just because his shoes were shabby didn't make him a shabby person – he was much more than that one aspect of himself. His phrase 'I am not my shoes' became a shorthand for not judging oneself by one attribute.63

And, finally, this perspective on 'who I am' as being separate from 'the condition I have' or 'things that have happened to me' can point towards a different way of looking at what the 'Self' is.

6.5 What does 'Self' mean?

I can appreciate that this may sound like an abstract and rather philosophical question to ask, but I think it's directly relevant to coping with an LTC – or indeed life in general.

Why? Because in this chapter we've seen several examples of how your view of yourself can cause problems – Desmond did miss his much-loved granddaughter's wedding because of it, Bill spent part of his family holiday furious with himself because of it, Alina almost gave up entirely on socialising and Caroline's husband decided he was ruining her life because of how he saw himself. If the 'Self' brings such problems, it must be worth looking at what it actually is.

6.5.1 The Observing Self

To start with, let's return to a question that may have struck you when we were looking at 'versions' of the Self, in section 6.2 above. The emphasis was upon recognising and coming to accept the changes in ourselves that time inevitably brings, and especially if illness or other adversity comes along.
But if there's so much change in the Self, what exactly is there that stays the same? Or, to put it another way, just how much change can you experience and still be 'you'? Are we just like the broom someone claims to have had for 40 years, even though they've replaced the handle twice and the head three times? The analogy isn't too far-fetched, because the overwhelming majority of cells in any of our bodies are dying and being replaced all the time.

From the ACT approach (and similar ideas have been long held elsewhere), there is one sense of the 'Self' that is continuous, no matter what changes happen to a person: that which observes those changes. When you practised defusing from thoughts in Chapter 3, there was a part of your mind that was noticing the thoughts, separate from the thoughts themselves. Similarly, in noticing unwanted feelings in Chapter 4. And the same observing part of the mind was in the 'staying present' exercises in Chapter 5, noticing when the mind wandered and gently bringing it back to the here and now.

Sometimes, that's referred to as the Observing Self, and it's the part that stays the same while everything else changes – it's the common element in the me of 30 years ago starting at university and the me of today; two quite different versions of me with different experiences, knowledge, assumptions, physical attributes, scars both physical and emotional, family and so on and so on and so on.

Being clear about the separation of this pure, Observing Self can help us step back from the melee of thoughts, feelings, symptoms and events we experience from moment to moment.

And if you just leave it at that – recognising there's an Observing Self that can ride the storm of moment-to-moment experience, no matter how turbulent it is – then you will be able to avoid many of the problems we've discussed in this chapter.

However, we can take that thinking a little further. It's a relatively new approach that can seem a little more complex at first, but it opens up new possibilities for making sense of and then dealing with our experiences. Please feel free to skip to the end of the chapter if you prefer, but if you're interested, read on.

6.5.2 Flexible perspective-taking

Recognising the Observing Self is useful. And we can then start considering in more detail what is being observed and how; which brings us to the act of 'perspective-taking'.

If we talk of an artist taking a perspective in painting something (a landscape, maybe), then we'd mean that they were looking at a particular thing (a mountain) from a particular place (a valley); and, if we think about it, we should add at a particular moment (twilight). Changes to any of those elements of the perspective would lead to a
different painting; for instance, Claude Monet painted many images of London’s Houses of Parliament from across the Thames; they varied in time of day, with resultant variations of weather, and are remarkable viewed side by side\(^6\) (easily done online, impossible in any one gallery).

So perspective-taking means observing something from a particular place at a particular time. Arguably the most important perspective we take in our own lives is of I, HERE, NOW; I’ve been introducing those words (complete with capitals) gradually over the last few chapters. To look at them in more detail:

- **I** (as distinct from YOU/HIM/HER/IT/THEM): it is the thoughts, feelings, sensations and experiences that are happening in me, and to me, which I’m observing. Not the thoughts, feelings or experiences of someone else.
- **HERE** (as distinct from THERE): the observation is of what is happening in me, to me and around me in this situation – not what is happening elsewhere or what might happen if things were different.
- **NOW** (as distinct from THEN): the things happening right now, rather than last week, last year or next year.

Many elements of this I, HERE, NOW stance have cropped up before in this book; in Chapter 3 we’ve practised recognising that thoughts are not realities, but are things happening inside us which we can step back from, observe and not get tangled up in (defuse from). In Chapter 5 we practised recognising and returning to the here and now, rather than losing track and getting caught up in other places and other times.

It’s important to understand, though, that being I, HERE, NOW is not everything, and is not the only stance we want to take. You may want to reflect on and learn from what you experienced last time pain and fatigue stopped you from going on an evening out: you would then be taking the perspective of I, HERE, THEN.

Equally, we may want to think about what we would do if we were currently in a different situation – for example, I might wonder if I would be better off if I was doing this job in central London rather than rural Herefordshire? My perspective at that moment would be I, THERE, NOW (and I being the person I am, the answer would definitely be ‘no!’).

Or I might be talking to a colleague at work and trying to understand why she seems irritated by what I am saying, in which case I’d be using YOU, HERE, NOW.

Why do we emphasise these particular components (I, HERE, NOW)? For several reasons:

- We’ve already seen that it’s important to be able to stay in the HERE and NOW rather than allowing your mind to be dragged off into future, past or elsewhere.
• It looks as if one of the basic ways that children learn to make sense of how they relate to all the other things and people in their world is by learning to tell the difference between I and YOU (or HIM, HER or IT), between HERE and THERE, and between NOW and THEN. These continue to be at the core of how we approach the world.

• Being able to put yourself in another's shoes (e.g. YOU, THERE, THEN) allows you to make better sense of their actions and responses. It increases your ability to appreciate their emotional reactions (empathy) and allows you to recognise how others may have a different view of the situation – in psychology, this is often termed 'Theory of Mind' and is the foundation of social living.

• It helps us to recognise that things change (from THEN to NOW) and distance ourselves from fixed ideas of how things 'always' are for us, or how we should 'always' be.

To apply this back to coping with LTCs, I pointed out earlier how different aspects of 'Self' caused problems for each of the people we've been following. Let's look at that again, using this 'perspective-taking' view of what the Self means:

• Desmond missed his much-loved granddaughter's wedding because he couldn't accept being someone who needed to use a wheelchair. He was seeing himself in terms of I, HERE, THEN rather than I, HERE, NOW; he is still him – the Self observing what is going on is I – but the NOW component has changed with his deteriorating health. Seeing the NOW version of himself as someone willing to use a tool (a wheelchair) for an important job (attending the wedding) might not be easy, but will allow him to make more of his life.

• Much the same is true for Bill, angry with himself for lacking the strength to stop a barbecue toppling over. Expecting himself to have that strength is part of I, HERE, THEN thinking rather than I, HERE, NOW; recognising that change and being able to take the new perspective may help him accept the change – even if there is still regret at the difference.

• Caroline's husband Geoff became distraught at the idea of being a burden to her. We've already discussed a different way of looking at that – namely that the condition is the burden, not the person. Caroline herself, however, was able to make a shift in perspective during this conversation, from seeing things purely from the I, HERE, NOW position to the YOU, HERE, NOW position – seeing the situation through Geoff's eyes. And Caroline being the person she is, she'll be far more careful about taking account of Geoff's reaction to what she says, no matter how overwhelmed with responsibility she feels herself.

But can we get any better at recognising these perspectives, and taking others? I'd say yes.
Exercise 6.2: Flexible perspective-taking

Watch some TV (rare that a psychology book will advise that ...), looking out for some sort of drama (maybe soap opera) where you have the chance to learn something about the characters. A ‘fly-on-the-wall’ documentary might also be good. Look out for a scene involving at least two people in conversation.

Now try to see that situation from the point of view of one of the participants. What do they seem to think about the situation? How do they feel emotionally? How might they feel physically during that scene?

Now switch to the other character’s perspective. What are they feeling? What do they think? Why do they see it that way? If you know enough about the character’s ‘back-story’, how might they have felt differently if they’d been in this situation five years ago?

Note that you can’t know for sure what they’d be thinking or feeling; the aim here isn’t to be ‘right’ about their perspective, but simply to try to see the world through another’s eyes.

And now put yourself into that scene. If you were involved, what might you be thinking about the matter in hand? How would you be feeling? What would you think of doing? What if a younger version of you was in that scene?

Then, at some point, do the same thing when you’re in a real social situation. Try working out in your head the perspective of one of the other people you’re with: literally first, what are they seeing from their chair that’s different to what you see from yours? What might they be thinking? Feeling?

When you’re doing this exercise, it’s important to remember that you’re not likely to be completely accurate in these other perspectives – either how you would have seen things at a different place or time, or how another person sees or saw them. For our purposes, it is simply the act of purposefully shifting perspective – practising flexible perspective-taking – that brings benefits, both when used in exercises like this and as a habit to get into.

And what are those benefits?

- It makes defusion easier; it becomes obvious that the assumptions and thoughts our minds are telling us now would probably look different to a different person, in a different setting, or at a different time. And therefore, it’s harder to get trapped into the fused position that these thoughts are realities.

  When Bill knocked over the barbecue, his mind told him that this was because he was less of a man than before and had become pitiful. If he had seen it
through his wife's eyes or his children's, he would have realised that other views were equally possible (e.g. that it was just a funny thing that happened, without larger significance).

- It makes it easier to avoid getting stuck inside a story about yourself. We saw earlier in this chapter how a fixed view of ‘what I am’ can become a cage, and make it harder to deal with what is actually happening around you. This particular form of fusion can be especially limiting, and is weakened by the ability to take more than one perspective on a situation.

   Caroline has agreed to give up a day of other activities to look after her poorly grandson Alfie; a heavy cold means he can’t go into day-care, but his mum can’t afford a day off work. At one point in the afternoon, she catches her mind drifting back into her old story about ‘Everybody puts on me – I never get to do anything for myself’. And then she remembers what she’s been taught about switching perspective, and sees the room through little Alfie's eyes – feeling snuffly and a bit miserable, but with his grandma making him drinks and reading him stories. Then her ‘put upon’ story just doesn't seem to matter any more.

- It makes acceptance of unwanted feelings easier. When we experience emotional or physical discomfort, and struggling against it will only make things worse, then a wider perspective can help. We could shift time perspective from NOW to THEN (in the future) and recognise – in the ancient phrase – ‘this, too, shall pass’. The suffering is what it is in this moment, and it will be different in the future. Or widening the perspective from I, HERE can help with the recognition that there is more in our world than this suffering – a point we’ll return to in the next chapter.

   At times when Alina has to take a break at work to rest her feet, she resents both the pain and the frustration of having to stop when others keep going. Sometimes, though, she pictures the whole hotel busily whirling away. She pictures herself as part of that bigger picture, responsible for her parts of it running smoothly, and ‘fast forwards’ in her mind’s eye to the point in a few minutes’ time when she will be part of the whirring herself again. It helps her put up with the enforced rest.

- It makes acceptance of change easier. Seeing the ‘bigger picture’ can help counteract the tendency to struggle against those changes that we can’t do anything about.

   Sometimes, when Desmond finds himself missing the life at sea and regretting how little he contributes to the world these days, he looks through some of the naval history books that family members always seem to give him for birthday
or Christmas gifts. Seeing those World War II sailors, who followed the World War I ones, back to Nelson’s navy during the Napoleonic Wars makes him feel part of a continuous story. The fact that newer generations are carrying on, and will hand to others in turn, makes it feel less unfair that his time at sea came to an end.

- It helps when handling difficult situations such as negotiations and conflict. This isn’t a recipe for just being so ‘understanding’ that you always give in. Whether you are genuinely interested in meeting the other person’s needs while reaching a ‘win–win’ outcome, or simply wanting to undermine their arguments and position effectively, it’s always useful to be able put yourself in their position (take their perspective: YOU, HERE, NOW) and see what’s driving their behaviour in this situation.

There is one major facet of the Self – of what makes you who you are – that we haven’t examined in this chapter; that is your Values. It is such an important element of the ACT approach that it will be central to the rest of the book.

**Key points**

- Your sense of Self can get in the way of living your life, by cutting down which options you’re willing to consider, and making you less likely to accept when things have changed.
- By facing, in detail, the changes that life and LTCs bring, you can cope better with them, even if it is uncomfortable to do so.
- We change constantly, sometimes in small amounts, occasionally by a big step; we never truly stay the same for long.
- Accept the present, mourn the past.
- You can get stuck in a ‘story’ about yourself – a rigid set of ideas about who you are that will limit your flexibility.
- You can also get caged in by an image of yourself that you portray to others, and how you want to be perceived.
- One of the most distressing reactions to having an LTC is if you believe you are a burden to others; it is vital to remember that the condition is the burden, not you.
- Just as you are not your illness, neither are you your thoughts or your feelings; the underlying ‘Self’ is the Observing Self – the part of you that notices all those other things happening inside you.
- The Observing Self can take many different perspectives; although I, HERE, NOW is your steady base and anchor, being able to consider the perspective of other people, other places and other times can aid defusion, acceptance and dealing with others.
What Should We Do: Making Decisions
4:: What Should We Do: Making Decisions

Going through the stages

Several years ago, I had a patient who was attempting to put his life back together after a whole series of disasters had befallen him - only some of which were self-inflicted. John was at times scathing about the abilities of professionals (myself included, I suspect) to understand what was going on for someone like him. So I told him I was shortly to give a lecture about adjusting to serious illness, and wondered what advice he’d want to offer the assembled surgeons, nurses, social workers and so on. He held my gaze for a while, then said:

‘Tell them, you’ve got to just ****ing-well get over it.’

John’s model of adjustment (with his permission, and properly attributed) remains a part of my lecture on adjustment to this day, and always goes down well. It certainly captures the avoidance of self-pity and the determination that you see in many people successfully coping with adversity.

The reason why the lecture doesn’t end with John’s statement is that it still leaves the question of how you ‘get over it’, and indeed whether we are ever genuinely ‘over’ events of this magnitude.

Probably the most famous theory of adjustment was originally applied to people getting used to the idea of dying, though it has been since applied to lots of other sudden adverse events. This is the model put forward by Dr Elisabeth Kübler-Ross, and suggests that people tend to go through several distinct phases in their reactions to bad news:

1. **Denial**: the initial tendency to disbelieve that the event is happening.
2. **Anger or anxiety**: feeling acutely stressed by it.
3. **Bargaining**: seeking any possible way out of the situation, even when deep down you know that is impossible.
4. **Despair**: speaks for itself really - feeling down, sad and helpless about the event.
5. **Acceptance**: finally feeling that you’ve come to terms with it, are neither stressed nor depressed by it, and can carry on.

This view has gained widespread acceptance, even to the point of appearing in an episode of *The Simpsons* - the ultimate marker of cultural acceptance.

Dr Kübler-Ross wasn’t just dreaming this stuff up - she was basing her ideas on interviews with many people in exactly that situation. A parallel model of how people react to bereavement (by Professor Colin Murray Parkes) was based on his careful interviews with many widows. And it isn’t hard to see examples of all of those stages.
in people facing their own death, or reacting to the death of someone they love:

- Someone reacting with utter calm to news of their terminal illness, trying to carry on as before without making any changes or preparations.
- The man reacting with anger against the doctors, other family members, God and even his own wife for her death.

And the same things can apply to the other crises we’re considering here:

Everyone who knows Debbie well sees the change in her the first few weeks after the factory closed. Although she goes through the motions of many of her usual responsibilities, she doesn’t appear to be concentrating properly, seems distant and easily drifts off into a vacant state. The pastor of her church recognises this as a state of ‘shock and numbness’, part of a grief response to the loss of her work and the things that went with it. He advises Debbie's friends to treat her with patience, as it will surely pass.

It’s true that people grieve for many things other than a death; like Debbie it can be the loss of a job, it can be for physical health, a happy phase of life or anything that has been a stable, familiar part of our lives.

Before we go much further, it’s important to put in a caution about these models, or rather about how these models are often understood. For, although the authors point out that many variations can occur, at heart these models describe reactions as a series of stages - first this happens, then that, later that and finally … In reality, people can skip stages, go back to a previous one, experience something that’s not in the model at all, and many will never reach acceptance, ‘letting go’ or ‘moving on’ as specified. I’d want to stress again that Kübler-Ross and Parkes were clear that such things also happened. But people often don’t remember that kind of qualification, or they haven’t read the original version, so they’re expecting something different. And sometimes, when people’s real reactions don’t fit the (misunderstood) model, then the grieving person is seen as being peculiar or pathological. I’ve certainly had referrals for bereaved people ‘because they have not cried yet’.

Such is the prevalence of the Kübler-Ross model that it was worth looking at specifically. But rather than look at all the other theories of responses to serious illness and death, perhaps we should focus on three core areas that crop up time and again in terms of the after-effects of bad events: adjustment, acceptance and denial.

**Adjustment**

We make adjustments all the time: we adjust the volume on our TV because someone’s using a lawn-mower outside the window; someone might adjust an item of clothing because it doesn’t fit any more. These are things that we alter because we’re trying to
compensate for a change in circumstances (i.e. the room has become too noisy to hear the TV, we have become too fat to fit into a pair of trousers). So, when we talk about adjusting to a change in our lives, what is it that we are really trying to alter? I supervised a bright trainee health psychologist who did a good piece of research on this: she interviewed in great depth a group of palliative care nurses (Macmillan nurses) about their experiences of supporting many thousands of terminally ill people through their adjustment to this devastating change in their lives. The analysis of their views showed that, in their experience, successful adjustment involved lots of changes, to what people did, to how they were with others, to their spiritual and religious beliefs, and to how they viewed themselves, and their future.23

Now, the changes in what they did - the behavioural changes - are going to be entirely dependent on the precise nature of the change in life, and the circumstances they live in. It could be as simple as sitting rather than standing while preparing food, or it could be a bigger challenge such as beginning to use a wheelchair in public.

A spiritual change might be an attempt to make sense of why such a thing should happen to you, while there are so many bad people in the world (remember in Chapter 3, Debbie came to the conclusion that her ill-fortune might be a test, or a punishment for pride). Again, though, it should be stressed that this is very far from a universal process; most people don’t spend much time thinking about ‘why me?’.

Of most interest to us here is how people’s mental attitude to their situation alters, because, as we have already seen, the view we take of a situation is one of the main things that shapes our reactions to it.

One thing that adjustment is not is putting everything back to normal, making it just like before. Because, for the types of crises we’re looking at in this book, the reality is that life will never be exactly the same again; some things are likely to be worse, there may just be one or two things that are better, but there are certainly going to be things that are different. The crucial thing here is not to strive for making everything the same as it was before - you’ll probably fail, you’ll be constantly comparing how things are now to how they were, and you may end up causing new problems by going after that impossible aim.

As Helen starts to develop more symptoms, she tries her best not to let her illness disrupt family life. She carries on doing the school run, the shopping and taking Liam to swimming lessons and football club. Increasingly, though, these take so much out of her that she isn’t capable of doing anything else. She feels guilty for failing at the things that would normally seem so easy to manage, and fears that she’s letting down her family. It comes to a head on a day when she takes Liam to school, does the washing when she comes back, then tries to do the shopping. Not only does she have to give up
halfway through, but on getting home she needs to lie down to recover and sleeps through school finishing time; she wakes to a concerned call from Liam’s teacher wondering why he hasn’t been picked up. Once she recovers from the surprise and the guilt and has calmed her distraught son down, she realises she’s going to have to change her approach.

The real goal of adjustment is to deal with the new reality, to find an approach to life that fits how things actually are now, rather than how they used to be, or how you’d like them to be. We could say that adjustment is beginning to live your life according to a new reality. And that’s going to require different strategies.

I often use the analogy from card games:

You play the hand you’ve got now, not the one you had in the last game.

Whether you have a hand of cards that’s all twos and threes, or all queens and kings, you’ll play them a certain way to get the best result you can; but (crucially) how you play when you get the twos and threes will need to be different from how you did when you had queens and kings. If you go as aggressively with a weaker hand, you’ll lose more than if you base your play on the weaker cards you actually have; it’s going to take a different approach to limit your losses now. This may sound obvious, but we all have a tendency, when faced with problems, to use strategies that have worked for us before. Usually that makes good sense, but sometimes it’s disastrous.

So take a person who’s always succeeded by working harder, never giving in to tiredness, pain or illness. That may help with a lot of problems; but if the person has a serious back injury, then pushing themselves harder and harder when pain builds up is likely to make matters a whole lot worse. Yet learning to make that kind of change in approach can be really difficult. Why?

There are many kinds of explanation for that difficulty, but we’re going to focus on one sort of explanation (a cognitive one, for those who are interested).

As we discussed in Chapter 3, we can talk about the whole set of knowledge, beliefs, ideas and assumptions about the world as mental representations. One of these representations is `who I am’. That’s not simply my name, but will also include what I believe to be my abilities, interests, physical characteristics, relationships and so on. So one part of that representation is that I can climb a flight of stairs fairly rapidly - which might be important if I need to get to the toilet in a hurry. Many of our judgements about how to react to the world (e.g. how long it takes me to get to the toilet) are based on underlying mental representations like these. So if reality changes, those representations aren’t accurate any more, and so our thoughts and actions based on them may well be inappropriate. If I get a back injury so that I can move only slowly, then even if I’m fully aware of the change, unless I `update’ that mental representation
of myself properly, I might not leave enough time for getting to the toilet. But mental representations can be slow to change, and there may be a delay before they accurately reflect reality. The longer lasting, and more highly valued (or fundamental) that representation has been, the slower and/or more painful it may be to change.

It's probably not simply a case of an older, more inaccurate belief being erased and replaced by a more accurate new one. From what we know of how brains seem to work generally, it's more likely that the old and new versions exist side by side, but the more accurate one gradually becomes more dominant in shaping our reactions. The fact that, however weakened, the old version is still there may mean that under certain circumstances it becomes more active and has more of a say in our decisions and actions. For example, if I replace my car, and the indicator stalk is on the other side of the wheel from the one on the car I've been driving for a few years, it may take a little while for me to get used to that, even though I realise from the first time I drive that it's in a different position. Which is to say that the representation of the new stalk position gradually takes over from the representation that applied to the old car; but those old beliefs are still quietly there, so that if I'm rushed or stressed old habits can come back: rather than flashing my lights at someone, I might angrily wash my windscreen at them.

So, although it may be a slow and stressful business, with occasional slips back to previous assumptions, psychological adjustment is the process of developing representations that more accurately reflect the new reality, and allow us to act on the basis of that reality, rather than what used to be true. In short, they work better in this new context.26

And the practical implications of that are:

- Be aware of the range of mutually contradictory beliefs you may have on one subject; you can acknowledge they're all there, but choose to go with the one that seems most useful or relevant.
- You don't have to utterly disprove and discard an unhelpful or outdated belief - time may be better spent focusing on a more helpful or accurate alternative.
- If an older, more unhelpful idea pushes its way in, try not to overreact, telling yourself that you're back to square one, or that you were wrong to be more positive. Recognise that the unhelpful idea was bound to be there all along, lying dormant - so long as you don't start feeding it by going over and over it in your head and agreeing with it, or fighting hard to disprove it, you can choose to focus on the alternative beliefs.
- There's benefit in just recognising that these thoughts are simply that - thoughts. They may or may not be accurate, but when lying awake in bed at 3 in the morning, it's not actually a confrontation with your boss that's interfering with your sleep, but
a thought about a confrontation.

It takes a long while for Anil to accept the conclusion that his relationship with Sarah is unlikely to survive. Even now, he sometimes finds himself reacting to a minor positive event - a kind word or a smile from her - by reawakening his belief that they actually have a fundamentally strong relationship that could weather any difficulties. And as pleasant as it is to indulge those thoughts, it makes the pain even worse when reality comes crashing back in. Eventually, he starts to recognise his ‘the relationship is fine’ belief when it pops up, and steers well clear of dwelling on it.

Acceptance

And what of acceptance - that Holy Grail-like goal of models such as the one we discussed before? That could be parodied (as The Simpsons did) as a calm, smiling statement of ‘Oh well, we’ve all got to go some time!’ and one use of the word acceptance is ceasing to fight against the event and recognising its inevitability. It can be hard, though, to distinguish that from fatalism or even helplessness, which can both be uncomfortable states, often associated with low mood or depression.27 If we argue that acceptance is different, because the person is happy with the change, then I suspect it's a very rare state indeed for the kind of personal disasters we're focusing on in this book. Who would genuinely be happy about bankruptcy and jail?

Maybe it's best to see acceptance as part of adjustment. While the underlying representation hasn't caught up with reality, then there's a temptation to see the past as the norm, and the current situation as a deviation from it. For example, the man who has lost his hair still regards the ‘real’ him as the one with hair - this new version is an aberration. Acceptance would have happened when he looks at his reflection and says, ‘Yes, that's the real me. I used to have hair, but the bald chap in the mirror is who I actually am now.’ So, acceptance is about resetting what constitutes normal. We might not be happy with how things are now, and we might be trying hard to work around the changes, but we've stopped spending time pretending or wishing it wasn’t true. And we saw in the previous section that adjustment is beginning to live your life according to that reset version of normality.

We can’t just think about acceptance of facts or thoughts, though. Acceptance crucially also involves acceptance of how we feel - even (maybe especially) the unpleasant feelings like sadness, fear or anger. We’ll talk more in Chapter 9 about the role that developing an attitude of ‘acceptance of how things are’ (including acceptance of strong emotions) can help us cope with major distress.

So, does this mean that everyone eventually reaches acceptance? Absolutely not.

Denial
Commenting on an earlier draft of this book, a friend pointed out the paradox of having a section on handling denial; if someone reading this book in crisis really is in denial, they aren’t going to see how it applies to them! That’s a fair point, and to some extent this section is aimed more at readers who are friends or family of someone in crisis. However, as we’ll see below, being in denial isn’t such an all-or-nothing state as people sometimes imagine, so even the person struggling to face the full reality of the situation may find it useful.

So, what about when a person doesn’t accept the reality of what is happening? Or, in terms of the model I’ve just proposed, when that updating of the representation doesn’t seem to happen?

When Helen is first told about her advanced, incurable bowel cancer, she listens carefully, and asks some relevant questions of the doctor. When they get outside the office, her partner Keith doesn’t know what to say; he’s stunned, and Helen is initially quiet. Eventually, she says (in a lighter tone than Keith would have expected), ‘Oh well, that’s not too bad - at least they caught it early, so now we can fight it, and we’re going to beat it for the kids’ sake.’ Keith knows that those views are the opposite of what the doctor has said, and assumes she must be ‘in shock’. It’s another week before they talk in depth about what has happened, and Keith finds himself in the middle of a very complicated conversation; at one moment, Helen is discussing how to sort out their son’s needs ‘afterwards’, and the next moment she’s talking about a big holiday to celebrate the day when the cancer is finally cured.

We encounter this kind of situation often in healthcare, and Helen’s reaction would most likely be referred to as being ‘in denial’. But this kind of behaviour isn’t unique to illness.

Having known Debbie all her life, her sister Sue is used to how strong-minded she can be, and how determined she’s always been to overcome difficulties; so she’s not surprised that Debbie doesn’t seem too demoralised about the news of the factory closure. Sue starts to worry when, a couple of weeks later, Debbie is continuing as if nothing were happening; she doesn’t seem to be making any plans for alternative action, changes the subject if the factory closure is discussed, and even mentions her hopes for promotion at work in a couple of years’ time.

In each case, friends, family members and those trying to help are left floundering, because it’s hard to know how to deal with denial; if we know they’ve been told the truth, why do they now seem unaware of it? Did it not ‘go in’, have they forgotten it, somehow blanked it from their mind, or are they just pretending for some reason?

One difficulty here is that there is actually a range of different things that get labelled ‘denial.’ In addition to those pure cases of denial where someone may genuinely
believe that the bad thing is not happening or will not happen, because their mind has been unable to take it in (we’ll discuss why this might happen below), it may instead be the case that:

- They’ve never actually been told; everyone assumes that someone else has broken the bad news to them, but no one actually has. So when they act as if they don’t know - because they don’t - they are assumed to be in denial.
- They might have a genuine memory problem (such as early dementia, or a previous head injury).
- They may simply have failed to understand what they’ve been told (still, sadly, a possibility with complex medical diagnoses, and no doubt common too in legal, financial and other non-medical areas).
- They may understand what they are being told, but think that the other person has made a mistake.
- They may believe part of the news, but not its implications - so someone might accept that their partner is having an affair, but not that their relationship is under threat.
- They may have accepted the news, but have decided to cope by not dwelling on it, and trying to continue with life as normal.
- They may accept that the bad news is true, but be trying to put on a show to others. Perhaps they are hoping to avoid upsetting them, or avoid becoming upset in front of others, or are trying to avoid difficult conversations that they don’t want to have.

There are no doubt other examples of ‘things that look like denial’; the trouble is that from the outside it can be hard to tell which is going on inside someone.

But leaving aside those ‘things that look like denial’, what is actually going on where a person has genuinely become unaware of a really important piece of information that they have been told, understood and should have been able to retain?

Inevitably, there are many different types of explanation. Broadly speaking, some of those explanations see denial as a defence mechanism; it’s a way of shutting out things that the mind simply doesn’t want to be true. Unfortunately, as the evidence for what’s really going on mounts up, then it becomes harder and harder to maintain that defence, until the point at which it begins to crumble, or indeed comes crashing down catastrophically. By this view, denial of major events is more or less doomed to fail - and indeed is sometimes referred to as a ‘failing defence’.29

Another approach argues that denial is (or can be) a way of gradually allowing an awful truth to sink in; rather than taking on board the full reality, and risking being overwhelmed by its awfulness, the truth is kept at a sort of mental arm’s length, and gradually dripped in. One writer on this subject described this process as a ‘dosing
mechanism'. The benefit of this would be that the person can carry on functioning while all the changes are happening, rather than cracking up entirely in the face of the new reality.\textsuperscript{30}

There is another possible explanation, which comes from that idea of different, incompatible beliefs coexisting, but at any one moment one dominates the other (remember the example of getting used to the indicator stalk in a new car, and ending up washing the windscreen at someone in anger). This would suggest that some episodes of denial are actually that the belief ‘nothing is wrong’ is for the time being calling the shots, and the belief that ‘I have cancer’ or ‘I’m going to lose my job’ is being suppressed by it, so isn’t able to be thought about or expressed. However, it’s still there and able either to ‘pop up’ unexpectedly (like Helen suddenly talking about Liam’s future before going back to talking about having her cancer cured), or gradually become dominant so that the ‘nothing is wrong’ belief fades to the background - though that too may occasionally pop up. This view of denial doesn’t see it as either there to help or hinder - it’s just a side-effect of how our brains work.

However we see denial working, it’s still tricky knowing how to deal with it in those around us.

Sue thinks long and hard about how to deal with Debbie’s denial regarding the factory closure. Things need to be planned for the closure - perhaps looking for other work, certainly looking at financial commitments (there’s a holiday planned that surely she won’t be able to afford now). Should she go along with discussion about the future as if she too thinks nothing is about to change? Should she try to avoid any such conversation? Or should she confront her with the truth?

The person who is apparently in denial provides one of the consistently trickiest communication challenges for those of us working in palliative care, and the same will be true if you encounter it in other walks of life.

Taking the options Sue was considering, colluding with Debbie’s fantasies may feel wrong, because it’s reinforcing a falsehood, and doesn’t move her towards addressing increasingly urgent actions. Just avoiding the conversation may make Sue seem distant and uninterested, and doesn’t get Debbie closer to sorting things out. But forcing her to confront the truth might seem like taking away all hope, and might provoke some sort of crisis in Debbie - the worry would be that, if Debbie still isn't willing to face up to it, she might simply withdraw from those, like her sister, who are telling her things she doesn't want to hear. And that would further rob her of support.

What that tells us is that there’s no one right way of helping someone who appears to be in denial. But if you find yourself having to decide how to deal with such a situation, here are a few things you can bear in mind:
• Try to find out what they do know; maybe ask them to clarify the real picture for you. This should help reveal genuine misunderstandings, or perhaps show that the person knows perfectly well what's going on.

• Try to establish what they see as the best case or worst case, not which of those they see as most likely. This should help clarify whether the person is simply choosing to dwell on the more optimistic possibilities.

• If their words suggest that they are in denial, consider whether their actions match them; sometimes people will say that things are definitely going to be OK, but their actions suggest they are making the right preparations for things going badly.

• If words and actions both suggest the person really is in denial, your next question should be 'How much does it matter?' If the consequences of the unrealistic belief are not going to be catastrophic, you might decide to just let things develop in their own time.

• If it still looks as if you're going to have to intervene, consider whether there are others you can compare your perceptions with - other friends or family members. Maybe the person you're worried about talks differently to them, or they have information or suggestions that will help you. You could always see what they think about the idea of challenging the denial. If nothing else, there's then a chance of some solidarity if the person in question reacts against you when you challenge them.

• If you are going to challenge the denial, try to go about it gently; the presence of denial about serious issues always means that strong emotions are not far away. After all, if I'm going to the effort of pushing something aside because I don't want to look at it, I'm not going to be thrilled when you shove it under my nose! So don't be surprised if your intervention is met with resistance. What can sometimes work is an expression of concern about the situation, then an acknowledgement of the benefits of being positive by looking at the better possible outcomes, before suggesting it might be a good idea to see whether there's anything that needs doing just in case the outcome isn't so good. That way, the person isn't being forced to admit they were wrong or foolish, but the 'truth' (whatever that is) has at least been put into the arena.

• If you are rebuffed, try not to get into an argument; if you do, the other person is likely to defend and justify their position. The more they do that, the more they're digging in to their position, so arguing can actually have the effect of strengthening the very opinion you're trying to move them away from.51 The very fact of raising the topic may gradually have an impact on the other person by strengthening that 'accurate' view that has been suppressed; with time, it may be more able to fight for dominance within that person's mind.

• Although this 'softly softly' approach is usually best, there may be times when the
dangers are too great and too imminent to have the time for it, and you’ll decide you have to risk a more direct confrontation. All you can do is be clear about why you’re doing this, try to prepare your arguments clearly in your head beforehand, attempt to remain calm even if you meet fierce resistance, and not allow yourself to get drawn into personal criticism, or distracted by criticisms from the other person. It may not be comfortable, but if there’s no alternative, there’s no choice!

No matter how clearly we have made sense of and accepted our situation, there will still be difficult choices to be made, and that is what we will address next.

**Key points**

- People can go through many stages in getting used to a big change in life, but don’t expect those stages to be predictable.
- Successful adjustment might involve changes in outlook, behaviour, relationships and beliefs.
- Beware of trying to make everything the same as it was before: you’ll probably fail, you’ll be constantly comparing how things are now to how they were, and you may end up causing new problems.
- Adjustment is not about going back to how things were before the change, it’s about getting used to a ‘new normal’.
- Even when we have got our heads around the new reality, our old ideas about how things are still lurk in our brains, and can pop up unexpectedly, particularly when we’re under pressure.
- There are many reasons why the truth might not ‘sink in’, and it’s sometimes part of a healthy process of gradual adjustment.
- If you’re dealing with someone apparently in denial, the first question should be ‘How much does it matter?’ If it does matter, approach the subject carefully (suggestions in the chapter above).
CHAPTER 5

Developing Relaxation Skills
5: Developing Relaxation Skills

Introduction

The physical and mental symptoms of stress were outlined in Chapter 1. The result is that the individual remains in a state of 'high alert', being in a constantly overaroused state and unable to switch off either physically or mentally. This is where learning relaxation skills can be helpful. Mentally they can help the individual develop a calmer response towards negative, distracting or worrying thoughts and images. Physically they can help to reduce and ultimately eliminate the bodily symptoms of stress. Being relaxed means being in a 'distress free' state, so any intervention that contributes towards bringing about such a state can be said to have relaxation properties. The relationship between stress and relaxation can be conceptualized as being on a continuum. The aim of relaxation training is thus to create a state of inner wellbeing and peacefulness and bring the individual towards the relaxed end of the continuum, as shown in Figure 8.1.

There are a few possible reasons why people find it difficult to relax. The first of these is that they have been under stress for so long they have simply forgotten how to relax. The second one is that they may never have learned the skills of relaxation. Relaxation training equips them with the tools and techniques to enable them to move from the 'stressed' end towards the more 'relaxed' end of the continuum. However, being too relaxed in a work situation can also lead to problems of its own. For example, the individual may be seen as unmotivated, not working fast enough or not taking their job seriously. So it is important to reach a healthy balance. This chapter aims to teach you a range of informal, semi-formal and formal relaxation strategies to help you manage your stress more effectively.

Informal relaxation techniques

It is not advisable to be too prescriptive about what informal relaxation techniques to use, since everyone has their own unique way of relaxing. For example, one individual may enjoy reading a book, or listening to music, whereas another person may enjoy having a hot bath and a warm milky drink and then putting their feet up. Some people enjoy going to the cinema or theatre or to the local pub, or staying in to watching a good film on television. However, relaxation techniques are not only about being physically inactive. A good workout at the gym, swimming, jogging or a game of squash may be just what they need to help them relax. While physical activity may not be
relaxing at the time, it is a good stress buster and usually results in a very relaxed state after the physical exertion is over. Broadly speaking, people tend to choose activities which compensate for the stressful work environment in which they work. For example, a person who works largely in isolation from others is more likely to want to engage in social activities outside of work than someone who has extensive contact with people at work. A person who has a physically very demanding job is more likely to want to engage in restful activities outside of work than someone who has a very inactive and sedentary job. A person who has a mentally very demanding job is less likely to want to engage in mentally demanding activities and hobbies outside of work than a person who has a mentally undemanding job. Because of the hectic pace of modern working life, it is more common for people to choose informal relaxation strategies that involve slowing down rather than speeding up. Ultimately, however, the method of relaxation chosen will also depend on the specific interests and hobbies of the individual concerned and these can vary enormously. For example, one individual will find spending hours going through their stamp collection a relaxing pastime, whereas another individual might find such an activity incredibly boring or even stressful. Therefore, the important thing when choosing an informal relaxation strategy is to decide the right one for you personally.

Semi-formal relaxation techniques

The introduction of informal relaxation techniques may be sufficient to help many people manage their stress more effectively. However, for some they are not and where this is the case, slightly more structured relaxation techniques may be required to help them become more relaxed. These are known as semi-formal relaxation techniques and there are numerous kinds of such techniques. Some of the most popular ones include massage, yoga and Tai Chi.

Massage

Receiving a full body massage is an excellent way of getting the muscles in your body into a state of deep relaxation. As your body relaxes, so does your mind, so a massage can have beneficial effects both mentally and physically. Two of the most common types are Swedish massage and Shiatsu massage. The techniques they use are different: Swedish massage is a soothing one but Shiatsu massage manipulates the body's pressure points. Although such forms of massage can be beneficial, the downside is that you generally have to pay for them. However, there are other inexpensive and enjoyable techniques you can use. For example, if you have a partner you can take turns in massaging each other. There are also a range of self-massage techniques that you can use and some examples of these are described below.

Releasing your shoulder tension
The shoulders can get particularly tense as a result of stress. One way of reducing tension in the shoulders is to reach one arm across the front of your body to your opposite shoulder and using a circular motion press firmly on the muscle above your shoulder blade. You need to press quite firmly but not so hard that it hurts you. Continue massaging in a circular motion for a couple of minutes and then move to the other shoulder and repeat the exercise on that one.

*Soothing your scalp*

Place your thumbs behind your ears and spread your fingers over the top of your head. Then move your scalp back and forth gently while making circular movements with your fingertips for 30 seconds or so.

*Relaxing your eyes*

Close your eyes and place your ring fingers directly under your eyebrows near the bridge of your nose. Then slowly increase the pressure for 10 seconds and then release. Repeat this exercise three or four times.

*Yoga*

Yoga involves learning a range of moving and stationary poses and combining these with deep breathing exercises. Perhaps one of the most enjoyable and sociable ways to learn and develop your yoga skills is to join a yoga class. Basic yoga for beginners involves learning slow, gentle movements, stretching exercises and relaxed breathing. It is important that you do not attempt some of the more strenuous forms of yoga until you have developed the right level of fitness, since you could do yourself physical damage if you are not fit enough. If you are unsure about what is best for you, check this out with a yoga instructor to ensure that you are starting at the right level for you. If you have a medical condition you may also need to check with your doctor that it is all right to do yoga exercises. It is safest to learn yoga by attending a group with a professional instructor to ensure that you get the basics right. Make sure that you learn at your own pace and do not feel tempted to try exercises that you do not feel ready to do because others are pressurizing you to do so. You should stop doing any exercise if it is painful. Once you have learned the basics, you can then practise alone or with others without necessarily having to go to the expense of attending yoga classes.

*Tai Chi*

Tai Chi is usually practised in groups and consists of learning a series of slow, self-paced, non-competitive and flowing body movements. These exercises require concentration, relaxed breathing and focusing attention on the here and now. Tai Chi is a safe and low impact option for people of all ages and levels of fitness. Once you have learned it, it can be practised anywhere, either on your own or with others. As with yoga
it is best to learn the basic techniques from a professional instructor. If you have any health or mobility concerns, check with your doctor and instructor.

Formal relaxation techniques
Where an individual is experiencing severe and chronic stress related tension, informal and semi-formal relaxation techniques may be insufficient to break the habit and more formal relaxation techniques may be required. These may consist of physical or mental exercises, or a combination of both. Some common examples of formal relaxation techniques which have been demonstrated to be effective include deep breathing exercises, progressive muscular relaxation, meditation, mindfulness, imagery and visualization exercises. Learning the basics of these exercises is not difficult, but it takes regular practice to master the skills involved and gain maximum benefit from them. They need to be practised at least daily until the individual is able to use them effectively. It is no good trying to fit them in to a spare few minutes in your schedule. You need to set aside time to practise them once or twice daily and not to rush them. Also they are not intended simply as exercises to help you get to sleep at night. It is important to learn how to become relaxed in the fully waking state since you will get the most out of them in this way. There is no one technique that has been proven to be best for everyone, so it is important that you choose the one that suits you, your preferences and lifestyle best. Some of the most common techniques used are described below.

Deep breathing exercises
When people are stressed their breathing is affected. The muscular floor across the abdomen (the diaphragm) and the muscles between the ribs (intercostal muscles) become rigid and do not allow the lungs to expand freely within the rib cage, so the chest feels tight. Breathing thus becomes shallower and more rapid in order to get sufficient oxygen into the body. It is analogous to trying to inflate a balloon within the confined space of a small cage. Relaxed breathing involves learning to breathe more deeply and slowly from the abdomen rather than shallow fast breaths from the upper chest. This is known as ‘diaphragmatic’ breathing and is the starting point for many other forms of relaxation such as yoga and Tai Chi mentioned earlier, as well as the meditation techniques described later in this chapter. It can also be combined with other elements such as aromatherapy and relaxing music. An example of a deep breathing exercise which you can practise to help you relax is outlined below.

A deep breathing exercise
1. Sit comfortably with your back straight. Check your breathing by placing one hand on your upper chest and the other on the top of your stomach. If your breathing is correct, when you breathe in, your stomach and lower ribs should move out before
your chest, which should move very little. If this is not the case, you need to learn how to breathe correctly.

2. Breathe out through your mouth, pushing out as much air as possible while at the same time contracting your abdominal muscles. Try to do this in a slow and controlled way rather than a sudden exhale. One way of doing this is to imagine that you have a lighted candle 6 inches away from your mouth, that you do not want to blow out. This will ensure that you release the air from your lungs slowly.

3. Breathe in through your nose slowly counting to 3 or 4 seconds as you breathe in, taking the air right down into your lungs. Notice the hand on your abdomen moving out as your lungs expand fully. Hold the air in for 3 or 4 seconds.

4. Continue to breathe in slowly through your nose, holding the air in and then exhaling slowly through your mouth. Notice the lower abdomen rising and falling as you do this. If you are breathing correctly, the hand on your chest will move very little.

5. If you find it difficult to breathe from your abdomen while sitting up, try doing the exercises while lying on the floor.

**Progressive muscular relaxation**

Progressive muscular relaxation training teaches the individual to develop advanced muscular skills which allow them to recognize and release even small amounts of tension. With regular practice the individual develops an intimate familiarity with what tension as well as complete relaxation feel like in different parts of the body and how to achieve deep levels of muscular relaxation. Also there is thought to be a powerful feedback loop between the muscles in the body and mental activity in the brain. It has been found that when a person’s muscles are relaxed they are also more likely to report feeling calmer mentally. There are different types of muscular relaxation techniques but the one which is most commonly used is the ‘contrast’ technique. This involves learning a series of step-by-step muscle tensing and releasing exercises in different muscles groups in the body. The aim of these exercises is to teach the individual the difference between the feeling of tension and relaxation in each group of muscles around the body. So, ultimately, with lots of practice the individual learns to be able to spot and counteract the first signs of muscular tension that accompany stress and can relax these muscles at will.

Most progressive relaxation practitioners start at the feet and work their way up to the head and follow a sequence of muscle groups as they progress through the body. Learning this skill takes practice and in order to learn relaxation techniques properly you will need to set aside about 20 minutes a day to go through the exercises. If you do not make this level of commitment on a daily basis, you are unlikely to gain benefit from the training. There is a range of CDs on the market that can help you learn the
techniques which are outlined below. It is important that you do the training only when there is no immediate time pressure. For example, it is no good trying to fit it in 15 minutes before you rush off to work. This is likely to lead to skipping steps in the process or having your mind on other things rather than relaxation and ultimately experiencing the training as ineffective.

Once you have decided on the best time of day to do the relaxation training, prepare yourself by creating the right environment. Start by finding a room which is quiet and where you are unlikely to be disturbed. If necessary, inform others in the house that you are doing the exercises and do not wish to be disturbed. You do not want the distraction of someone walking into the room to get something or telling you there is a telephone call for you halfway through the exercises. Also, make sure that the room is not too hot or too cold and the lighting is dimmed if possible. You may need to close the curtains if it is too bright. Make yourself comfortable by either lying on a bed or sitting in a comfortable armchair. Loosen any tight clothing such as a belt, tie or the top button of a shirt. Take off your shoes and get yourself comfortable. Take a few minutes to concentrate on your breathing using the breathing exercises described earlier. Once you are breathing in and out in slow deep breaths, you are ready to start the progressive muscular relaxation routine outlined below.

* A progressive muscular relaxation exercise

1. Focus your attention to your right foot, squeezing it as tightly as possible to the count of ten.
2. Relax your right foot. Notice the difference between tension and relaxation in the muscles of your right foot. Enjoy the feeling of your foot loosening up and the feeling of warmth as the blood returns to the muscles in the foot. Wiggle your toes around gently and notice the cooler air circulating around them.
3. Stay in this relaxed state for a moment, breathing deeply and slowly.
4. Shift your attention to the left foot and repeat the exercise.
5. Stay in this relaxed state for a moment, breathing deeply and slowly.
6. Move slowly up through your body contracting and relaxing the muscle groups as you go – right calf, left calf, right thigh, left thigh, hips and buttocks, stomach, chest, back, right arm and hand, left arm and hand, neck, shoulders, face, eyes and head.
7. Periodically return to your breathing to ensure that you are breathing slow, deep breaths.
8. Once you have gone through the full routine, spend a few minutes simply enjoying the relaxed state that you are in before returning to your everyday tasks.
9. Repeat this exercise daily until you feel that you have fully mastered the techniques involved.
10. If you notice that the tension is worse in particular muscle groups in the body,
tailor the exercise routine to spend extra time on these muscle groups and less on those where it is not such a problem.

11. Once you have learned and are comfortable with the relaxation exercises, you can then begin to use them to combat stress in real life situations, for example when you are stuck in your car in a traffic jam or during your coffee break at work.

**A brief relaxation exercise for the neck and shoulders**

For many people who are stressed, muscular tension is most severe in the neck and shoulder muscles. Below is a relaxation exercise which takes very little time to do and specifically focuses on the neck and shoulders. It consists of exercises aimed at adopting the correct posture, relaxing the shoulders and relaxing the neck muscles.

1. **Find the correct sitting position:** stand up straight with your arms at your sides about six inches in front of a chair. Move the left leg back so that the back of the knee touches the chair. In one swift movement stick your bottom out and sit back in the chair. Allow yourself to slide into position in the chair with both feet flat on the ground and your back straight.

2. **Neck rotation:** sitting in an upright position looking straight ahead of you, slowly rotate your head to the left until your chin is parallel to your left shoulder. Hold your head there to the count of ten before slowly returning your head to look straight ahead of you. Repeat the exercise, moving your head to the right. Go through the full routine a few times.

3. **Neck elongation:** imagine that you are a puppet with a string attached to the top of your head and someone is pulling the string upwards. You will experience an ‘elongation’ feeling in the vertebrae (bones) of the spine in your neck. Do not resist this but simply allow it to happen for a count of ten. Then relax and notice a ‘sinking’ feeling as you relax. Repeat the exercise again after a 30 second gap. When repeated, the action should feel like there is a ‘spring’ in your neck.

4. **Shoulder exercises:** slowly and gently hunch your shoulders up tightly and move them upwards as if you are trying to touch your ears with them. Hold the position for the count of ten and then relax your shoulders. Repeat the exercise a couple of times.

**Note:** do not do the neck and shoulder exercises more than three times in one session but do them regularly, especially when you are feeling tension in your neck.

**Mental relaxation techniques**

So far in this chapter the relaxation exercises described have focused on physical relaxation. However, there are a range of mental relaxation exercises that have also been demonstrated to be effective in reducing stress. Generally speaking they work by reducing the ‘mental chatter’ that people who are stressed are bombarded with on a
daily basis and inducing an inner sense of calm and peacefulness. Some of the best-known techniques include meditation, mindfulness, mental refocusing and visual imagery and these are outlined below.

**Meditation**

Meditation is often equated with Eastern mysticism and something that The Beatles did in the 1960s while on drugs. However, there is nothing intrinsically mysterious about meditation. It is simply a set of techniques aimed at helping the individual relax mentally. There is a wide range of meditative techniques but generally they involve sitting in a quiet comfortable environment, doing some preliminary muscle relaxation and breathing exercises to ensure a physically relaxed state and then practising a mental exercise which induces a passive attitude to the internal mental activity and external distractions that are being experienced. Meditation uses a 'neutral' focal device to engage the attention of the individual, such as a mental image (picture) or a 'mantra' (a chant or repeating a word or number over and over again). Focusing one's attention on to the neutral focal device allows all other information to drift in and out of the individual's consciousness without paying much attention to it at all. One example of a focal device is to imagine a translucent blue pyramid shape floating in three-dimensional space. Another is to imagine the word 'RELAX' in large bold three-dimensional letters revolving slowly in three-dimensional space. In some ways these examples are comparable to a screen saver on a computer, in that the image moves or rotates slowly on the screen while all other programs are shut down. An example of a mantra would be to the sound 'Oomnh' over and over again. The result of paying attention to a neutral focusing device is to induce an inner sense of peacefulness and calm.

**Mindfulness**

Mindfulness is a particular kind of mediation derived from the Buddhist philosophy. It is based on the observation that when we are in a tense or distressed state, our mind is usually somewhere other than the present moment in time. For example, anxious people tend to live in the future. They spend much of their time worrying about what might happen tomorrow, next week or some time in the future. They predict that disaster and catastrophe are just round the corner. Depressed people on the other hand spend much of their time focusing on the past, missed opportunities and losses. Mindfulness meditation techniques, however, involve teaching the individual how to be fully engaged in the present moment without excessively analysing or over-thinking the experience. So rather than worrying about the future, or dwelling on the past, mindfulness meditation switches the focus of attention to what is happening in the here and now. There is a range of techniques that can bring about a state of mindfulness and some examples of these are outlined below. Give them a try and see
what it feels like.

MINDFUL EATING

How often do you sit there at work eating your lunch while your mind is elsewhere? You may be worrying about the meeting that you have to go to later that afternoon, or you may be focusing on the memory of some event that has happened in the past. Because your attention is elsewhere it is likely that you have not even noticed the taste, touch or texture of the food that you are placing in your mouth. You may even be gulping the food down because you are in a hurry. Mindful eating involves paying full attention to the meal that you are eating. Try to eat slowly, taking time to fully enjoy the tastes, smells, colour and textures of the foods you are eating. Notice what it feels like when you chew and swallow each bite of your food.

BODY SCAN

In some respects body scanning is similar to progressive muscular relaxation in that you focus your attention on various parts of your body, starting with your feet and then working your way up the body. However, it is different from progressive muscular relaxation in that in mindfulness you are simply noticing ‘what is’ rather than tensing and relaxing your muscles, or labelling sensations as good and bad. It is about observing all the sensations you are experiencing in your body without trying to change anything. For example, you may observe that the muscles in your neck are particularly tense but instead of trying to change the sensation, mindfulness is about accepting that this is the way your neck is feeling at the present moment in the here and now.

MINDFUL WALKING

As for eating, how often do we simply rush from one place to another with our mind somewhere else? Mindful walking involves focusing your attention on the physical experience of every step that you take. Notice the sensation of pressure on your feet and in your shoes as your feet touch the ground. Experience the changes when you walk on different kinds of surface. Observe your body movements and sensations in your muscles. Notice the rhythm of your breathing and the feeling of the wind, rain or sunshine against your face. Soak up the sounds, sights and smells impinging on your senses as you progress on your journey.

Mental refocusing

Research has shown that humans have quite a limited attention span. It amounts on average to approximately seven ‘bits’ of information. So, for example, if we are asked to remember a series of digits in a telephone number, the average person can usually remember seven. Some people can remember one or two more than this and others
fewer, but on average it is seven. This is important since although we are constantly being bombarded by hundreds of bits of information from all sensory modalities (sight, sound, taste, touch and smell), we can selectively and consciously pay attention to only a small number of them. The ones that we select are those which we perceive to be most important or relevant to us and the rest are processed unconsciously and go by unnoticed. To illustrate an example of selective attention, imagine that you are at a party and deep in conversation with someone. You are so engrossed that you do not notice what else is going on around you. However, you suddenly hear your name mentioned in a conversation nearby and immediately you switch your attention to that conversation. Why and how can this happen? It happens because your brain is geared up to selectively pay attention to those bits of information that are most relevant and important to you. However, your brain must have been unconsciously processing lots of other incoming information in order to be able to switch attention in this way.

When people are under stress they are hypervigilant to incoming information that signals threat or danger and get into the habit of focusing most (if not all) their conscious attention span to such stimuli. Mental refocusing techniques can be used to train the individual to shift their focus of attention away from the distressing stimuli to neutral or positive ones. One example of mental refocusing is the attention shift exercise. For example, some people experiencing stress may show an attention bias towards internal bodily sensations and symptoms rather than stimuli in their external environment. The purpose of attention training in this context would thus be to shift attention away from focusing on the self towards external, more neutral environmental cues. This change of focus can ultimately result in a reduction in stress in that individual. Exercises can also focus on shifting attention between the five sensory modalities (i.e., sight, sound, smell, taste and touch), or between tasks within a particular sensory modality. To illustrate this you can try the little experiment below for yourself.

A MENTAL REFOCUSING EXERCISE

Begin by focusing your attention on the ticking of the clock in your room. Before being instructed to do this, you may not have even noticed that the clock was ticking. It does not have to be a clock since any sound source will suffice for this experiment. You will notice that once you pay attention to the sound, it seems to get louder. Do this for a couple of minutes before switching your attention to another sound in the room such as the hum of the refrigerator, the fluorescent light or the boiler. While you are paying attention to the second sound source, you will no longer be able to listen to the first one (i.e., the clock). Do this for a couple of minutes. Now notice the sounds coming from outside of the room such as people talking, cars passing by or perhaps the sound of an ambulance siren in the distance? And pay attention to one of these. If you practise
these attention training exercises regularly over a period of time, you will become more skilled at shifting your attention. Research has found that attention training can be effective in reducing stress if practised at least twice a day over a period of six months.

**Visual imagery**

Visual imagery (sometimes called visualization or guided imagery) is a variation on traditional mediation that can have powerful relaxation properties. It involves imagining a scene which makes you feel at peace. You can choose whatever scene you wish. This might be a favourite place from your childhood, an image from a relaxing holiday that you once had, or even a picture by your favourite artist. The main point of the exercise is to find an image, scene or setting which is the most calming to you. You can do the imagery exercise with a therapist, on your own, or with the use of an audio recording. There are lots of CDs on the market which can be used for this purpose. For example, the 'rose garden' takes you in your imagination through a beautiful garden of roses and asks you to savour the experience through all your sensory modalities. Another one is called the 'enchanted forest', which takes you on a magical journey through a very beautiful and peaceful forest. Others create the sounds that you might hear while lying on a beach, for example including the gentle lapping of the waves on the shore or the sound of seagulls flying above you, and ask you to relax in the presence of these sounds.

The important thing about doing imagery successfully is that you imagine a setting that is most relaxing for you personally. To gain maximum benefit from an imagery exercise, you need first of all to do it somewhere comfortable and when you are not in any hurry and unlikely to be disturbed. Start by closing your eyes and clearing your mind of any mental chatter. Focus on deep breathing for a few minutes before commencing the imagery exercise that you have chosen. Picture the images as vividly as you possibly can in all the sensory modalities. Imagine in great detail the sights, sounds, smells, tastes and touch of the setting you have placed yourself in. You could try the following exercise.

**A VISUAL IMAGERY EXERCISE**

Imagine you have chosen the setting of a Christmas Eve long ago in your childhood at a time when you felt happy, safe and secure. Try to imagine the room you are in, the lighting of the room, the patterns on the wallpaper, the pictures on the wall, the colour schemes, who is there with you, where you are in the room, the way in which the Christmas tree has been decorated, the smell of cooking from the kitchen, the smell of the freshly cut pine tree, the sounds of excited children and Christmas carols coming from the radio, the feeling of warmth on your face from the roaring log fire, the texture of your brand new dressing gown, the taste and sensation of eating a warm mince pie,
the reflections from the fire light on the wall and the sight of snow flakes gently
fluttering past the window.

This example may of course be a very romantic version of your actual childhood
experiences of Christmas Eve. However, it does not really matter if the scene that you
imagine is a real memory of a time in the past when you have felt particularly happy
and safe, or a product of your imagination. The main thing is that it is a restful image
and creates a sense of peace and mental wellbeing in you.

**Summary and main learning points**

- Stress and relaxation can be conceptualized as being at opposite ends of a
  continuum.
- Individuals who are experiencing stress either have forgotten how to relax or may
  have never learned the art of relaxation in the first place.
- There is a range of practical tools and techniques that can help the individual move
  from the stressed to the relaxed end of the continuum.
- The interventions described in this chapter are at three levels, namely informal,
  semi-formal and formal relaxation skills.
- For many people informal relaxation strategies are all that are needed to help them
  manage their stress effectively.
- It is not possible to be too prescriptive with respect to which informal relaxation
  techniques are best for you personally, since everyone has their own different way of
  relaxing informally.
- Examples of some of the most popular informal relaxation strategies include reading,
  listening to music, having a hot bath, going to the cinema, theatre or pub, or watching
  television. Alternatively, some people prefer to use a physical activity such as
  swimming, jogging, squash or a vigorous workout at the gym.
- The important thing when choosing an informal relaxation strategy is to decide
  which one is the right one for you.
- Where informal relaxation strategies are insufficient to help an individual cope with
  their stress, then semi-formal relaxation techniques may be required.
- Semi-formal interventions consist of slightly more structured relaxation techniques
  than informal relaxation strategies.
- There are numerous kinds of semi-formal relaxation techniques and some of the
  most popular ones include massage, yoga and Tai Chi.
- Where an individual is experiencing more chronic stress related tension, informal and
semi-formal relaxation techniques are insufficient to break the habit and more formal relaxation techniques may be required.

- Formal relaxation may consist of physical or mental exercises, or a combination of both.
- Some common examples of formal physical relaxation techniques which have been demonstrated to have beneficial effects include deep breathing and progressive muscular relaxation exercises.
- Some common examples of formal mental relaxation techniques which have been demonstrated to have beneficial effects include meditation, mindfulness and visual imagery exercises.
- Deep breathing is of key importance in terms of relaxing and is the starting point for many forms of physical and mental relaxation including progressive muscular relaxation, yoga, Tai Chi and meditation.
- Learning the basics of these more formal physical and mental exercises is not difficult but it takes regular practice to master the skills involved and gain maximum benefit from them.
- Relaxation exercises need to be practised at least daily and preferably more frequently than this until the individual is able to use them effectively.

In conclusion, there is no one technique or level of intervention that has been proven to be best for everyone, so it is important that you choose the technique and level that most appropriately meets your needs, preferences and lifestyle. Once you have decided on the intervention which is best for you, you need to practise it at least daily. Practice is essential when learning a new skill and without it, it is unlikely that you will gain maximum benefit. If in doubt about what is the best level to start, it is preferable to begin with informal interventions, since often these are sufficient to produce the desired effect. It is only if you find the informal techniques to be ineffective that you will need to progress on to the more formal level of interventions as outlined earlier in this chapter. If you are unsure about what interventions to start with, try experimenting with some informal interventions that you think might work for you. If they have the desired effect, that is great. However, you may not get it right first time and it is important that you do not give up at the first hurdle. Treat it as an experiment in which you may try a number of interventions before you find the right one for you. Once you have started putting the relaxation techniques you have learned into practice, you should experience a reduction in your stress levels and a corresponding increase in the feeling of relaxation over time as you move to the more relaxed end of the continuum. You can monitor your progress in this respect by readministering the stress checklist found in Chapter 1 on a regular basis and notice how your scores on the symptoms of
stress reduce over time. The range of tools and techniques found in this chapter may not be sufficient to overcome more severe, clinical levels of stress. Where this is the case, the interventions for overcoming stress syndromes outlined in Chapter 10 are likely to be more beneficial.
Manage Shyness Skills
6: Manage Shyness Skills

Chapter outcomes

By studying and doing the activities in this chapter you should:

- know what is shyness
- understand how shyness can be defined in relationship skills terms
- know what verbal, vocal and body messages do you require to introduce yourself effectively
- know about some skills for starting conversations
- know about some skills for holding conversations
- know about some skills for ending conversations
- know about some skills for making a date
- understand the relationship between situations, thoughts and consequences
- understand some mind skills for managing shyness.

Ovid reportedly said ‘Venus favours the bold.’ An essential relationship skill is the ability to make initial contact with others. Below are two young men, Denis and Khalid, who go to the same party where neither knows anybody else well. Unlike Khalid, Denis suffers from shyness.

Denis, 19, goes to the party having made a big effort to overcome his nerves. Though attractive, he thinks that people do not find him so. On arrival he is given a drink and introduced to a group of people. He listens to them politely, but contributes very little to the discussion. He appears tense and lacking in warmth and vitality. He does not move around much and waits for people to talk to him.

Khalid, 18, goes to the party excited and determined to do his best to have a good time. He is not afraid to go up to people whom he thinks look attractive and introduce himself. When conversing he appears interested in what others say and participates in a lively and relaxed way. Since he wants to meet new people he moves around. He enjoys himself and helps others to do likewise.

WHAT IS SHYNESS?

Dictionary definitions of shyness emphasize words like bashful and timid. Shyness is a problem for children, adolescents and adults alike. Based on a large-scale shyness survey mainly conducted on American college students, Zimbardo (1977) found that more than 80 per cent reported that they were shy at some points in their lives. Of these, over 40 per cent considered themselves to be presently shy. Zimbardo’s findings focus on people who admit their shyness. In varying degrees, anxiety is always present in social situations, though much of it goes unacknowledged.

Describing shyness
When people feel shy, how do they describe their experience? You can feel, think and communicate shyly. However, some who feel and think shy are very good at covering it up by not communicating as though they are shy. Such people are privately rather than publicly shy. Timing is another dimension of shyness. People can worry about social situations beforehand, be shy in them, and then think about them in recurrent and intrusive ways afterwards (Rachman et al., 2000).

Feeling shy

Words that people associate with feeling shy include timid, anxious, insecure, bashful, lonely, confused, mistrustful, embarrassed, ashamed, afraid, tense, humiliated and vulnerable. Physical reactions that can accompany shy feelings include blushing, nausea, faintness, perspiring, knotted stomach, pounding heart, shaking, dry mouth and shallow breathing.

Thinking shy

Shy people tend to have negative thoughts about both themselves and about what others think of them. Examples of negative thoughts about themselves include: ’I am uninteresting’ ’I lack confidence’ and ’I lack social skills.’ Examples of negative thoughts about what others think include ’They think less of me because I am shy,’ ’They are very concerned about my behaviour,’ ’They may reject me.’ For a person who thinks shy, the world is a dangerous place. As John Powell (1969: 12) writes: ’I am afraid to tell you who I am, because, if I tell you who I am, you may not like who I am, and it’s all that I have.’

Communicating shy

Illustrative verbal messages associated with shyness include staying silent or speaking only when spoken to, disclosing little about yourself, and being too ready to agree. Illustrative vocal messages include speaking softly, stammering and, sometimes, loudness masking insecurity. Illustrative body messages include avoiding situations, averting gaze, smiling too much and a tight body posture. Many shy people handle their social anxieties by wearing masks or acting out defensive roles (Powell, 1969). These roles include aggression, clowning, conforming, cynicism, inappropriate flirting, monopolizing, self-disparagement and playing the strong silent type.

Some people are shy with all people in all situations. However, others vary in how shy they feel, think and act depending on whom they are with and in what situations they find themselves. For example, Zimbardo’s (1977) shy students were shy with the following categories of people in descending order: strangers, the opposite sex, authorities by virtue of their knowledge, authorities by virtue of their role, relatives, elderly people, friends, children and parents.
There is a range of situations in which people experience shyness. Conversing with strangers, dating, requesting help, going to a party, situations requiring assertiveness (for example, returning something to a shop), going to a dance/disco, showing your body in either non-sexual or sexual situations, starting to go out again after the break-up of a relationship are each situations that may generate shyness. Activity 5.1 asks you to assess how shy you are.

**ACTIVITY 5.1 Assess how shy I am**

First, do the activity on your own. Then, if appropriate, discuss with your partner, another or others. Fill in the worksheet below by assessing your current experience of shyness in each of the dimensions listed. Give specific illustrations where possible. Consult the text if in doubt about the meaning of a dimension.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>My assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings</td>
<td></td>
</tr>
<tr>
<td>Physical reactions</td>
<td></td>
</tr>
<tr>
<td>Thoughts</td>
<td></td>
</tr>
<tr>
<td>Verbal messages</td>
<td></td>
</tr>
<tr>
<td>Vocal messages</td>
<td></td>
</tr>
<tr>
<td>Body messages</td>
<td></td>
</tr>
<tr>
<td>People with whom I'm shy</td>
<td></td>
</tr>
<tr>
<td>Situations in which I'm shy</td>
<td></td>
</tr>
</tbody>
</table>

1. To what extent do you see that any shyness you possess is influenced by considerations relating to your biological sex and to your culture? If so, please explain.

2. Summarize how shy you currently perceive yourself to be. What are the consequences for you and for others?
Defining shyness in relationship skills terms

If you are shy, what can you do about it? People differ in the degree to which they are extroverted or introverted. Nevertheless, there is a large learned component in how shyness is both acquired and maintained. Some people who are seriously underconfident may need long-term counselling to help rebuild their shattered self-esteem. Most shy people can gain from either counselling or from coaching focused on managing their shyness. Those who have access to neither need to rely on self-help, including reading material such as this chapter.

As stated above, you can feel, think and communicate shyly. Your feelings and physical reactions are influenced by your mind skills and communication skills. The six main mind skills covered in this book are each common among shy people: namely they experience difficulty in one or more of creating rules, perceptions, self-talk, visual images, explanations and expectations. Shy people also often have poor communication skills in areas such as introducing themselves, starting conversations, holding conversations and making a date. I do not imply that all the poor skills are equally present or important for all shy people. You have to work with the weaknesses that are relevant to sustaining your shyness. Once you have identified your personal weaknesses, you can then state them in the positive as goals. As the chapter progresses I describe how to make progress in overcoming each weakness and attaining each goal.

When thinking of goals, distinguish between coping and mastery. Coping means better management of the situations and people associated with your shyness. Mastery means not being shy at all. Try to think in terms of progressively coping better. If you focus on mastery, you will put additional pressure on yourself that could be counterproductive. If mastery ends up as a byproduct of coping, that is wonderful! If not, you can still be proud of your progress.

DEVELOP MORE CONFIDENT COMMUNICATION SKILLS

There are different stages in starting relationships. Here the main focus is on helping you to make effective choices when first meeting people. This is the important time in which you make and receive first impressions. During this period you may plant the seeds for relationships to grow later. Alternatively, you may curtail opportunities either by choice or by mistake. When meeting people for the first time try to communicate:

- a sense of relaxed competence
- liking and interest
- absence of threat
- an initial definition of yourself
- that you are a rewarding person to get to know.

Introduce yourself
I attach great importance to introducing yourself skills. If competent in meeting and greeting people, you get off to a good start. However, the reverse is also true. If you give others a limp handshake and avert your gaze, they may feel uncomfortable. If you crush their hands and seem overbearing, they may instantly dislike you. There are many different contexts in which you meet people – colleges, homes, discos, business venues, and so on. You may be meeting one other person or a group of people. The following are some central verbal, vocal and body message skills for introducing yourself in a range of situations:

- **Verbal messages.** Give a brief greeting and clearly state who you are: for example, ‘Hello. I'm John/Jane Smith.’ If others have not introduced themselves already, now they will probably do so without your needing to ask their name. If somebody else is introducing you to a third party, you can say ‘Hello’ followed by the third party’s name. Saying another person’s name makes remembering it easier for future use.

- **Vocal messages.** Speak at a comfortable volume, clearly and fairly slowly, so others can hear you first time. Be careful to avoid being monotonous by using emphasis in appropriate places. Speak with some enthusiasm and do not let your voice trail away at the end of sentences.

- **Body messages.** When you are standing, pull your shoulders back and do not slouch. Adopt an open position to the speaker. Do not get too close. Hold out your hand in a relaxed way and give a moderately firm handshake. Smile and look the other person in the eye.

How can you develop good skills at introducing yourself? First, you can observe how other people introduce themselves to you and to others. Identify some good role models and note their verbal, vocal and body message skills and the effect they have on others. Second, specify the skills you want to develop. Third, rehearse your skills. You can rehearse at home on your own, for instance, in front of the mirror or with another person. You can also use visualized rehearsal. Fourth, practise your skills in real life, evaluate their impact, and make changes as necessary. When practising your skills in real life, use coping self-talk to calm you down and coach you in what to do. Acknowledge your successes and keep working on your skills so that you maintain and develop rather than lose them.

**Start conversations**

Getting started and breaking the ice is easier if you have developed a repertoire of appropriate opening remarks. You can then choose conversational openers and icebreakers appropriate to the different situations in which you find yourself. Making initial contact is usually done by way of small talk as you ‘feel’ each other out psychologically to see if you want the contact to continue and on what level. Safe talk is another way of describing small talk. The level of disclosure is usually low in terms of
intimacy. You have yet to establish trust and mutual acceptability. However, in situations where you are unlikely to meet again, a ‘strangers on the train’ phenomenon can occur in which disclosures may be surprisingly intimate (Derlega and Chaikin, 1975).

Often shy people insufficiently acknowledge that the process of starting conversations with new people involves uncertainty on both sides. You can place yourself under unnecessary pressure to be fluent. Some of you may have your favorite opening gambits that have worked well for you in the past. If so, why change? Others of you may wish to build up your repertoire. For instance, you can exchange basic information: ‘What brings you here?’ ‘Where do you live?’ ‘What line of work are you in?’ Another suggestion is to pass comments relevant to the occasion, perhaps following them up with a question: ‘It’s a great party. Do you agree?’ ‘I’ve just arrived. What’s happening?’ You can also bring up topical events, again perhaps following them up with a question: ‘I like this hot weather. Do you?’ ‘What do you think of the election? If you are nervous, sometimes it is best to admit it: for instance, ‘I feel nervous because this is the first time I’ve been here.’ You can also encourage others’ attempts to make conversation with small rewards like ‘That’s interesting,’ ‘Really?’ and with head nods.

Vocal messages are very important. Good speech is easy to hear and relaxed. Shy people often need to work on speaking louder. For instance, Adrian is a shy student who talks very softly so as not to draw attention to himself. Sometimes, without being fully aware, you may show your nervousness by speaking very quickly or by slurring your words. Even those without obvious impediments may need to work on the quality of their speech.

**Hold conversations**

Argyle (1992) lists six types of rewarding verbal utterances that are conducive to developing friendships. First, you can pay compliments, for instance, ‘I like your tie’ or ‘I like your dress.’ Second, you can engage in ‘pleasure talk’. You stick to cheerful, pleasant topics of conversation. There are a number of obvious ways in which you can keep yourself informed about various topics: reading newspapers and magazines, looking at the television news, and keeping up to date on the latest developments in your specific areas of interest such as by watching your local football team or the latest movies. Third, in the interests of furthering the relationship, you can agree. Fourth, you can use the other person’s name and also use ‘we’ to signal shared activities and group membership. Fifth, you can be helpful, for instance, with information, sympathy or practical help. Sixth, you can use humour to break down barriers and increase mutual enjoyment. However, you may need to rehearse your jokes in advance so as not to blow the punchline.

Meeting new people involves searching for common ground. This is partly to find safe
talk with which to fill or structure time. In general, people find silences awkward when
they do not know each other well. However, this searching for common ground is also
part of the exploration of whether you later wish to become friends, lovers or marital
partners. You can find out specific information, for instance, a shared hobby, a mutual
friend, or similarity of interests and beliefs. When asking questions, respect another’s
privacy by not probing too deeply. When talking about yourself, a general rule is that
you should match or even go slightly beyond the intimacy level of the speaker’s
disclosures.

A basic conversational sequence involves three steps: speaking – switching – listening.
Use your listening, showing understanding and disclosing skills. When switching, you
coordinate who has the floor by sending and receiving vocal, body and verbal cues
(Argyle, 1991, 1992). When speakers finish they often use a prolonged gaze and stop
gesturing with their hands. When not asking questions, the pitch of their voice may fall
at the end of sentences. Politeness requires that listeners wait for speakers to finish
sentences. When listeners wish to discourage speakers from continuing, they may avert
their gaze, stop making ‘uh hums’ and verbal listening responses, and even raise their
hands.

Often shy people are weak when it comes to taking turns. They leave others to do most
of the work in bringing up topics and keeping conversations going. Shy people also
often reveal too little about themselves. Low self-disclosure, as well as interfering with
the search for common ground, can leave speakers with the feeling that they are the
only ones willing to risk sharing themselves. The giving of personal information is too
one-way.

**End conversations**

All people need to develop exit skills – the skills of ending conversations tactfully.
Often, shy people, and even those not so shy, have trouble ending conversations. There
are numerous reasons why you may choose to end a conversation, ranging from
boredom or heeding a call of nature to having to go when you would really rather stay
conversing with someone you find attractive. Breaking eye contact, starting to edge
away, making your body orientation less open, holding out your hand are all body
messages that you wish to go.

How you end the conversation can have positive or negative consequences for your
subsequent relationship. If you wish to meet again, you can show appreciation: for
example, ‘I very much enjoyed talking with you’ said with a smile and with vocal
messages that indicate you are sincere about it. You could also reinforce this with a
comment like ‘I hope we meet again.’ If your feelings are even more positive you might
ask ‘I wonder if we could get together again some time?’
If your feelings are negative, your disengaging body messages can become more pronounced, even to the extent of holding out the palm of your hand as a stop signal. You can make closure comments like 'Well, that's about the sum of it' and 'I must be off now' said in a firm voice. You can also avoid smiling too much. If nothing else works, just leave (see Activity 5.2).

**ACTIVITY 5.2 Develop my conversation skills**

Where possible, when doing these activities work with a partner or in a group. You may find it useful to video-record your rehearsals to obtain feedback.

**Part A Introduce yourself skills**

1. Assess how good you currently are at introducing yourself. Pay attention to your vocal and body as well as to your verbal messages. Also, observe other people’s skills at introducing themselves.
2. Specify the introducing yourself skills you want to develop.
3. Rehearse with a partner introducing yourself skills and give each other feedback.
4. If in a group, members can go around practising their introducing themselves skills on each other.
5. Practise your introducing yourself skills in real life, evaluate their impact, and make changes as necessary.

**Part B Start conversations skills**

1. List comments and topics that you could use when starting conversations.
2. Take turns at demonstrating specific starting conversation comments to your partner, including focusing on vocal and body messages. Provide each other with feedback.
3. Rehearse starting a conversation with your partner focusing both on initiating topics and on responding to her/his agendas. Afterwards, hold a feedback session.
4. If in a group, circulate and use your starting conversation skills as you start brief conversations in pairs.

**Part C Hold conversations skills**

1. List ways that you can be rewarding during conversations.
2. Hold a conversation with your partner in which each of you takes turns in listening-switching-talking and vice versa. Make sure that both of you take responsibility for keeping the conversation going.
3. Now, without interrogating each other, both of you ask questions as you search for common ground. Remember actively to show understanding. Where appropriate, respond to a disclosure by your partner with a relevant disclosure of your own. Afterwards, hold a feedback session.
4. If in a group, you can rehearse holding conversations in threes, fours or even more.

**Part D End conversations skills**

1. Assess how good you are currently at ending conversations. Pay attention to your vocal and body as well as to your verbal messages. Also, observe other people’s skills at ending conversations.
2. Specify the ending conversations skills you want to develop.
3. Rehearse with a partner your ending conversations skills and give each other feedback.
4. If in a group, members can go around practising their ending conversations skills on each other.
5. Practise your introducing yourself, and starting, holding and ending conversation skills in real life, evaluate their impact, and make changes as necessary.

**Make a date**

Since the position in this book is that of equality between the sexes, both females and males are encouraged to initiate when they want to meet somebody again. Receiving messages from another that they might be interested in dating involves using your decoding skills. Even then you may get it wrong. Males especially may be too ready to read sexual messages into the friendliness of females. Verbal messages that convey interest in dating include compliments, making it clear that you have noticed the other in the past, reflecting the other’s feelings, being helpful, and asking the other questions about themselves (Muehlenhard et al., 1986). Body messages include eye contact, absence of arm and leg barriers, smiling and laughing, and light touching – for instance on the hand, arm or upper back. Vocal messages can include animated speech and variations in emphasis.

Often asking for a date is done on the telephone. Some of the mind skills discussed later are highly relevant to asking someone out. Creating coping self-talk can help you calm your anxieties as well as stay focused on the task at hand. Creating realistic rules can prevent you from oppressing yourself with exaggerated fears about rejection. Creating expectations of gain as well as risk can assist you in taking the risks that may bring you the gain. Other telephone skills include the following:

- **Clearly identify yourself**: For example ‘Hello, this is Jane/John Smith. We met at Julie and Don’s party last week.’
- **Send I messages**: ‘I’d like it if we could get together sometime’ or ‘I was wondering whether you would like to come out with me this weekend?’
- **Offer specific alternatives**: If the answer is favourable, be prepared to offer specific alternatives – for example, different movies or places for coffee. Make suggestions in such a way that the other person feels safe discussing them. You can also ask for
their suggestions.

- **State your agreement clearly.** At the end it can be useful to summarize your agreement: ‘Just to confirm, I’ll pick you up at your flat at 8 pm to go see the movie at the Palace. I look forward to seeing you then.’ A misunderstanding over the first meeting is not the best way to start a relationship.

- **Take refusals politely.** Another person has a perfect right to turn down your request for a date. If so, with any luck they will use tact. The other’s courage in refusing you merits respect and you should politely end the conversation. If necessary, use appropriate self-talk to cope with the refusal – it certainly is not the end of the world! (see Activity 5.3).

**ACTIVITY 5.3 Develop my making a date skills**

If possible, do this activity with a partner or in a group. You may find it useful to audio-record or video-record your rehearsals and play them back.

1. Assess how good you currently are at making dates, either in person or on the phone.
2. Specify the making a date skills that you want to develop.
3. Rehearse your making a date skills with a partner. Role play both face-to-face requests and telephone requests. Provide each other with feedback.
4. If in a group, members can demonstrate how to make a date. After each demonstration, the other group members provide feedback.
5. Where appropriate, practise your making a date skills in real life, evaluate their impact, and make changes as necessary.

**DEVELOP MIND SKILLS FOR MANAGING SHYNESS**

If you are shy now, probably many early learnings contributed to it, including the examples set by your parents. Zimbardo (1977: 62–63) observes: ‘In general, then, about 70 per cent of the time parents and children share the same shyness label; they tend to be shy together.’ Any negative consequences provided by others when you reached out may have contributed. However, your present problem is how to stop sustaining your shyness if it interferes with attaining relationship goals. One of the main ways in which you sustain your shyness is by thinking shy. I now present a framework for viewing the relationship between situations, thoughts and consequences and then the six key mind skills, in each of which you can alter the balance more in the direction of self-support than self-oppression.

If you are presently shy and do not like the consequences, you can choose to change. You can empower yourself by assuming responsibility for doing something about your shyness. Admitting that you have a choice whether or not to stay shy is the first step in assuming responsibility for changing. You can choose to develop skills that will help
you to feel, think and act more confidently in social situations. With the help of this book, you can identify some of your mind and communication skills weaknesses and how to change them. Then, you need to work and practise, work and practise, work and practise until you become much more fluent in the skills. Even then, you will always need to assume responsibility for maintaining and developing your skills.

**Understand the relationship between how you think, feel and communicate**

Here I provide you with an STC framework for analysing the relationships between how you think, feel and communicate. In this framework, STC stand for Situation–Thoughts–Consequences, respectively. Consequences fall into three categories: feelings, physical reactions and communications. The idea is that, more often than not, how you feel, physically react and communicate in specific situations is mediated by your thoughts at T rather than the actual situation. Let’s take a before and after example of Serena who becomes shy on first dates with males whom she does not know well.

**S1 – Situation**  Serena is eating in a restaurant on her first date with Pat.

**T1 – Thoughts**  Serena’s thoughts include ‘I must make a good impression’, ‘I always get tense on first dates’, and ‘Pat is evaluating me all the time’.

**C1 – Consequences**  Serena’s feelings consequences are feeling timid and fearful. Her physical reactions include tension in her face and neck, and her mouth going dry. Serena’s communication consequences include revealing little of herself and smiling nervously.

Now let’s imagine that Serena has learned some more effective mind skills. She may also have learned some more effective communication skills that help her to think more confidently on first dates. Following is her revised STC, with the name of her date changed from Pat to Scott.

**S2 – Situation**  Serena is eating in a restaurant on her first date with Scott.

**T2 – Thoughts**  Serena thinks ‘We’re here to enjoy ourselves. Some tension is inevitable on first dates and I know I can handle it. This date gives Scott and me the opportunity to know each other better. If we don’t hit it off, Scott’s not the only fish in the ocean.’

**C2 – Consequences**  Serena’s feelings consequences are feeling moderately relaxed and confident. She experiences no major physical discomfort. Serena’s communication consequences include participating actively in the conversation and laughing with amusement.

If you can see the relationships between how you think, feel and communicate, you are in a better position to identify and develop appropriate skills to manage your shyness.
When you detect self-defeating feelings, physical reactions and communications, you can look for thoughts and poor mind skills that may contribute to them. As illustrated above, you can combat shy thinking both by directly changing how you think and also by changing how you communicate which in turn may change how you think. In the final analysis, unless you can communicate more effectively you are unlikely to maintain your improved mind skills. To take the above example, Serena requires confirmation, by behaving differently in real life, that her changed mind skills benefit her.

Creating rules

Your rules are the dos and don’ts by which you lead your life. Each of you has an inner rulebook that guides your living and loving. If your rules are self-supporting they can motivate and help you to attain realistic goals. However, if your rules are self-oppressing they can leave you open to a triple dose of low self-esteem. For example, Carl has a rule that he must be successful on all his first dates. However, his first date with Ellie does not go well, so this activates his first dose of low self-esteem. His second dose of low self-esteem stems from his thinking that he should not be anxious and depressed about his dating ability. Carl generates his third dose of low self-esteem by moving on to devalue not just his dating ability but his whole worth as a person.

Albert Ellis (2003, 2005; Ellis and Crawford, 2000) has coined the term ‘musturbation’ to refer to rigid personal rules characterized by ‘mists,’ ‘oughts’ and ‘shoulds.’ Ellis regards any emotional and behavioural consequences as determined by your beliefs in relation to the activating event more than by the activating event itself. I prefer the term rules to beliefs. Four important unrealistic rules that contribute to people sustaining shyness are:

1. I must be liked and approved of by everyone I meet.
2. I must never reveal anything about myself that might be viewed negatively.
3. I must never make a mistake in social situations.
4. I must never have setbacks in learning to overcome my shyness.

Let’s look an example of an unrealistic personal rule of Serena’s regarding first dates.

S1 – Situation Serena is eating in a restaurant on her first date with Pat.

T1 – Thought Serena’s unrealistic rule is ‘I must be approved of by everyone I meet.’

C1 – Consequences The consequences of holding this rule for Serena include timidity and fear, tension in her face and neck, and revealing little of herself and smiling nervously.

What skills does Serena require for dealing with her unrealistic rule? First, she requires
detecting skills; second, disputing or challenging skills; third, restating unrealistic into realistic rules skills.

1. **Detecting skills.** Serena may be helped to detect her unrealistic rule by learning to analyse her thinking in STC terms. When she has unwanted feelings and communicates inappropriately, she checks for any thoughts that may contribute to her distress.

2. **Disputing skills.** Disputing means challenging the false assumptions that you hold about yourself, others and the world. Serena needs to dispute vigorously her unrealistic rule by asking searching questions. The following are questions that Serena might ask herself to dispute her self-oppressing rule that ‘I must be approved of by everyone I meet’.
   - What evidence exists that supports the truth of my rule?
   - What evidence exists that reveals the falseness of my rule?
   - What are the worst possible things that might happen to me if I were not to be approved of by someone?
   - What exactly can’t I stand about not being approved by Pat?
   - Do I demand the same standards of gaining approval for other people as I apply to myself?
   - How exactly might not being approved of by Pat make me worthless as a person?
   - What are the negative consequences to me of my demand that I must be approved of by everyone I meet?

3. **Restating skills.** Restating involves substituting self-supporting for self-oppressing characteristics in specific rules. The main difference is that between demanding and preferential thinking. Unrealistic rules are based on childish demandingness and focused on me, me, me. Realistic rules acknowledge the reality that the world may not always be as you would like, but nevertheless you can cope with it. Furthermore, realistic rules help you to evaluate the usefulness of specific characteristics for attaining goals rather than to rate yourself as a whole person.

Following is Serena’s STC, incorporating a more realistic rule. Again, the date is with Pat.

**S2 – Situation** Serena is eating in a restaurant on her first date with Pat.

**T2 – Thought** Though I might prefer to be universally approved, it is unreasonable and unnecessary to demand that this is the case. I can meet my needs for friendship and affection if I only meet some people who like me and whom I like.

**C2 – Consequences** Serena feels moderately relaxed, has no major discomfort, and participates actively in conversation.
The following are examples of restatements of the second, third and fourth unrealistic rules cited above as common among shy people.

2. Nobody's perfect. If I am to have honest and open relationships I need to reveal my vulnerabilities as well as my strengths.

3. To err is human. Though I would prefer not to make mistakes I can use them as learning experiences.

4. Setbacks are part of learning any new skill. They are challenges with which I can cope.

Many shy people stay shy because of what Ellis (2005) calls low frustration tolerance. Unrealistic expectations about the learning process and smoothness of life can make you vulnerable to setbacks. Sometimes your level of performance may be good, but you do not get the outcomes you wish (Bandura, 1986). You can develop skills of supporting yourself and persisting through setbacks rather than giving in to them.

Creating perceptions

Frequently shy people both perceive themselves too negatively and jump to conclusions unfavourable to themselves in specific situations.

Perceive yourself more accurately

For shy people perceiving themselves more accurately is usually a matter of reducing unrealistic negative perceptions and owning realistic strengths (Rapee, 1993; Alden and Wallace, 1995). In a study of vulnerability to depression, British researchers Teasdale and Dent (1987) selected the following self-devaluing adjectives from a list associated with depression: deficient, failure, inadequate, incompetent, inferior, pathetic, stupid, unloved, unwanted, useless, weak, worthless. Arguably, these are many of the same words that shy people use to devalue themselves. In addition, many shy people add to their sense of inferiority by perceiving others as more socially competent, witty and strong than they really are (Alden and Wallace, 1995). The following are some suggestions for perceiving yourself more positively:

1. Own your strengths. List what you, not other people, consider to be your strengths, assets and resources. Modesty is out of place when doing this; probably already you are too skilled at noting your social deficiencies. Add to this list as new ideas come to mind. Then read this list regularly to affirm your strengths. You may also put your strengths either on cue cards and read through them regularly or on cassettes and listen to them regularly.

2. Challenge your negative perceptions. Use your questioning skills to challenge the accuracy of your negative perceptions. Where is the evidence for them?

3. Use thought stopping. When you catch yourself in an unproductive, negative train of
thought, silently shout to yourself 'STOP!' Try to stifle your unrealistic negative self-perceptions as soon as you become aware of them. The thoughts are likely to return, but you can repeat the procedure as needed.

4. **Use thought switching.** When you find yourself ruminating on your social inadequacies, replace them with positive perceptions and an appreciation of positive social experiences. For instance, if you feel lonely and inadequate, switch to thinking of your friends and possibly even contact one.

5. **Use visualizing.** Kassorla (1984) advocates mental vacuuming. She gets her clients to imagine a tiny toy vacuum cleaner sweeping across their foreheads and vacuuming up all their negative words and images. Another image is to place all the negative words and images in a balloon that drifts off out of sight.

**Perceive situations more accurately**

If you are shy, the way you perceive many situations is likely to sustain your discomfort. Each person carries within them some pain and insecurity. Without necessarily knowing it, you can be so influenced by your self-doubts that in specific situations you jump to unwarranted conclusions and then treat these conclusions as facts. Often people are unaware that they may jump to conclusions rather than say to themselves 'Stop . . . think . . . what are my choices in how to view this situation?' Psychiatrist Aaron Beck observes that frequently people have underlying automatic thoughts and perceptions that influence their emotions (Beck, 1988; Beck and Weishaar, 2005). Either people are not fully conscious of these thoughts and images or it does not occur to them that they warrant special scrutiny. Beck collaborates with his patients in the scientific or detective work of identifying these self-oppressing perceptions or 'what you tell yourself'. The following is an example within the STC framework.

**S** Melanie talks to Steve at the party and then circulates.

**T** Steve perceives 'Melanie does not like me'

**C** Steve feels depressed and leaves the party early.

However, Steve might have had many other perceptions at **T**, including the following.

- Melanie is sensible in wanting to circulate at a party.
- Melanie liked me enough to come and talk to me.
- I need to improve my conversational skills if I am going to hold the interest of women like Melanie.
- There are plenty of other women at the party so why keep worrying about Melanie?
- I quite liked Melanie but I didn’t find her that fascinating.

If you are like Steve and have a tendency to jump to conclusions that are negative for you, you require detecting, disputing and restating skills to combat this:
1. **Detecting skills.** Become aware of the signals with which you may be oppressing yourself. These signals include negative feelings about yourself and others without good cause and self-defeating communication that distances you from others. You can identify the kinds of people and situations associated with devaluing yourself.

2. **Disputing skills.** Monitor your thinking in specific situations and practise making the connections between upsetting feelings and upsetting perceptions. Question your perceptions by logical analysis and search for better explanations. This process involves your engaging in the following kinds of self-talk:
   - Stop ... think ... what are my choices in how to perceive this situation?
   - Are my perceptions based on fact or inference?
   - If they are based on inference, are there other ways of perceiving the situation that are more closely related to the factual evidence?
   - What further information do I need to collect?

3. **Restating skills.** If appropriate, you replace your initial perception with the perception that represents the best fit in relation to the factual evidence.

Let's assume that Steve has some skills in choosing the most realistic perception. He went back in his mind over his contact with Melanie and assessed the evidence for his 'She does not like me' perception. On doing this Steve discovered that there were no facts to support this conclusion and that it was an inference on his part. He generated alternative perceptions such as the five listed above. Steve decided that the most realistic perception was 'I need to improve my conversational skills if I am going to hold the interest of women like Melanie.' He did not feel devalued by this perception which left him feeling still in control of his life.

**Creating self-talk**

The ability to create coping self-talk is a very useful mind skill for managing feelings of shyness (Meichenbaum, 1983, 1985; Meichenbaum and Deffenbacher, 1988). The goals of creating self-talk are to calm your anxieties and help you deal effectively with the task at hand. Creating self-talk contains three elements: calming self-talk, coaching self-talk and affirming self-talk. Contrast creating coping self-talk with creating negative self-talk. To return to the examples at the beginning of the chapter about Denis and Khalid going to the party, their self-talk was as follows:

*Denis's negative self-talk*

I know that I am going to find this party difficult. Everybody is looking at me. I feel unattractive. I don't want to make a mistake. I'm feeling tense and, when this happens, I know it will only get worse.

*Khalid's coping self-talk*

I enjoy parties and meeting new people. Though I get a little anxious with strangers I know I can overcome this. I can use my skills of relaxing, selecting
interesting people, introducing myself, conversing and, if appropriate, arranging to meet people again. I’ll give it my best shot.

Let’s look at calming, coaching and affirming self-statements in turn:

- **Calming.** Simple self-statements include: ‘Keep calm,’ ‘Relax’ and ‘Just take it easy.’ In addition, you can instruct yourself to ‘Breathe slowly and regularly.’

- **Coaching.** The idea of coaching self-statements is that they guide you in the specific skills you require for competent performance. You could start by telling yourself you can cope: for instance, ‘I can handle this situation’ or ‘My anxiety is a signal for me to use my coping skills.’ Then, you can instruct yourself in what you need to do: for instance, ‘When I introduce myself I need to smile, say “Hello”, clearly state my name and shake hands firmly.’

- **Affirming.** You can remind yourself that you have strengths in social situations. For instance, ‘I can listen well,’ ‘Remember, I get on well with many people.’

- **Calming, coaching and affirming.** Often creating self-talk consists of putting together calming, coaching and affirming self-statements: for example, ‘Calm down, take turns in listening and speaking, I get on well with many people.’

You can use creating self-talk before, during and after stressful social situations. For instance, before you might say ‘Calm down. Develop a plan to manage the situation.’ During you might say ‘Relax. Smile. Disclose as well as listen.’ And after you might say ‘Each time I use my creating self-talk skills it seems to get easier.’

Another area in which you can use creating self-talk is if you are prone to potentially destructive self-doubt when starting close relationships. For example, if you had a very successful date a couple of evenings ago, but have had no further contact with your date since then, you may handle your insecurity by devaluing yourself and later possibly either not making contact or, if you do, coming on too strong. Instead, tell yourself to calm down, realistically appraise the feedback you received (much of which may have been very positive), and either initiate contact or wait and see what happens. If you cannot trust yourself to remember the positive feedback, write it down.

**Creating visual images**

All people think in pictures as well as in words. For some people, using visual images is their main way of interacting with the world (Lazarus, 1984, 1992, 2005). Many shy people have negative visual images of how incompetent they are going to be in social situations and how appalled others will be. British researchers Hackmann et al. (1998) found that socially phobic subjects were significantly more likely than control subjects to experience negative images when anxious in social situations. Furthermore, these images were significantly more likely to involve seeing oneself from an observer’s viewpoint.
Instead, you can focus on the processes and outcomes of competent performance. Say you have an upcoming social situation that you fear you will handle poorly. Before going, you can take the opportunity for visualized rehearsal. Break down the tasks and focus on the skills or processes of competent performance. In addition, identify potential setbacks and develop ways of coping with them. Rehearse your creating self-talk skills along with your visualizing skills. Furthermore, visualize some realistic outcomes of skilled performance. For example, you can imagine a specific situation in which other people enjoy your company as you converse with them. Here is an example of using visualized rehearsal to help overcome shyness in a specific situation:

James, 33, was married for nine years to Penny, but they split up about a year ago. James is just getting his confidence back after the break-up and feels very nervous about going out with women again. Last weekend, at his tennis club, James had a long conversation with Carolyn, 35, whose own marriage ended six months ago and who is also nervous about getting involved again. James asked her if she would like to have another chat with him sometime and, when she agreed, said he would phone her at home this week. Carolyn uses her visualized rehearsal skills to imagine behaving competently when James phones, for instance, sitting with the phone, being relaxed and talking calmly. She also visualizes succeeding in arranging to meet James again and James seeing her as relaxed when they meet. A side effect of Carolyn’s visualized rehearsal is that she now feels less anxious about relating to James.

Creating explanations

How you explain your shyness influences whether you work to overcome it or stay stuck. There are a number of faulty explanations for shyness that can weaken motivation for change. These explanations are often partial truths; the error is to treat them as whole truths. Below are some possibly inaccurate explanations concerning shyness:

- ‘It’s my genes.’ This is the opinion that you are shy by nature rather than by nurture. Though people possess different biological propensities to anxiety, a considerable part of shyness represents learned behaviour sustained by current poor mind skills and communication skills.

- ‘It’s my unfortunate past.’ Your unfortunate past or ‘what others did to you’ may have contributed to your acquiring some poor skills contributing to shyness. However, you sustain your shyness by what you do to yourself. If you have had a very unfortunate past you may require counselling to provide the nurturing and healing you never received from natural or surrogate parents. However, many people, with or without professional help, have learned to overcome poor skills contributed to by their unfortunate pasts.

- ‘It’s up to others.’ Some of you may play a passive rather than an active role when meeting new people. It is as though you wait for events to happen to you rather
than take an active part in shaping events. You are letting others assume the responsibility for helping you out of your shell. This may not happen. Sometimes passivity is reinforced by social rules. For instance, though changing, males are still expected to take more risks in initiating contact than females. This double standard may have negative consequences for both sexes. Shy women may have insufficiently developed their initiating contact skills and shy men can feel excessively pressured to take social initiatives. A major theme of this book is that everybody must assume responsibility for making the choices that work best for them. Sitting or standing around waiting for something to happen is frequently not the best choice.

• 'It's all my fault.' You may consider that everything that goes wrong in social situations is your fault. You may fail to take into account that when two people relate each has a responsibility for the success of the contact, not just you. Your hypersensitivity to feelings of embarrassment and willingness to blame yourself may erode rather than help you gain the confidence to work on your shyness.

The above explanations may describe not only how you became shy but also why you remain shy. Do any of them resonate with the ring of truth for you? If so, work hard at challenging the faulty thinking contained in these explanations. Some research suggests that people who explain their social successes and failures to controllable causes experience less shyness and anxiety than those who do not (Bruch and Pearl, 1995). The following are more realistic formulations of each of the above explanations:

• Though like many people I'm naturally sensitive, I've mainly learned to be shy.
• Though others undoubtedly contributed to my becoming shy, I currently sustain my shyness through some poor skills that I can work to overcome.
• It is not up to others to make the first move to help me out of my shyness since I am responsible for making the choices in life that work best for me.
• I am only responsible for my own behaviour in social situations rather than needing to accept responsibility for everything that happens.

Creating expectations

You lead your life into the future rather than into the past. Expectations are thoughts and images about the probability of future events. A study of depressed and non-depressed students by psychologists Pietromonaco and Rook (1987) found differences in their decision-making style. Depressed students were significantly less likely to assign weight to the potential gains of acting in social situations and significantly more likely to assign weight to the potential risks. Furthermore, for decisions about initiating social contact and establishing intimacy, depressed students expressed a greater reluctance to take the target actions than did the non-depressed students. If you are shy, this does not necessarily mean that you are depressed. However,
I have cited the above study because many shy people have a similar pattern of overestimating risk, underestimating gain and hence being less prepared to act. When practising counselling, I have found that I can help some shy people by building up their skills of generating and evaluating gains.

Sean, aged 30, had little experience of dating women; his longest experience lasting three dates. In his church group, Sean was on a committee with Suzanne who had been friendly to him and whom he wondered if he should ask out. Sean questioned ‘Why bother to take the risk of seeking the gain?’ With Richard as his counsellor, Sean generated both the potential risks and gains of taking this initiative. He was already expert at acknowledging risks and needed to learn that ‘It is in my interests to look at gains as well as risks in my decisions’. His list of potential gains for asking Suzanne out included the following:

- I might have a chance of a strong relationship.
- I might gain more experience in developing relationships.
- This might contribute to helping me become happier.
- I might gain confidence and a more positive self-image.
- I might develop my ability to express my feelings more.
- I might give myself the opportunity of Suzanne taking some of the initiative too.

Sean evaluated that the gains of asking Suzanne out outweighed the risks. She later became his first steady girlfriend.

The most conclusive way of gauging the accuracy of your expectations is, like Sean, to put them to the test. Reality testing your previously negative expectations may become easier if you carefully break down tasks, take small steps before larger steps, rehearse what you are going to do and, where appropriate, seek the support of other people.

You may have tried to overcome your shyness before and been unsuccessful. Now, your prediction is: ‘I’ve tried before. What’s the use?’ However, your past is not necessarily a guide to your future. Unnecessary pessimism may result from predictions that are permanent – ‘I have my problem for all time’ – and pervasive – ‘I have my problem in every situation’ (Seligman, 1991, 2002). You require realistic optimism. For instance, this time you may try harder, understand your shyness better, possess better skills at managing it, and be better at enlisting the support of others. The fact that you have tried before does not mean that you cannot now learn new and better skills to help you succeed. Following is a more optimistic expectation than ‘I’ve tried before. What’s the use?’ that you might tell yourself.

Though I’ve tried before, present circumstances are different and I understand better how I maintained my shyness. Now I can develop new and better skills to become more outgoing.

In the preceding pages I have taken what psychologists call a ‘cognitive’ or mind skills approach to managing shyness. If you are shy you may already possess the
communication skills of making contact in your repertoire. You just need the confidence to use them and, if this is the case, working with mind skills can be most important. Other shy people, along with many who would not consider themselves to be shy, do not possess adequate communication skills in their relationship skills repertoire. Such people need to work on their communication skills as well as on their mind skills (see Activity 5.4).

**ACTIVITY 5.4 Develop my mind skills to manage shyness**

First do the activity on your own. Then, if appropriate, discuss with your partner, another or others. Work on the poor mind skills that you identify as most important to managing your shyness. Consult the text if in doubt about how to complete any part.

*Understand the relationship between how I think, feel and act*

1. Put a situation in which you feel shy into the STC framework. Be specific about S1, T1, and C1.
2. Now imagine you think more effectively. Make up a revised STC, being specific about S2, T2, and C2.

*Creating rules*

1. Detect any unrealistic personal rules that contribute to maintaining your shyness.
2. Use disputing skills to question the most important unrealistic personal rule that you detected above.
3. Restate the unrealistic personal rule you disputed above into a more realistic rule.

*Creating perceptions*

**Part A Perceive yourself more accurately**

If you consider your shyness partly maintained by unnecessarily negative perceptions of yourself:

1. List what you consider to be your strengths.
2. Use questioning skills to challenge your negative perceptions.
3. Use thought stopping.
4. Use thought switching.
5. Use visualizing.

**Part B Perceive situations more accurately**

1. Detect a particular situation where you may jump to a self-devaluing conclusion.
2. Dispute your self-devaluing conclusion by generating and evaluating different conclusions that you might have drawn.
3. If appropriate, restate your initial perception with the perception that represents the best-fit perception in relation to the facts.
Creating self-talk

1. Identify an upcoming situation in which you expect to feel shy.
2. Identify any negative self-talk that contributes to your shyness.
3. Generate two each of calming, coaching and affirming self-statements. Then, if appropriate, develop self-talk that puts together calming, coaching and affirming self-statements.
4. Put your self-statements on cue cards or on a cassette and rehearse them daily for as long as necessary.
5. Implement your self-talk in real life and assess its consequences.

Creating visual images

1. Think of a specific upcoming situation in which you might feel shy.
2. Think of the verbal, vocal and body message skills you need to perform competently in the situation.
3. Visually rehearse yourself acting competently in the situation, including coping with any difficulties and setbacks that occur.
4. Accompany your visual rehearsal with appropriate self-talk.
5. Practise your visual rehearsal plus self-talk skills daily for as long as you find it helpful.

Creating explanations

1. What do you consider to be the explanations for how you acquired your shyness in the first place?
2. What do you consider to be the explanations for how your shyness is maintained?
3. Challenge any possibly inaccurate explanations for maintaining your shyness now and, if appropriate, either discard them or restate them more accurately.

Creating expectations

1. Think of a particular person with whom you would like either to initiate or to deepen a relationship and yet have felt inhibited from doing so.
2. Make up a worksheet with the following headings.
   a. Gains from acting    Risks from acting
3. On the worksheet first list your current expectations of gain and risk. These are the ones which, on balance, may inhibit you from acting. Then draw a line under each list.
4. Now generate as many extra expectations of gain and risk as you can and list them in the appropriate columns after your underlines. Pay particular attention to generating gains.
5. Assess your revised list of gains and risks. If appropriate, set yourself goals and alter your behaviour.
ACTIVITY 5.5 Group discussion: managing shyness skills

This is intended as a group exercise, though it may be done individually or in pairs. For each part:

1. Spend five to ten minutes answering the question in groups of three or four.
2. Each group shares its answers with the whole group.
3. The whole group ranks the four most important points or skills from the most important to the least important.

Part A Negative outcomes of shyness

List four main negative outcomes stemming from being shy.

Part B Conversational skills

List four important skills for holding conversations when first meeting people.

Part C Making a date skills

List four important skills to use when making a date.
Chapter 7
Challenging Stressful Thinking
Stress is a matter not just of circumstances but also of the ways you interpret them. In studies of people who have recurring heart attacks, or complications following a critical cardiac event, the majority were suffering major stress. Further, those who recovered most quickly from heart attacks were those who felt a sense of control over their thoughts and moods (Steward, Moser, & Thompson, 2004).

Among all the stress reduction and management strategies, there is one that is most important and most universally applied. It is called cognitive restructuring and represents a way of changing how you experience and respond to stressful situations by changing how you view them. Cognitive restructuring methods are already within your repertoire, something you learned long ago during your childhood. Remember the rhyme you used to recite when other children teased you?

**KEY QUESTIONS IN THE CHAPTER**

- How is stress a self-inflicted misery rather than one imposed on you?
- What are the most prevalent “toxic” or irrational thoughts that create or exacerbate stress?
- What’s wrong with the statements: “It’s not fair;” “It’s all my fault;” and “This is terrible”?
- If it is not the events of your life that cause you to feel upset, what then determines this reaction?
- What is “**low frustration tolerance**” and how does it contribute to emotional problems?
- How would you initiate “self-talk” to counteract feelings of stress when facing an upcoming exam?
- What are the major strategies for **disputing irrational beliefs**?
- What’s wrong with the statements “He made me so angry” or “The weather really bothers me”?
- What is “reframing” and how can it make solving problems much easier?
- How can “thought stopping” be used for someone who is stuck repeating himself, “I know I’ll fail again”?

Sticks and stones may break my bones,
But names will never hurt me.

In essence, this is exactly what cognitive strategies are all about. With few exceptions, nobody or nothing outside yourself can harm you without your “permission.” Stress is usually a self-inflicted misery that results from the particular ways that you interpret the world and the chosen manner in which you think about your circumstances.
An Ambitious Promise

If we told you that we had the means to teach you a way to ensure you would never have to feel upset about anything again, as long as you live, unless you want to, how much would you pay for such an antidote?

Certainly you would be willing to fork over far more than the cost of this book. People pay tens of thousands of dollars for therapy, for drugs, and for quick-fix cures for their suffering, many of which don’t seem to work for very long. But what if within a few dozen pages you could learn relatively simple strategies that could empower you to choose how you want to respond to almost any situation you might face?

Imagine yourself about to speak in front of a large audience and panic setting in. Your brain locks up, sweat starts dripping down your back, and you feel like you’re going to faint. Then, with a minute or so of self-talk, you immediately feel yourself become calm and centered.

Picture yourself at a party. You look across the room and see someone very interesting, someone attractive whom you would like to meet. As you consider even the possibility of weaving through the crowd to introduce yourself to this person, you start to engage the same self-defeating thoughts that have blocked such initiatives in the past. Then, with some concerted effort, you substitute some alternative thoughts along the lines of, “What’s the worst that can happen?” Immediately, you feel a surge of resolve and courage that allows you to glide across the room with a grin on your face.

You are in class about to take an important exam. It not only determines your final grade, but you believe that if you do poorly it will effectively prevent you from pursuing your most cherished career goal. As you sit in your chair watching the instructor pass out the exam, you feel a familiar sense of impending doom. Even though you have studied long and hard, you can’t help but think that all your best efforts were wasted. Before you even begin, you feel discouraged and overstressed, finding it difficult to concentrate. Then, with a few simple reminders that you have rehearsed ahead of time, you feel yourself regain confidence and focus. By the time the papers arrive at your desk, you can’t wait to get started and show what you learned.

If all this sounds like fantasy or empty promises that could not possibly be delivered, let us assure you that we are absolutely serious about the potential content in this chapter. It is within your power to completely change your life—not just the ways you respond to stress, but the ways you choose to respond to anything that you face. Note that we have emphasized the word, “choose,” because a central feature of cognitive approaches is to recognize that the way you react to something depends, to a large extent, on how you decide to think about it. Such interpretations are about making some choices over others.
FOR REFLECTION 6.1

Think of a time recently in which you were really upset about something. Recall how out of control you felt, as well as how much stress you were experiencing. What have you noticed about the ways your negative feelings become better or worse, depending on what you think about and how you choose to interpret your situation?

During those times when you are most distressed, it is usually because you are imagining the worst scenarios, exaggerating the trouble, and feeling like you are being singled out for unjust treatment. Likewise, when you are feeling better about the situation it is often when you are working hard to keep things in realistic perspective.

We understand that you would be skeptical about what we have just offered. How is it possible that reading a chapter in a book could really change anyone’s life? You’ve read so many chapters in so many different books; why would this one really be any different?

It won’t—unless you are prepared not only to read the material, but to study and practice it. Give us one week out of your life to try this approach and see if it makes a difference. We have been teaching cognitive restructuring methods to clients, students, athletes, and beginning therapists for long enough to know how it can change lives. In order for the effects to last, however, it is essential to practice the strategies every day. You may get distracted and tire of the self-discipline that is required. You may forget why this was important in the first place. You might even decide that you don’t like having the responsibility for such control—there will no longer be anyone else to blame for the times when you are feeling miserable.

If you practice these strategies in daily life, we can promise you a degree of self-control over the stress in your life that you have never imagined possible. Cognitive methods are not magical, but they might seem that way: they give you the power to change how you are thinking—and feeling—in any situation you might face.

Most Stress Is Self-Inflicted

It is a premise of cognitive approaches that stress results more from attitude than circumstances. The same situation that may seem stressful to one person feels exciting and challenging to someone else. For those who are suffering from extreme emotional upheaval, the problems persist in large part because of excessive ruminations and obsessions about factors or situations that are beyond your control. Likewise, those most likely to recover quickly from stressful situations are those who feel some degree of power to regulate their moods, change their thinking, and act constructively (Beckmann & Kellmann, 2004).

In studies done to compare those who performed well under pressure with those who
folded, a strategy of “positive appraisal” seemed to be the decisive factor. That means that when taking a test or competing in an event, everyone experiences certain behavioral and physiological reactions in their bodies, but these can be interpreted in very different ways. When participants were told their fluttery stomachs, jittery hands, or pounding hearts would actually improve their performance, they believed the so-called nervousness was actually quite positive and functional (Jamieson, Mendes, Blackstock, & Schmader, 2010). So it all depends on how you choose to interpret so-called nervous reactions.

Cognitive restructuring, a term coined by psychologist Donald Meichenbaum (1977), refers to a particular coping style in which people inoculate themselves against stress by building up a reservoir of positive self-talk or internal dialogue to deal with life’s challenges.

Two people get in their cars and prepare for the one hour commute to work. One person says the following to himself:

I hate this damn drive! The traffic is just about killing me. I’ll probably have a heart attack one of these days, or choke on the pollution. Everyone is so rude. I swear sometimes they are trying deliberately to kill me, or at least run me off the road. There’s nothing on the radio except the same old songs they play over and over again. What a colossal waste of time. It’s like I’m in hell. Every day it’s the same old thing. It drives me crazy. By the time I get to work I’m so anxious and stressed I can barely concentrate. Then I have to go through the whole thing all over again to get home.

Now compare this internal dialogue to that of another person who has adopted quite a different attitude:

I actually look forward to the drive on the way to work and back. It gives me time to think about things, sort of get myself organized for the day. Then, on the way home, I review the day and what I’ve done, where I want to go next.

Sometimes it seems like the hour drive is too short, if you can believe it. There is so much to do. I enjoy listening to music or catching up on news on the radio. Sometimes I listen to a book on CD that I wouldn’t usually have the time to read.

I don’t mind doing absolutely nothing either, just putting my brain on automatic. I figure out alternative ways to get to work, seeing if I can beat my record. I watch the other people in the cars next to me, or ahead of me, and try to imagine who they are and what their lives are like. The drive really isn’t so bad at all. I actually enjoy the time alone.

One person becomes so stressed by the commute to work that he can barely function once he gets there, and the effects last all day. The other person, adopting a quite different mindset, not only doesn’t feel perturbed by the drive but seems to enjoy it. Rather than feeling stressed, it helps her to relax and get herself organized for the day.
What is it that makes it possible for two people to react to identical situations in such
different ways? The answer is found in their internal dialogue, the ways they
cognitively construct their experiences. The first person feels stressed because of what
he is telling himself inside his head. He is creating his own misery by dwelling on the
most negative aspects of the commute. These toxic thoughts pollute the experience in
such a way that the drive seems intolerable to him. His stress comes not so much from
the two hours he spends in traffic each day, but rather from how he views his
predicament.

To a large extent, what determines how you respond to any potential stressor or
challenge is the self-talk going on inside your mind. In the example of the commuters
above, you were offered a window into their internal dialogues. It is no wonder,
therefore, that the first person would be so miserable while the second person took the
situation in her stride.

Let’s imagine another scenario in which someone returns home from work one day to
find a note taped to the refrigerator door that reads:

\[ I \text{ am sorry but I don’t want to live with you any more. I’ve had enough. So I took the} \]
\[ \text{Sony TV, and a few things and moved out. Have a nice life.} \]

How would this person respond to this rather sudden announcement? The answer
depends very much on how she chooses to view the situation and the kind of self-talk
they engage in. Again, here are two possible ways that someone might think to herself:

\[ I \text{ can’t believe I never saw this coming. Now I am so alone. I’ll probably never find} \]
\[ \text{anyone to be with me again. Because he left me, nobody else will ever want to be} \]
\[ \text{with me. It’s all my fault that this happened.} \]

Understandably, this person could feel depressed, anxious, lonely, angry, or despondent,
given the way she is interpreting what happened. Examining her internal dialogue, full
of toxic thinking, what are the aspects that stand out as being most unreasonable and
irrational?

1. \text{I can’t believe I never saw this coming.} She is telling herself that she should have
been able to predict what happened, without considering that maybe her partner
was doing a good job of hiding intentions.

2. \text{Now I am so alone.} This is not true. She has other friends and family members who
care deeply about her.

3. \text{I’ll probably never find anyone to be with me again.} There is no basis for this
assumption whatsoever. Where is the evidence that because this one relationship
ended, all options for romance in the future are over?

4. \text{It’s all my fault that this happened.} It is never solely any one person’s fault when
there is a misunderstanding or conflict in a relationship.
Now let's picture another person who arrives home from work to find the same note waiting, but reacts differently to the situation.

_Gee, this is a bit unexpected, but it is not totally surprising. In some ways I am relieved that it is finally over. I'm feeling sad that we couldn't work things out, and I'm disappointed that he chose to end things in this particular way, but I also understand that we were building up to this for some time. Sure I'm upset about this, but I'm also excited that I can move on with my life._

This person is not denying the loss she feels at the ending of the relationship, but exhibits a more positive mindset towards the situation. She is looking more at the opportunities that open up for her rather than the losses. Notice that she is not blaming herself for what happened, nor is she looking at the worst aspects of the situation. Given her particular internal dialogue, the emotional result is that she feels sadness and disappointment, but does not feel overwhelmed or depressed.

In both examples provided in this section, we have shown how people do not necessarily and automatically respond in the exact same ways to challenging situations in life. There are always options that depend very much on what you tell yourself about what happened, as well as what you think it means.

### FOR REFLECTION 6.2

**Stopping the little annoyances**

There are times when you consistently get upset about something that annoys you. You can’t really do much to change other people’s behavior, at least in the short run, yet you still allow these incidents to get underneath your skin over and over again. For each of the following common annoying situations, think of a way that you could talk to yourself inside your head so that you don’t feel additional stress from these situations. We are not talking about what you say or do on the outside, but rather what you say to yourself on the inside.

A. Someone is speaking loudly on a cell phone in a public space.
B. A person on the freeway is driving slowly in the express lane, blocking you from driving faster.
C. Someone is standing in line in front of you, chatting to the cashier as if he has all the time in the world.
D. An instructor in one of your classes is giving a particularly boring lecture.

**Creating Meaning**

Very little of what you experience in life, stressful or otherwise, has meaning without your active construction of that perception. Throughout the ages, existential
philosophers and theoreticians have wrestled with the difficult questions related to what gives life meaning. Some of the greatest thinkers, novelists, and playwrights have described the journey toward finding meaning in one’s existence.

Stress, or for that matter, any kind of suffering, becomes intolerable when it seems to serve no purpose except to condemn one to misery. Yet individuals who have survived trauma may as often be led to positive transformations as they are to despair. What makes the difference is how survivors perceive their plight and how they restore meaning after experiencing loss (Fontana & Rosenheck, 2005).

Victor Frankl, a psychiatrist who was trapped in the Auschwitz concentration camp of Nazi Germany, watched most of his family and friends perish. Some succumbed to starvation and exposure to the elements, while others were outright murdered. What struck Frankl was those inmates who seemed to give up and die of despair. They abandoned all hope, and seemed to wither away. What saved Frankl, and others like him, was that somehow they were able to find some meaning for their suffering, even if it was to survive long enough to tell the world about what they witnessed.

In his book, *Man’s Search for Meaning*, regarded as one of the most important works of the twentieth century, Frankl described the core of existential philosophy:

> We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way. (Frankl, 1962, p. 104)

Compared to the stresses that most of us face in life, being interned in a death camp where the survival rate was less than 1% is surely a test of one’s spirit. What Frankl sought to prove, however, was that even in the most horrific conditions imaginable, it is still possible for people to choose their attitude and find meaning in the experience.

While existential theory is rarely thought of as being part of cognitive therapies, it shares with these approaches a respect for the power of personal interpretation. Current research indicates that the presence of meaning in the life of an individual is positively associated with life satisfaction, happiness, and positive feelings (Park, Park, & Peterson, 2010).

In the ideas that follow, we want you to keep in mind that the power remains within you to make your own choices about how you wish to respond to any adversity that might come your way.

**Cognitive Theory in a Nutshell**

Throughout the ages there have been thinkers who have been interested in the power of mental activity to influence one’s mood and behavior. The Stoic philosophers of
ancient Rome such as Marcus Aurelius, Epicurus, Seneca, and especially Epictetus were influential in the development of modern cognitive restructuring methods. In his classic treatise, Epictetus said: "Men are disturbed not by things, but by the view which they take of them." The essence of this idea, that emotional stress reactions are not caused by outside events but rather by internal perceptions, formed the basis of what have been known as the cognitive therapies.

Albert Ellis, a psychologist who practiced as a psychoanalyst in the 1950s and 1960s, was greatly challenged by the Stoic philosophers. Psychoanalysts encourage their patients to explore the past, as well as unconscious desires, to examine the ways that their early history affects current functioning. If you are unduly stressed in your life now, the psychoanalyst believes it is because you have unresolved issues that must be dealt with, many of which go back to early memories that you have repressed or conveniently "forgotten."

During the early stage of his career as a therapist, Ellis was crippled by self-doubt. He felt insecure, lacked confidence, and often felt crushed by disappointments and rejections. He began augmenting his psychoanalytic training by reading philosophy. He studied the emerging science of behaviorism, an approach that emphasized taking constructive action rather than simply developing insight as in psychoanalysis.

Ellis soon settled on a critical awareness of his own—that happiness in life was not based on what happened to you, but rather was related to your degree of self-acceptance and ability to tolerate frustration. If he could learn to be more accepting of himself, including his mistakes, weaknesses, and limitations, then he would be far better equipped to handle any challenge that came his way.

After first applying these ideas to himself, Ellis later experimented with methods that evolved into a system called rational emotive behavior therapy (REBT). The goal of this approach is to teach people how to identify what they are doing to upset themselves and, in turn, to change the nature of their thinking in such a way as to produce a more desirable outcome. The seeds of this idea are contained in Ellis's ABC theory of emotions, which plots out, logically and sequentially, the mechanisms by which people become upset and how they might change negative feelings through certain thinking patterns that are deemed more rational and reality-based.

The ABC theory is so named because each letter stands for a stage in the process of emotional disturbance. The next two letters in the alphabet, D and E, lead to a different emotional response.

A: Activating Event

This is the situation that most people believe is causing the stressful difficulty. A flat tire, getting caught in congested traffic, receiving a low grade on an assignment, being
yelled at by a supervisor, being ignored by a friend, or ending a relationship are all examples of events that appear to activate strong negative emotional responses. This is the initial event (A) that leads to a particular emotional consequence (C).

Let's take an example of how reading these chapters on stress is the “activating event” that is "causing" you to feel very upset.

A: Activating event
Reading chapters in stress text

C: Emotional Consequence
Most people believe that things outside of themselves, events or circumstances in the world, are what cause them to feel stressed and out of control. It feels like other people, weather, bad luck, a flat tire, or a reading assignment are the cause of the negative emotions. The clearest evidence for this is to listen to how you talk about things that happen to you. Often they involve externalized thinking, that is, the idea that feelings were caused by external events: “He made me so angry,” or “The traffic really upset me,” or “I got really stressed out by that party.” In each of these cases, the person is attributing the emotional result to some particular event or stimulus that activated or caused it.

B: Irrational Belief
Between A and C is another letter—B, the belief that someone holds about what happened. The most significant contribution that Albert Ellis and other cognitive theorists made to the understanding of emotional disturbance was to recognize the kinds of interpretations and perceptions that take place inside someone’s head. Their radical idea is simple and yet compelling, supported by decades of empirical research. Except for the fight-or-flight stress response that bypasses conscious thought altogether, emotional reactions almost always result from your beliefs about what happened to you rather than the events themselves. In summary, negative and positive feelings are not caused by what others say or do, nor by events you are subjected to; rather they are the result of your interpretations and individual perceptions of those circumstances.

Returning to Ellis’s model of irrational beliefs, let’s review our example of feeling stressed over the challenging material in the book chapters. In this new configuration, rather than the negative feelings (C) being caused by the antecedent event itself (A), you can see there is an important step in between that is missing (B).
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activating event</strong></td>
<td><strong>Irrational beliefs</strong></td>
<td><strong>Emotional consequences</strong></td>
</tr>
<tr>
<td>Reading chapters in the stress text</td>
<td>&quot;I'm an idiot because I can't figure this stuff out.&quot;</td>
<td>Anxiety, Confusion, Frustration, Fear</td>
</tr>
<tr>
<td></td>
<td>&quot;This material is way too hard for me.&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;It isn't fair that I have to work this hard.&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;It is so terrible that I have to deal with this.&quot;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;I should be able to deal with this better than I am.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

What is it about these internal self-statements that makes them so irrational? Examine each one of them and consider how it might not reflect reality clearly or accurately.

Irrational beliefs are those that exaggerate or distort what is going on. They are considered dysfunctional or self-defeating because they tend to make unrealistic demands of yourself, others, or the world.

**FOR REFLECTION 6.3**

Consider how the language you use reflects the underlying irrational beliefs at work. Do any of these expressions sound familiar?

- "He makes me so mad!"
- "The weather is so depressing."
- "It was just bad luck."
- "The damn election results just make me want to give up."
- "It really got to me. There was nothing I could do about it."
- "I can't help it. It's just the way I am."

What is wrong with these statements? In each case, they imply external control in which circumstances outside your mind are what make you upset. In truth, nothing outside of you can make you feel anything without your consent. All emotional responses result from your interpretations about what happened.

Ellis identified five major irrational themes. Most of these are represented in our case illustration.

**1. Absolute Demands**

One of the most common laments you hear whenever things don't go the preferred way is "That isn't fair." In fact, life is not fair. If it was, you wouldn't have to lock your doors. You wouldn't see people around you who have more than you even though they are not as smart or talented. You wouldn't have to take this course and study so hard. The world is not a fair place in which everyone gets what he deserves and you in particular
get whatever you want. There are injustices all around you. People play by different rules and live by other values. It would be preferable if everyone else thought the exact same way that you do, and did just what you thought was best for them and for you, but that is just not going to happen most of the time.

Whenever you catch yourself believing that life should be fair, you are setting yourself up for increased disappointment, indignation, and frustration. So what can you substitute instead of this complaint? Try “Oh well. Isn’t it annoying and disappointing that things are not going the way I prefer? I wish things were different, but they are not. So I might as well accept things as they are, work to change the things within my power, and stop dwelling on what is beyond my capability to change.”

Instead of saying to yourself about the difficult reading assignment, “It’s not fair that I’m expected to learn so much stuff in such a concentrated period of time,” you could say instead, “I wish I had more time, and less material, but if these are the cards that I’m dealt, then I better try to make the best of them. Complaining and whining probably isn’t going to get the job done.”

2. Awfulizing

Awfulizing, or catastrophizing, describes a set of irrational beliefs represented by gross exaggerations of reality in which you think as if you have suffered the worst tragedy imaginable. Whenever you are subjected to an inconvenience, or an obstacle, if you are telling yourself that this situation is “awful,” “terrible,” or a “catastrophe,” then you are going to react in proportion to this assessment. If, on the other hand, you treat the situation as a minor annoyance, a small disappointment, a temporary setback, you will feel much less stress and react emotionally in a much more appropriate way.

Examples of awfulizing in action include:

- “It is terrible that things worked out the way they did.”
- “This is the worst thing that could have ever happened to me.”
- “What a major disaster that I didn’t get . . .”

What makes statements like this irrational? For one thing, calling something awful or terrible implies that it is the absolute worst thing that could ever happen. After all, what is another term to describe something worse than “terrible”? Double terrible? Awfully terrible? Terribly awful?

No matter what happens to you, there is always something that could make it worse. If you are feeling stressed because you weren’t promoted at work, and you think that is terrible, what would you say if you were fired from your job altogether? And if you were fired from your job, and you think that is an absolute disaster, then what would you call it if you not only lost your job but also all your savings? And if that should happen,
then how would you label all that happening, plus being informed that you have a terminal disease? We are not implying that you should minimize life’s difficulties, or deny their impact. There are indeed some situations that are extremely trying, if not terrible—rape, poverty, terminal disease, physical assault, and the loss of a loved one, to mention a few. But most of the things that you get stressed about in life are not nearly as serious or disruptive to your life as you think. And you would be surprised how little even supposedly catastrophic events affect many people’s lives in the long term. In studies with people who suffer spinal cord injuries and become paralyzed as a result of an injury, most of them report feeling mostly positive about their situations within two months of the event. Eight out of ten consider their lives to be as good as, or better than, those of most other people (Seligman, 2002).

Awfulizing is best challenged by recognizing the extent to which you are exaggerating the importance of an event, or its ultimate effects on your life. You walk out of class, head out to the parking lot after a tough day, and discover that your car has a flat tire. You think to yourself, “What a disaster! I can’t believe this sort of thing always happens to me! This whole day has just been a nightmare, one thing after another.”

If you chose to counteract these irrational beliefs, then you might say to yourself instead: “Well, this is certainly annoying. It is disappointing that this will cost me some money I don’t really have right now, but oh well, there’s not much I can do about that now. I’d better get to work and get this tire changed.”

In this second case, the person chooses to think something different about the situation. Rather than seeing this flat tire as a major disaster, the person instead treats it as an inconvenience. Presumably you can see how this alternative interpretation of the situation would produce a different emotional reaction—one in which stress is minimized.

3. Low Frustration Tolerance

A corollary of “This is awful” is “I can’t stand it.” It is bad enough that things didn’t work out as you had hoped; even worse is to tell yourself that things are now intolerable because of this disappointment. What makes this belief so irrational is that, indeed, you can stand anything short of death.

Notice those times when you are feeling most upset and out of control. It is likely there is some cognitive activity occurring in which you are telling yourself that what is going on is beyond what you can handle. You would be amazed at what you can deal with if you are called upon to do so and if you have little choice in the matter.

Think about those times when you had to go to the bathroom really, really badly. You could hardly stand it. You thought to yourself that if you could not find a facility in one more minute you would explode, or perhaps embarrass yourself in public. Yet when is
the last time that you couldn’t make it to the bathroom and wet your pants? This might sound silly but it is an example of how you can go as far as you need to in order to get the job done. You see a toilet ahead and think to yourself, “Okay, this is it. I can’t go one more step.” Then you try the door and discover that the facility is out of service. Somehow you manage to run to the next available option. So it is with most situations in life—you can tolerate far more than you ever imagined you could.

What are the symptoms of **low frustration tolerance** that you should be on the lookout for?

- Demanding instant gratification of every desire and then whining and complaining about it when you don’t get your way (“It isn’t fair!”).
- Thinking only about pleasures in the present rather than the implications for the future, such as how you will pay for what you want.
- Feeling impatient when things don’t happen as quickly as you might prefer, or according to your most convenient schedule.
- Avoiding the self-discipline and hard work involved in giving up or avoiding habits and addictions that provide temporary relief but at long-term costs.
- Abandoning a planned program that could produce beneficial and desired goals because the work seems too hard, and the effort is considerable.
- Procrastinating rather than completing assignments or activities, and failing to deliver on your promises to yourself or others.

4. Musterbation

**Musterbation** refers to the demand that people or things be a particular way. Ellis called this a form of “self-abuse” because it implies that you are in some way special and deserving of special privileges not afforded to others. The universe does not care whether or not you get what you want. It is impartial and favors no one. The best way to diagnose what Aaron Beck refers to as **personalization** is to look for ways in which you exaggerate your belief that events in the world apply only to you and your sense of specialness, for example, “Every time I try to plan a picnic, it rains.” Not only is this most likely not true (surely there was a time when it didn’t rain), but it implies that the “weather gods” are only concerned with ruining your plans (as if they have nothing better to do—like disrupting others’ lives with hurricanes, tornadoes, and such).

Ellis favored the term “musterbation” because it draws attention to the use of the “musts” and “shoulds” in our internal thinking and verbal speech. Consider the following statements as examples.

- “He shouldn’t have behaved in that way.” This means you are saying that because someone acted differently than you would, or lives by different rules than your own, he should be punished in some way.
• "I must go to my parents' house for dinner on Sunday." This demand implies that you must behave in a particular way or you are no good. There is a huge difference between telling yourself, "I must go to dinner" versus "I choose to go to dinner at my parents' house." It is all a matter of language, but words imply critical distinctions.

• "Either she's with me and does what she should do to help me, or she's against me and doesn't care at all." In reality, things are usually not so simple.

The use of musts or shoulds implies a degree of rigidity, as well as what Beck calls dichotomous thinking. This is the sort of irrational reasoning in which you force things into absolute categories: "Either I go to my parents' house like I should, and hate myself for it afterwards, or I don't go and then feel terribly guilty." A more measured assessment of this situation might recast it in such a way that whichever choice you make, you feel good rather than bad about it.

5. Absolute Judgments

Ellis called this the "tyranny of the I'm s," meaning the use of absolute self-descriptors that define who you are based on a limited sample of your behavior. The following are examples of absolute judgments.

• "I'm the type of person who doesn't do that sort of thing."
• "I'm not good in math."
• "I'm Italian. That's why I have a bad temper."
• "I'm shy. I've always been that way."
• "I'm incompetent because I didn't handle that situation well."

In each of these cases, the person is generalizing from one or more cases and defining herself in an absolute way. It is irrational to label yourself as shy just because you might behave that way in some situations; almost nobody is shy in every situation and context. Likewise, making a judgment about yourself as not good in math just because you haven't performed as well as you prefer thus far is to deny any possibility for improvement in the future.

Compare the statements above to alternatives that are carefully worded to more accurately reflect reality.

• "I choose not to do that now, but I reserve the right to change my mind at some future time."
• "I don't do as well in math as I would like, but I hope to do better with practice and help."
• "Sometimes I lose control of my temper whereas at other times I am able to control myself quite well."
• "In certain social situations, such as being in a room full of strangers, I behave in shy ways. When I am with family or friends, however, I can be quite outgoing."
• “I didn’t handle that situation as well as I would like. There are some areas I need to improve.”

Note how this second set of self-statements is likely to result in a different kind of emotional response. Rather than feeling helpless and powerless (recall how these are correlated with stress), you are likely to feel positive and in control.

FOR REFLECTION 6.4

Based on what you have already learned about examining beliefs, what is it about each of the statements in our example of the stressed student that strikes you as irrational?

“I’m an idiot because I can’t figure this stuff out.”

“This material is way too hard for me.”

“It isn’t fair that I have to work this hard.”

“It is so terrible that I have to deal with this.”

“I should be able to deal with this better than I am.”

Answers at the end of the chapter.

Disputing the Irrational Beliefs

Based on your analysis of what is actually causing your emotional suffering, several insights are evident.

1. Emotional stress responses are a matter of choice rather than circumstances. You choose, consciously or unconsciously, to react in a particular way based on your beliefs about what happened and your interpretations of the meaning.
2. Other people or events do not disturb you; you do that to yourself based on the way you think and the way you talk to yourself about what happened.
3. You can change how you feel based on how you choose to think. This is not easy—it requires consistent use of the “three Ps”: persistence, patience, and practice.

Once you understand that the way you are feeling is based on your chosen beliefs, many of which are irrational and self-defeating, the next step in the process is to
dispute or counteract those interpretations. This means challenging some of your assumptions to determine the extent to which you might be exaggerating or distorting things, overpersonalizing the situation, or overgeneralizing what is going on.

Disputing your beliefs is the most difficult part of this cognitive restructuring process. To review, you will have no difficulty identifying what set you off (A—the antecedent event). You will also find it easy to label your feelings (C—emotional consequences) as they have likely bubbled to the surface; they are what caught your attention in the first place. The irrational beliefs (B) take a little practice to label, but we have provided you a guide to make that task easier (Figure 6.1). Look for variations of the five themes we mentioned: (1) Life isn’t fair, (2) It’s awful, (3) I can’t stand it, (4) I must get what I want, and (5) I’m incompetent.

Basically what you are trying to do is to force yourself to look logically, rationally, and systematically at your situation. Imagine that the events were recorded and you were watching the reenactment on a screen. What would you observe? What would the recorder capture in objective, accurate images?

There are three major questions to ask yourself when disputing your irrational beliefs, as follows.
1. **Where is the evidence that what you are experiencing is true?** We don't mean to invalidate the legitimacy of whatever you are thinking and feeling—you are perfectly entitled to any beliefs you want. But assuming that you don't like the way you are feeling, and want to do something about it, then it is time to consider things more objectively. Ask yourself what a camera would record about this scene. Are things indeed as dire and disastrous as you think they are? Is this really the worst thing that ever happened to you? Is it true that you can't stand what is happening, that you will die as a result?

2. **Who says that things must be the way you think they are?** YOU do. You are the one who is demanding that things be a particular way. Examine your “shoulds” and “musts” that signify your rigidity, imposing your standards and values on the rest of the world. Look at your tendency toward perfectionism, holding expectations for yourself and others.

3. **Does your response seem logical and reasonable, given the situation?** Return to the task of watching yourself. How are you exaggerating things? How are you making invalid assumptions? How are you overgeneralizing based on limited cases? How are you overpersonalizing?

<table>
<thead>
<tr>
<th>TABLE 6.1. Disputing Questions for Counteracting Irrational Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Where is the evidence to support that you must ...?</td>
</tr>
<tr>
<td>• Where is it written that you must ...?</td>
</tr>
<tr>
<td>• Just because it is bad, how does that mean that it is the end of the world?</td>
</tr>
<tr>
<td>• If you continue to believe that, what will it do for you?</td>
</tr>
<tr>
<td>• What will be the consequences if you give up that idea?</td>
</tr>
<tr>
<td>• How is thinking that way getting you what you say you want?</td>
</tr>
<tr>
<td>• What will it mean if you don’t get what you want?</td>
</tr>
</tbody>
</table>

In order to keep things in realistic perspective, it is often useful to remind yourself that what you are blowing up as so important now may not mean very much a few minutes, hours, days, weeks, or years in the future (see Voice of Stress Management 6.1). Who is going to care about this 100 years from now? In the grand scheme of things within the universe, how much does this really matter?

<table>
<thead>
<tr>
<th><strong>VOICE OF STRESS MANAGEMENT 6.1</strong></th>
</tr>
</thead>
</table>

**Twenty-two-year-old student**

I have been in recovery for three years. One of the things that I remember from my relapse prevention classes at the rehab center was the ABCs. This concept has really helped me make it through some rough times. I used to be an active alcoholic and drug addict. I used to jump to conclusions and was angry about everything. I would get high to avoid the pain of everyday life. I mean, I would think crazy thoughts. If my boss
Looked at me funny, I thought he had it in for me. If my girlfriend told me she had to work, I thought she was cheating on me. When I failed one class in high school, I dropped out after convincing myself that I was a loser and was going to fail all of my classes. It was nuts.

Looking back, it was like every one of my thoughts was out of proportion to what was actually happening. I just never took the time to really examine reality. What I learned was how to map it out. In class they taught us to A—look at the trigger that caused C—the emotional reaction. Then, B—the belief that I held that caused the emotional reaction . . . Man, was it crazy to learn that I had control over C! I use to blame everything or everyone else. Or I would just consider myself a total screw-up and get high. It all changed for me when I learned how my emotions were controlled by my thoughts. It is still a struggle. I really have to remember to reappraise most situations, but it gets easier and easier as time goes on.

If you are intrigued by this approach enough to want to learn more about it, there are plenty of resources available that you might consult, including books by Ellis, Beck, and others.

**The Power of Language**

You have probably noticed that cognitive restructuring methods pay very close attention to the language that is used, both internally and in spoken words. This is not just making a big deal about little words. Language happens to be the best evidence of what you are thinking inside. If you are using *externalized language* like "He made me do it" or "I just had a bit of bad luck," then you are probably adopting toxic thoughts that minimize both your responsibility and your control.

People who are serious about adopting cognitive restructuring methods in their lives are precise about how they express themselves. Compare these two sets of expressions.

<table>
<thead>
<tr>
<th><strong>Externalized Language</strong></th>
<th><strong>Internalized Language</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;He made me so angry.&quot;</td>
<td>&quot;I made myself angry over what he did.&quot;</td>
</tr>
<tr>
<td>&quot;It's not my fault. I can't help it.&quot;</td>
<td>&quot;I chose to behave this way.&quot;</td>
</tr>
<tr>
<td>&quot;The test made me so nervous.&quot;</td>
<td>&quot;I made myself nervous over the test.&quot;</td>
</tr>
<tr>
<td>&quot;That guy really gets underneath my skin.&quot;</td>
<td>&quot;I allow that guy to get underneath my skin.&quot;</td>
</tr>
<tr>
<td>&quot;The weather affects me like this.&quot;</td>
<td>&quot;I let the weather affect me like this.&quot;</td>
</tr>
</tbody>
</table>

In examining the two different ways that people responded to adversity, notice that the externalized versions blame outside factors for the trouble. This allows you to avoid
responsibility for what is happening, but at the cost of surrendering control. On the other hand, the internalized responses use language in which the speaker/thinker believes that how he is feeling is a direct result of his own actions.

**Keeping a Thought Journal**

You can’t change the way you think and feel unless you are aware of the cognitive activity going on inside you. One way to train yourself to monitor your irrational thinking more carefully is to keep a **thought journal** in which you note particular instances when you are experiencing undue stress and then identify the accompanying thoughts that are going on.

Purchase a notebook that you can keep with you at all times.

1. Divide your notebook into three columns, labeling each one as follows.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Feelings</th>
<th>Accompanying Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. As soon as possible after you experience some distressing event, make the following notations in your thought journal. Start by noting either the situation that you find upsetting (A—the antecedent event) or the disturbing feelings you are experiencing (C—the emotional consequences).

3. Describe briefly what happened. Where were you? Who were you with? When did this happen? What happened exactly?

4. Label all the feelings that you were experiencing. Don’t stop with just one or two. Often there are many different emotions going on within you. Try to generate at least a half dozen.

5. Go to the third column and fill in the thoughts that most likely preceded the feelings. These are the irrational beliefs that represent your interpretation of the situation and that led to the negative feelings (see example in Table 6.2).
Table 6.2 Example of a Thought Journal Entry

<table>
<thead>
<tr>
<th>Situation</th>
<th>Feelings</th>
<th>Automatic Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context and setting</td>
<td>One-word descriptors</td>
<td>What were you thinking just before and during the unpleasant experience?</td>
</tr>
<tr>
<td>I received a paper back in a class with a grade of C-. I had been counting on a good grade and worked hard on this assignment. I don’t know what I could have done differently. This is an important class that is required for my major. There’s a lot at stake for me because I could risk losing financial aid.</td>
<td>Depressed</td>
<td>I'm in deep trouble now with no hope of pulling myself out.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Humiliated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Angry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frustrated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anxious</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discouraged</td>
</tr>
</tbody>
</table>

FOR REFLECTION 6.5

Albert Ellis originally described thirteen different irrational beliefs that were eventually narrowed down to the five core themes mentioned earlier in the chapter. For each of these more detailed irrational beliefs, consider why it is irrational.

On your own, or in small groups, practice disputing each of these dysfunctional statements. We’ll get you started by handling the first two. You do the rest.

• "Everyone must love and appreciate me all the time." This is irrational because it is impossible. You can’t be loved and appreciated by everyone all the time. It is inevitable that some people will disapprove of what you do, no matter how hard you work to please them. The good news, however, is that you can love and approve of yourself no matter how you might behave in certain stressful circumstances.

• "I must be competent in everything that I do in order to feel okay about myself." Again this is impossible. You can’t be competent in everything that you do. And even if this was possible, which it is not, why would your essential competence as a person be contingent on any single performance? Even the most skilled and talented individuals make mistakes at times. The best hitters in baseball fail to get hits 70% of the time.

Now it’s your turn to do the rest of the exercises. Answers are at the end of the chapter.

• "Some people who are different from me are bad and should be punished."
- "It is terrible when I don’t get what I want."

- "Other people and events cause me to be unhappy and I have little control over this situation."

- "If I keep dwelling on something awful, maybe I can prevent it from happening."

- "It is easier to avoid difficulties in life rather than having to face them."

- "I need someone stronger than I am to take care of me."

- "What has happened in the past determines how I must be in the future."

- "I should become upset over other people’s problems."
• “There is a perfect solution to every problem and it’s possible for me to figure out what it might be.”

Reframing

A significant part of cognitive restructuring takes the form of recasting your situation or your problems in a different way, preferably one that is more self-enhancing. Stress-free living is not so much about what you do, or even how you do it, as it is about the ways you look at the world—your attitudes, beliefs, and interpretations. What can seem like an obstacle or annoyance to one person can be a challenge to someone else. It is all in the lens you choose to view the world through.

The problem is redefined in such a way that it can be more readily solved. This is called reframing and involves taking the problem out of its current context or “frame” and placing it in another one that makes it easier to deal with. So often, problems seem hopeless and intractable because they are perceived that way. Consider the following complaints.

• “My mother is always on my case. She’s always bugging me, asking me questions, and trying to find out what I’m doing. She’s so nosy.”
• “My boyfriend is the problem. He is just lazy and inconsiderate.”
• “My coworkers keep sabotaging my work and undermining me.”
• “I’m shy and don’t have any friends.”
• “I’m getting poor grades because I am stupid.”

Now, consider the preceding problem statements reframed in a more positive point of view.

• “My mother really loves and cares about me. She just shows her affection and concern in ways that I haven’t appreciated.”
• “I haven’t been as effective as I could be in getting my needs met in this relationship.”
• “My coworkers are trying to be helpful, but in a way that is different from what I prefer.”
• “Sometimes I act shyly, but sometimes I don’t. I would like to have more friends.”
• “I’m getting poor grades because I haven’t yet figured out how to study effectively.”
In each case, these reframed problems take the edge off the emotional intensity of situations and make the problems easier to deal with. The life predicament is exactly the same—the only thing that has changed is the way things are interpreted. Remember, this is the essence of cognitive restructuring. You may not be able to control the world, or other people, but you can control how you respond by choosing certain attitudes over others.

**FOR REFLECTION 6.6**

**Looking for Exceptions**

Think of a problem you are experiencing in your life right now, one that is creating a fair degree of emotional disturbance. This should be an issue that you spend a lot of time thinking about. Perhaps your sleep is disrupted by this problem. At odd and often inconvenient times you find yourself obsessing about it over and over again, replaying conversations in your head, reviewing what you could have and should have said or done instead.

Now, instead of focusing on the times you have this problem, we want you instead to think about those times when you are *not* bothered by it. Surely there are moments, even several minutes or hours, when you manage to keep things under control. You might even forget you have the problem at such times. Or perhaps, in spite of the ways you feel disturbed much of the time, you still have found ways to function some of the time without giving in to this problem.

Perhaps you are now aware that much of the time, maybe even most of the time, this problem does not control your life, even if it sometimes feels that way. Instead of looking at the situations when the problem is there, focus on those times when it is not present.

During this search for exceptions, what is different about those times when the problem is not bothersome? What do you do differently to not permit the problem to take over your life?

**Ceasing Disturbing Thoughts**

All the methods we have presented so far involve active strategies in which you carefully monitor your thoughts, challenge your thinking, and work hard to construct alternative perceptions of your experience. Sometimes, however, the source of stress arises from too much thinking—you can’t seem to shut your mind off. You obsess constantly about what is happening, or what could happen in the future. You ruminate about things that could go wrong. You struggle to find some meaning in life. You give yourself a headache, not to mention many sleepless nights and worry about things outside of your control. Or, in your most diligent efforts to master cognitive therapy
methods, you constantly assess what you are thinking and how you are speaking. What started out as valuable skill can be taken too far.

It is indeed the case that worrying about things can better prepare you to face challenges in the future, but at a cost: worriers tend to die younger than those who avoid such behavior (Mroczek, Spiro, & Turiano, 2009). There is a magical belief that if you anticipate every possible negative scenario that might unfold, somehow you can better survive it. Yet focusing so extremely on potential disasters creates a level of chronic stress that becomes toxic.

Several other chapters in this book will teach you how to turn off your mind and put stressful thoughts aside—meditation, visualization, deep breathing, yoga, and tai chi are designed specifically for that purpose. So far we have been advocating that stress can be counteracted by thinking more rationally and logically, but sometimes the problem is made worse by thinking too much.

We are the only species that has the ability, and the inclination, to anticipate dangers. Rather than being grounded only in the here and now, we can imagine future possibilities, and we do this as routinely and naturally as breathing. One result of this remarkable talent is that stress activates thinking and internal fantasies that lead us to rehearse, over and over again, all the disastrous things that might happen or go wrong (Restak, 2004).

As originally intended, this future-oriented thinking helps us to prepare for possible threats that may be waiting around the corner: “Let’s see, tomorrow when I go to the play I’m going to be parking in a bad neighborhood. Maybe I’ll use the valet service at a nearby restaurant instead so I’d better make a reservation.” Yet people who are overstressed have taken worst-case scenarios to their extreme. There are bestselling books on the subject that feed the public’s anxiety about all the things that can go wrong. They give advice about where to sit on a plane in case the engines fail or fall off, how to jump off a moving train, or how to survive a herd of stampeding elephants. These sorts of worries are not rational by any means, especially if you consider the actual odds of being injured. According to Glassner’s (1999) book *The Culture of Fear*, things we worry about such as shark attacks (one in a billion chance of occurring) being struck by lightning (one in four million), or being attacked by terrorists (several hundred victims each year), are actually quite rare. Our thinking in these matters is so irrational that we neglect far more legitimate threats like the danger of car or boating accidents, skin cancer, or electrical sockets. We mention these not to plant additional fears but just to remind you about all the needless worrying that takes place over things that not only will probably never happen, but over which you have absolutely no control.

Many Eastern stress observers wonder at the Western tendency to think so much about
so many things that are beyond our direct influence. People read the paper in the morning, or watch the news, and then ruminate all day about the implications of the latest economic or political upheaval. You hear about a kidnapping or murder in some part of the world, and then spend an inordinate amount of time thinking about this person you have never met. You replay in your head a conversation you had earlier in the week, again and again, berating yourself for how you handled yourself. When you aren’t worrying about these other things, you beat yourself over the head about another situation in which you did not perform absolutely perfectly. And these are only a few things that have already happened that you can’t, or won’t, let go of. Then there are all those things that might happen in the future—these provide an endless source of rumination and obsessions. Clearly, this is not very good for your health and well-being.

Some research on the subject of “not thinking too much” supports the idea that sometimes it may be better to deny or bury your worries. In one study of patients who experienced severe heart attacks, Karni Ginzburg and colleagues (2003) interviewed them about their coping styles after this traumatic health event. It seems that those patients who denied the risks they faced, and acted as if nothing much had happened, were far more relaxed and coped better than those who thought realistically about what they had faced. The repressed patients, even though they were denying reality to a certain extent, benefited from lower blood pressure and fewer stress symptoms. The lesson from this study: sometimes it is better to avoid thinking about certain things that are distressing.

One method for ceasing disturbing ideas is called thought-stopping. It is a device employed for people stuck in obsessive thinking patterns, or who can’t seem to stop themselves from reviewing painful, stressful memories (see Voice of Stress Management 6.2). The method is quite simple.

**VOICE OF STRESS MANAGEMENT 6.2**

**Twenty-one-year-old female student and retail clerk**

I feel like I am always freaking out about something. It never ends. I have bills, work, school, family, dating—it seems like there is just too much at once. I am always paranoid that I am going to fail out of school. And what if I get fired from my job? I’ll be homeless! I absolutely can’t go live with my parents! They are the worst, really strict and stuff. My boyfriend and I broke up a few weeks ago. He said that I was too stressed all of the time. He said that he couldn’t handle my paranoia about him cheating and that I was not going to die of cancer (I have a thing about dying of cancer, I swear, I just know that I have cancer). I don’t think that I will ever have another boyfriend. I think I’ll just die alone, a spinster with ten cats!
I did start seeing a counselor at school recently. In the few weeks that I have been going, he has given me some good tips. He gave me this rubber band and told me to put it on my wrist and snap it when I start thinking about the cancer. It is supposed to help me stop my thoughts. Well, at first I thought that I might get cancer from the rubber on my wrist, but I tried it and it seems to work. I mean, I will just snap it and it is like I am snapping myself out of it, out of the thought. So, the cancer thoughts are coming less and less, and sometimes I don't even have to snap the rubber band anymore, I will just remember the sting and stop the thought myself.

1. Place a thick rubber band around your wrist.
2. Wait for the disturbing or distracting thought or image to come to mind.
3. Reach over with the other hand and pull the rubber band to its stretched limit.
4. Let the rubber band go.
5. Notice that you are no longer thinking about the disturbing image.

This may sound rather simplistic to you, but it works! This is a direct application of behavior modification in which you extinguish an undesirable behavior (in this case a disturbing thought) with punishment (snapped rubber band). This method is not so much designed to hurt yourself when you engage in dysfunctional thinking: it acts more as a reminder, a kind of memory anchor, that helps you remember to clear your mind and focus on the present.

Carolyn was absolutely despondent over the breakup of her relationship with her boyfriend. She worked as a nurse in the same hospital where the ex-boyfriend worked as an intern in medical school. In addition to the grief and loss Carolyn felt over their separation, she was immobilized by the prospect that she might accidentally run into him in the hallways of the hospital. This was not an unreasonable expectation, considering they both worked the same shifts.

Carolyn imagined the anticipated confrontation over and over again in her head, just like the loop of a scene in a movie that repeats itself endlessly. She saw herself turning a corner and then literally running into him. She stood there frozen, unable to speak, and pictured herself actually fainting in anxiety. Whenever she had this fantasy, which was frequently throughout the day, she could barely function and concentrate on her work.

Carolyn decided to "arm" herself with a thick rubber band. Every time the forbidden image came to mind, she snapped the rubber band discreetly. The effects didn't last very long, but the action gave her a measure of self-control: she did have the power to control her thoughts, even if for a few minutes.

When Carolyn finally did run into her ex-boyfriend (thankfully not literally), she managed to mutter a hello and hurry on her way. She drew some small satisfaction
from the observation that he seemed to be even more uncomfortable about this meeting than she had been.

The point of this section on avoiding obsessive thinking is to remind you that too much of a good thing can also be harmful. We are strong advocates of the power of cognitive restructuring, but if you find that you tend to become too involved in assessing your thoughts, then consider alternative ways of stress management to follow.

**When Challenging Stressful Thoughts Doesn’t Work**

You have already learned that there are times when stress and anxiety actually serve important functions (eustress) to enhance performance, mental acuity, and physical capabilities during emergencies, competitions, or life-threatening situations. In general, in order for these normal reactions to operate effectively, there must be only a moderate degree of activation going on; otherwise you lose control. Yet there are also times when extreme stress and worry also serve useful purposes (see For Reflection 6.7).

**FOR REFLECTION 6.7**

**The functions of worry and stress**

What comes to mind when you think about possible uses of worry and stress? What do they do for you, even in extreme degrees? What functions might they serve to help you in some way, even if they have negative side-effects?

Perhaps what immediately comes to mind is that worry and stress over the future give you some illusion of control: by thinking obsessively about what might happen, you prepare yourself in some ways for dealing with frightening situations. To some extent, this really is useful in that you can think about problems and plan how you might deal with them. Sometimes, however, the worrying becomes excessive and counterproductive in that it goes far beyond mere problem-solving.

Other possible explanations as to why you might have trouble challenging negative thoughts include the following.

- You enjoy the attention and sympathy you get from others.
- You ward off fears by believing that you can somehow control the future by thinking about it so much.
- You prepare yourself for worst possible scenarios by thinking about them ahead of time.
- You have an excuse for not doing as well as you might like because you are “impaired.”
- They create drama and excitement in your life.
- They can act as a motivation to get things done in order to protect yourself against...
further suffering.
• They help you to examine more closely unresolved issues that you have been avoiding.

All of these so-called “secondary gains” of worrisome thoughts actually prevent you from changing the pattern because they are serving some purpose, even if you aren’t sure what that might be. In such cases, and others you might encounter, the cognitive methods of challenging irrational thoughts might not work as well as you would prefer. You might even find that trying so hard to make the negative thoughts go away only seems to make things worse.

In later chapters you will learn about “mindfulness” techniques such as those that are part of yoga, deep breathing, meditation, and visual imagery. The basic idea is that instead of trying to make thoughts go away, you simply “watch them” internally. As an alternative to what you’ve learned in this chapter so far, there are certain therapeutic approaches that instruct people to develop a different relationship with their own stressful experiences—one in which instead of trying to change negative thoughts into something else, you concentrate on becoming more aware of what you are feeling (Hayes & Strosahl, 2010). There are several good sources that teach you how to do this by increasing your tolerance for emotional distress (Forsyth & Eifert, 2007; Lejeune, 2007). Instead of ignoring, denying, or wallowing in your pain, obsessing about what you can do to make it go away, you “spend time getting thoroughly acquainted with it instead” (Hayes, 2007, p. 50). In its simplest form you go deeply into your disturbing thoughts or feelings and then notice carefully what is happening in your body. Rather than struggling to escape from the feelings, you stay with them (this takes resolve and courage). Such an approach can sometimes help you to stop fighting a battle it seems you can never win and instead develop a greater awareness of the thoughts and sensations within both your mind and your body. In many cases you will feel the stranglehold relax.

With this approach, or any other we have presented, we offer no guarantees; we present a collection of alternatives that you have to try out for yourself and personalize in such a way that you find something that works best.

**SUMMARY**

In this chapter you learned the skills involved in systematic self-talk and cognitive restructuring that allow you to choose your reaction to almost any situation you might face. Negative feelings do not emerge out of thin air, nor are they caused by external events; they are the natural result of the ways you interpret events around you. You can change the way you are feeling, and thereby reduce significant stress, by changing the way you think.
Most self-defeating or irrational thought patterns arise from exaggerating reality, distorting what is going on, or holding unrealistic expectations for yourself or for others. These dysfunctional thoughts can be challenged by following several sequential steps.

1. Become aware that you are experiencing a negative emotion you would rather eliminate.
2. Label the particular stressor or event that you originally believed was causing the problem.
3. Identify the irrational beliefs that are the real source of your suffering.
4. Dispute and challenge these beliefs by forcing yourself to consider the evidence in a more systematic, logical manner.
5. Consider your tendencies to exaggerate, hold perfectionistic expectations, make demands of others they are unable or unwilling to meet, and imagine the worst possibilities.
6. Assess your new emotional reactions that result from using cognitive restructuring.

In some cases, you also learned that there is a point when cognitive activity gets out of control. It was suggested that an alternative to thinking more is to think less by staying more in the present moment. The chapters that follow present a number of stress prevention and management strategies that specialize in harnessing strengths other than cognitive functioning. These include the uses of movement, breathing, exercise, imagery, meditation, touch, diet, and lifestyle changes that lead to feelings of greater control and well-being.

**REMINIERS ABOUT HOW TO TALK TO YOURSELF MORE CONSTRUCTIVELY**

- Avoid the use of “shoulds” and “musts.”
- Stop yourself from imagining the worst.
- Look for exceptions for when you are experiencing problems.
- Live in the present rather than dwelling in the past.
- Ask yourself, “Where is the evidence?”
- Keep expectations realistic to minimize disappointment.
- Monitor what you say.
- Take yourself off probation.
- Reframe problems to make them more manageable.
- Stop whining and complaining about things you can’t control.
- Keep your sense of humor.
- Stop taking yourself so seriously.
- Watch your tendency to overgeneralize.
- Exchange optimism for pessimism.
QUESTIONS FOR REVIEW

1. Explain how and why most stress is self-inflicted.
2. Discuss cognitive theory as it relates to stress management.
3. Think of a specific incident in your current life that upsets you. Use the disputing method to talk yourself through the process and reduce your stress.
4. Describe how the language you use dictates how you subsequently think and feel.
5. Identify six irrational beliefs that have caused you stress and replace them with more empowering thoughts.
6. Identify three problems in your life and attempt to resolve them by using the reframing technique.

SELECTED ANSWERS

Answer to FOR REFLECTION 6.4

• “I'm an idiot because I can't figure this stuff out.” How does having trouble with this particular chapter necessarily lead to the conclusion that you are stupid? This absolute judgment is a kind of overgeneralization. Negative self-esteem often results from this sort of chronic, exaggerated thinking.

• “This material is way too hard for me.” The material may, in fact, be difficult. But “way too hard” implies that learning the material is impossible rather than only challenging. This is an example of “awfulizing.” With sufficient time, patience, energy, and even help, it is highly likely that at least some of the material could be learned. In order to do so, however, the student would need to work on his or her frustration tolerance.

• “It isn't fair that I have to work this hard.” Since when is the world fair? There is a distortion of reality in making demands that the world (or one's teacher and textbook) make things easy for you and exactly fit your expectations. Telling yourself that you got a raw deal does not change the situation; it only increases your sense of victimhood.

• “It is so terrible that I have to deal with this.” It may be annoying, disappointing, slightly frustrating, or inconvenient, but “terrible” is a rather strong label to describe this relatively small challenge in life. If this situation is terrible, then what would you say about a really serious matter that was life- or health-threatening?

• “I should be able to deal with this better than I am.” The use of “shoulds” and “musts” signals absolute demands for yourself or others that things should be different than they are. This represents a lack of self-acceptance and often unrealistic expectations for what is reasonable and realistic.

Answer to FOR REFLECTION 6.5

• “Some people who are different from me are bad and should be punished.” People are
entitled to be any way they want, even if you don’t like it. Of course, they have to
suffer the consequences of their own choices but it is not your role in life to
enforce compliance with your particular values. Demanding that others be a
particular way is evidence of narcissism, rigidity, and authoritarianism.

• “It is terrible when I don’t get what I want.” It may be inconvenient or annoying or
disappointing, but “terrible” is an extreme label for the worst possible thing that
could ever happen.

• “Other people and events cause me to be unhappy and I have little control over this
situation.” Nobody or nothing outside of you causes your emotional disturbance and
stress; you do that to yourself based on your beliefs and interpretations. You do, in
fact, have control over your emotional reactions depending on how you choose to
think about things.

• “If I keep dwelling on something awful, maybe I can prevent it from happening.” This
sort of magical thinking that leads to incessant worrying and obsessive ruminations
has no impact on future events. It presents an illusion of control that is based on
fallacious reasoning and fantasy.

• “It is easier to avoid difficulties in life rather than having to face them.” You can avoid
situations in the short run, but eventually you have to deal with conflicts.

• “I need someone stronger than I am to take care of me.” As long as you believe that, it
will be so. There is a certain comfort in not having to be responsible for your own
welfare. You can blame others (like your protector) when things go wrong. You are
absolved of responsibility. You can feel helpless, inviting others to do the hard work
of taking care of you. You don’t actually need anyone to take care of you, but you
may enjoy some of the benefits, as well as the negative side-effects such as
helplessness and lack of control.

• “What has happened in the past determines how I must be in the future.” The past may
certainly influence the present and future but does not necessarily determine what
happens. It is up to you to decide how much you want past experiences to act as
templates for how you behave in the future.

• “I should become upset over other people’s problems.” You can choose to respond this
way if you want, but in doing so you have to examine what it is doing for you.
Generally, as long as you focus on others’ problems, you don’t have to think about
your own. The “should” in this statement is also evidence of absolute demands that
can be rejected if you prefer.

• “There is a perfect solution to every problem and it’s possible for me to figure out what
it might be.” If only this was true. Rarely in life do problems even have solutions,
much less “perfect” ones that can be discovered and implemented. It is more often
the case that problems have many possible responses, several of which might be
useful. Rather than freezing yourself with inaction by trying to figure out the
perfect option, you are far better off making the best decision you can under the circumstances, and then moving on to the next challenge.

REVIEW ACTIVITIES

Review Activity 6.1: Changing your negative beliefs

Directions: In this exercise you will answer a few questions in order to help yourself change a negative thought.

1. Recall a recent event where an automatic negative thought occurred in your mind. Write down that negative thought. Comment on how much you believe this thought is true.

2. What is the evidence that this negative thought is true?

3. What is the evidence that this negative thought is untrue?

4. What is your core belief that generates your negative thought in the first place?

5. What is the evidence for and against the core belief?

6. What is an alternative thought, a more positive one that can replace the negative core belief?
Review Activity 6.2: Practicing the ABC theory

In the chapter you learned how you can change stressful experiences by talking to yourself differently. This involves following a series of sequential steps you learned that constitute the “ABC theory.” In Figure 6.2 you can review how your beliefs (B) determine the emotional consequences (C) that you experience. By disputing (D) these beliefs using the methods you learned in the chapter, you produce a different effect (E) and feeling (F).

It was explained in the chapter that in order to make this system part of you so that you can naturally and routinely deal with stressors as they occur, you must practice these skills until they become second nature. In the space below, take an activating event (A) about which you are currently feeling upset. Follow the steps you learned to dispute your irrational beliefs (B) until you have been able to lower the intensity of the negative feelings. If you get stuck, consult with some other classmates or your instructor.

Review Activity 6.3: Externalized language

You were introduced to the notion that language can be framed in terms of externalized or internalized control. The latter accepts responsibility for behavior while the former implies being a victim of circumstances outside of your control. In the examples below, substitute the externalized language with expressions that communicate greater personal power, choice, and responsibility.


<table>
<thead>
<tr>
<th>Externalized Language</th>
<th>Internalized Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;This job has really got me down.&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I hate it when it is dreary outside like this.&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I always get nervous when a paper is due.&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;She drives me crazy with her complaining.&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;He did this to me and it’s all his fault.&quot;</td>
<td></td>
</tr>
</tbody>
</table>

Compare your answers with those of classmates to make sure you understood the concepts.

REFERENCES AND RESOURCES


CHAPTER 8

Keeping the Skills We Have Learned
8:: Keeping the Skills We Have Learned

When Robert Sternberg asked randomly selected American citizens to define "intelligence" he found that all accepted that some of us are "natural fast studies" who can learn new information faster than most, but also thought that "intelligence" was a learned capital of "smarts": useful skills that we have mastered to better manage our daily lives and professions. Since smarts are a bonus that we can only earn by experience, we might expect them to become an increasingly important toolkit as we grow older. Even the most able of us find it hard to learn, let alone invent a new skill. Even if all the separate components of the new knowledge are very simple, we will make embarrassing mistakes until we have mastered all of them and understood how they work together. Initial bewilderments are overcome and turn into barely conscious routines which we can use to effortlessly cope with problems that even the cleverest beginners find impossible. This is not just true for our individual lives but also for our species.

The smarts that species acquire bring huge survival advantages. Our great-great-great-grand-ancestor tree-shrews would have been deleted from the gene pool if they paused to work out how to cope with every emergency from first principles. A hazard survived and remembered could improve competence in the next emergency and useful inventions, such as the technique of extracting termites from their mounds by fishing with twigs, were noticed by our fellow primates and became part of the accumulated forest smarts of our species. Archived solutions to problems are a main driver of our intellectual progress as a species. Two of the most talented mathematicians who ever lived, Leibniz and Newton, needed years of hard thinking to develop calculus that average schoolchildren can now learn within a few weeks.

For those who like computer analogies, speed, memory and central processor size can be compared to the "benchmark performance characteristics" that determine the maximum processing speed of a machine. However, these "brain operating characteristics" represent only unused potential power until we have stored and run programs. A computer program that is ideal for one task is usually useless for any other. This seems to be true for animal brains as well as computers. Finches' remarkable skill at remembering and finding nuts that they have stored to survive winter is a powerful survival aid but no help in the dodge-the-predator game. Like a computer benchmark characteristic, "general intelligence" is a convenient term for the level of efficiency that determines how fast and accurately we can solve any new problems and learn any new skills. However, once learned, particular skills can be intensely specialised, and mastering one may give little or no advantage in others.

A study of exceptional pianists by Krampe and Ericsson [1] showed that although
natural talent is a crucial entry qualification for a distinguished career as a musician, the great gap in achievement between excellent music teachers and internationally distinguished concert pianists is brought about by a difference of thousands of hours of deliberate practice maintained over decades. Similarly, although our scores on intelligence tests do predict how fast we can find and learn solutions to new problems, truly outstanding mental achievements owe as much to sustained effort as innate flair. Genius needs perspiration.

We have to ruefully admit that our scores on tests that measure speed, flexibility and competence at solving unfamiliar problems decline as we age. An obvious next question is whether we also gradually lose the mental toolkit of skills that we have acquired or whether this can last us to the ends of our lives. To compare how old age affects “raw” intellectual potential and learned skills, John Horn [2] gave volunteers tests of intelligence, information processing speed and memory, which he termed “fluid abilities”; and tests of acquired information, such as vocabulary and social competence, that are, clearly, learned skills. Fluid abilities declined with age but acquired skills declined less or not at all. Horn called such age-resistant acquired capabilities “crystallised intelligence”, perhaps on the analogy that the residues of skills developed by using “fluid intelligence” gradually “crystallise” into durable and unchanging gems of competence. Fluid intelligence limits the quality of the solutions that we can achieve for any new problems that we encounter, and how well we remember them. Once learned, these solutions seem to become functionally independent of fluid intelligence and better survive the effects of age on the brain.

Studies of maintaining high competence in real-life professions make the same point. A study of 43 financial experts aged from 24 to 59 found that while the older had slightly lower intelligence test scores than their juniors, their longer experience seemed to compensate for this in work-related decisions [3]. A similar study also included a questionnaire of “tacit”, often unexpressed and un-codified knowledge relating to work problems and found that more experienced older managers performed quite well on this [4]. Just as John Horn had found in laboratory experiments, real-life experience remains available into late middle and early old age and can compensate for gradual losses in fluid abilities.

We would expect our stock of useful crystallised intelligence to grow as we age because the longer we live the longer we have to discover and practice new mental skills. One problem, as Chaucer pointed out, is that omni-competence is a distant and elusive hope “The life so short, the craft so long to learn” (Chaucer, Parlement of Foules). Another is that the distinction between fluid abilities that leak away with age and crystallised abilities that can stay grittily resistant to time is not as clear cut as once thought. We may forget what we have learned and though losses in learned knowledge,
such as vocabulary, are quite slight they do occur. John Horn found little or no change in people’s performance on vocabulary tests, but over two decades of repeated assessments, many of our Manchester/Newcastle volunteers forgot a few of the rarest and so least frequently used words in their vocabularies. Such losses were smaller for people who initially had larger vocabularies and, indeed, some exceptionally articulate volunteers slightly improved their vocabulary scores during the 20 years that we studied them. One encouraging, and potentially sufficient explanation is that clever people who have large vocabularies have built these up by continually using a wide range of words and continue adding to them even in old age. Unfortunately, we also found evidence for a sneakier scenario. Some who prided themselves on their exceptional vocabularies were upset if they did not recognise a few of the most difficult words on which we had tested them. They remembered to look them up when they got home, possibly began to use them more frequently in their daily lives, and triumphantly produced them on their next visit four years later. Nevertheless, their dodge also makes the encouraging point that, even in old age, we can maintain and even expand a vocabulary or any other body of information if we keep working on it.

A limitation to the usefulness of acquired or crystallised smarts is the difference between having information and being able to use it. Practice will maintain our knowledge of individual words, but this does not mean that we continue to use them as dexterously as ever. Susan Kemper [5] showed this by analysing a remarkable collection of diaries written by citizens of Kansas during the late nineteenth and early twentieth centuries and preserved by the enlightened public library system of that fine state. Many covered 40 or 50 years of their authors’ lives. Sue, a distinguished linguist and psychologist, analysed how their use of language changed as they aged. The range of words that they used only slightly reduced, but a much larger and more interesting change occurred. While they were young, diarists often used long and complex sentences and deftly handled multiply embedded subordinate clauses but, as they aged, their sentence structures became much shorter and simpler. Producing, and indeed decoding, complicated grammatical constructions requires an efficient working memory. For example, when we have to hold a tortuously unwinding sentence in mind until we reach a word that retrospectively makes sense of the rest.3 Retaining a large crystallised vocabulary is one thing, but retaining the efficiency of the computational apparatus that allows us to assemble these words into meaningful orders is another. Another example is that because of a lifetime’s practice at games such as chess or Go, we may correctly remember deep strategies and sharp tactical manoeuvres but we need working memory to carry these out. For me, a greater daily irritation than my failures at chess is that, although I can remember most of the recipes I need, and have a small but adequate range of kitchen skills, I forget to include ingredients that I have remembered to find and keep to hand, and I often lose the order in which I should do
things. Having the necessary crystallised knowledge, in the sense that one can correctly write it all down is one thing; having the computing power and working memory capacity to use it under time pressure is something else.

This prompts the question of whether all acquired mental skills are equally resistant to aging and whether we tend to lose only those, like using complex grammatical structures, crafty chess opening strategies or complicated recipes, that also require active, “on line” computation.

It may seem obvious that the best way to learn how well our mental toolkits of crystallised knowledge survive into old age, and how effectively we can maintain them, is to study what people achieve during successive decades of their working lifetimes. In 1936, H. C. Lehman published a study of the ages at which people who had made exceptional contributions to mathematics, science, literature, history, the visual arts [6, 7] and music [8] had made their most and their most remarkable contributions. He found differences between the age-trajectories of peak performance in different professions. Both the total number of achievements and the most notable achievements of mathematicians, physicists and chemists were greatest in their twenties and thirties, after which they steadily declined. Historians and philosophers published their best work in their forties and fifties. Novelists and essayists made some striking contributions in their twenties and thirties, but more often in their forties and fifties and sometimes even in their sixties and seventies. Interestingly, poets tended to peak in their thirties, much earlier than novelists and other literary figures. We may argue that poetry is somewhat like mathematics because it requires the use of the fewest and best possible symbols (words) in the most effective combinations. Writing novels and essays is more leisurely and discursive, and so perhaps less demanding. Lehman suggested that graphic artists, such as Titian could still produce remarkable work in their seventies or even their eighties, as could musicians, particularly executants such as Pablo Casals, but also conductors such as Arturo Toscanini. One interpretation might be that great new discoveries in mathematics and science depend on original and innovative thought that may not be based on a very wide and detailed knowledge of a field while, in contrast, in history and literature years of study are necessary to master huge bodies of information before original new interpretations become possible. As we have noticed from the study of pianists, outstanding skill at music requires long, continuous and deliberate practice [1]. This is probably equally true for writing, painting, etching and sculpture.

Lehman’s analyses of career trajectories made two different points: one is that even the most able of us become less productive as we grow old. The second, and more interesting, is that age begins to affect some kinds of intellectual activity earlier than others.
The first point is unsurprising because we know that we must all eventually die and that we will probably not be in the best intellectual shape for some time before this event. As we have noticed, volunteers in the Newcastle and Manchester samples showed declines in scores on intelligence and memory tests up to 11 years before death and the amount and rate of their declines differed with the pathologies that were recorded as causes on their death certificates. Research confirms expectation that our final years are unlikely to be our most productive. A study of published correspondence by eminent literary figures found, perhaps unsurprisingly, that the quality of their work began to wane up to 10 years before they died [9]. We gradually lose even skills that we have performed outstandingly well and practised to the end of our lives. A different way in which mortality statistics may affect surveys of career trajectories is suggested by a disconcerting report that 2102 exceptionally creative or “versatile” literary figures and scientists died, on average, from 2.7 to 8.2 years before their less high-achieving peers [10]. I know of no convincing explanation for this apparently well-documented fact, but shorter lives of the great and the good must also tip statistical counts in favour of the “early achievement” hypothesis.

A different and more interesting question is whether there are differences in the survival of different mental skills so that high achievement in philosophy, painting and music remain possible after aging has degraded excellence at mathematics, hard science and poetry. It is hard to find convincing data to use for such comparisons. For example, there is the question, perhaps particularly in the liberal arts, of the difference between a person’s age when she first had a remarkable new insight and when she eventually got round to publishing it, perhaps after many years of analysis and checking. Authors and philosophers have spent decades re-writing their major works. Perhaps achievements in the humanities are also less immediately based on competition of ideas than in science because they do not require accepted theories to be challenged and refuted before they are replaced. In science, there is also fierce competition to be the first to solve problems that have long been identified as crucial goals for research. In literature, people compete in different ways and usually not against such time pressure. Other problems are those of perspective. Particularly for writers, painters and composers, but also perhaps for historians and philosophers, general recognition of the value of their most distinguished productions may take many years.

Lehman himself pointed out that his data were not ideal because some of the careers that he documented took place during the nineteenth and even the eighteenth century when short life expectancy brutally curtailed productivity. As we have noticed, even in the young and middle aged, illnesses that terminate in death will accelerate trajectories of cognitive decline, even over periods of eight to eleven years. A different and powerful factor is the marked change in the economically feasible career
trajectories of academics over the historical periods that have been surveyed. For example, during the early nineteenth century in the UK, brilliant young men might achieve College Fellowships in Oxford or Cambridge and, while supported by these, could produce distinguished academic work. If they wished to marry, they had to leave their colleges to earn a living in some other profession, often the Anglican Church, in which their intellectual lives were channelled by different demands. Particularly in science even twentieth and twenty-first century career trajectories may favour youthful productivity. Those who make remarkable discoveries when they are young may be rapidly tempted into heavy administration either by promotion within institutions or by pressures to compete for grants to support bigger research teams that become managerial burdens. The funding structure of contemporary science has other aspects that also confuse post hoc analyses of lifetime productivity. The recent increase in publications by successful older scientists partly reflects the talent and energy of their outstanding young professional dependents rather than their sustained personal brilliance.

Recent studies confirm that declines in scientific productivity do, of course, occur but also suggest that they now happen much later than data available from the 1930s to the 1950s suggested. All recent studies of academics report some decline in the number and quality of publications. For example, a study of British psychologists in the 1970s and 1980s [11]; a study of the careers of large groups of less eminent physicists, geologists, physiologists and biochemists published in 1989 [12]; and a study of the careers of economists in 1998 [13] all found that academics do publish less, and in less prestigious journals, as they grow older. Nevertheless, in recent studies of average or slightly above average academic scientists, plateaux of greatest productivity now seem to last more than a decade longer than in Lehman's day and to have become less different from those in the arts. The data on arts practitioners also differs from Lehman’s. A 1999 analysis of the number of paintings produced by 739 graphic artists, works by 719 musicians and books by 229 authors found that, like most contemporary scientists, their periods of maximum output were in their thirties and forties [14]. There are also hints of sex differences because the time of greatest productivity for female writers was in their fifties. This may reflect either the longer cognitive preservation of women or their late release from family pressures or, of course, both.

Professional ability is found to decline with age but, for recent generations, the changes are much smaller and slower than early surveys suggested. The contrast between "early flowering and early decline" in the hard sciences and "late flowering and late decline" in the humanities and visual arts now seems less clear-cut. One problem is finding comparable standards across different disciplines. Assessments of quality in the arts are much more contentious and differ sharply between various kinds of achievement, with standards of comparison and even with changes in fashion. For example, a tally of
the year 2000 market value of paintings by 51 modern US artists found that for painters born before 1920 the average peak age for the valuation of their paintings was 50.6 but for those born after 1920 it was only 28.8. Changes from a cautious to a speculative market account for similar discrepancies, so that if estimates of quality of productions over an artist's lifetime are taken at face value, this confuses identification of the age at which personal creativity peaks [15]. If we only compared data for current sale prices, we might conclude that artists who are now elderly are painting much better (or at least much more profitably) than their young contemporaries now do or, indeed, than they themselves did when they were young.

It is an intriguing idea that, like their lifespans, periods of peak production are longer for women than for men. Such comparisons as have been made are questionable. Because women live longer, we might expect that they will also keep their talents later in life but there are confounding socio-economic factors. Rearing children may postpone even attempts at achievements until middle age. Women are under-represented in science and mathematics and, perhaps, are now over-represented in literature. The few analyses that I have found do not settle the issue so completely as to make it useless as a provocative dinner party topic. A study of 1367 faculty at the University of Helsinki found that Professors published more than junior staff but, "when other scholarly characteristics were controlled", men published more than women [15]. Since the surplus of men to women in senior positions is notorious, this seems to me to make no clear point. Studies of Finnish academics, including audits of some universities abroad, conclude that age affects productivity in both men and women, but that the effects of marriage and children have very similar effects on both. Since data for women who abandoned promising careers to raise families are not available, the point is, once again, obscure [16, 17].

Ideal data would be details of the achievements of large numbers of extremely gifted people all of whom practise an identical, difficult mental skill and who can be compared against each other in terms of the same, objective standard. Perhaps the careers of Chess Masters are as close to this as we get. Chess is particularly interesting because it requires high levels of both fluid abilities, such as working memory and intelligence, and crystallised knowledge. Like innovative mathematics and, indeed, like solving the spatial problems included in many intelligence tests, chess requires an ability to simultaneously hold many variables in mind and to recognise as fast as possible how patterns of relationships between them will alter if particular changes occur and how the possible outcomes of these changes will compare with each other. The best evidence that we have suggests that there are indeed "natural" chess players who play at a remarkably high standard at ages as early as 6 to 12 or 14 years. On the other hand, chess-play has been so exhaustively researched and documented, and strategies and counter-strategies change so rapidly, and are now so widely available,
that even for young prodigies success at the highest levels needs continuous and intensive study. At any age, world-class professional chess players have little time to do anything other than research and study this vast body of information. A study by Charness and colleagues found that even maintaining success at far lower levels requires 5000 or more hours of deliberate practice over 10 years [18]. In terms of John Horn's dichotomy, chess mastery requires both considerable fluid and a formidable body of learned crystallised ability.

A creative statistician, Arpad Elo, provided a tool for research on chess by devising an internationally used ranking scheme for chess players that is now named after him. This is based on gains or losses of points from wins and defeats against other players whose rankings at the times of encounters have also been computed. Since the playing careers of individual grandmasters can span decades, from their twenties through to their sixties, Elo was able to track improvements and declines of individual players over their long lives [19]. He found that nearly all the players gradually improved until their thirties or forties, maintained their highest levels of play until their late fifties or, in some few cases early sixties, and then began to decline. This inverted U-shaped trajectory of achievement is certainly formed by changes in health and so in stamina and mental ability but other factors also contribute. Elo's survey covered a period during which high-level chess was evolving very rapidly and demands on players continually increased as an already vast body of information on opening and endgame theory, and on chess strategy and tactics rapidly expanded. The number of top tournaments also increased, so that the physical strains of travel as well as of competition became much greater. As chess success became involved with national ambitions, state and private sponsorship gave promising young players intensive, elaborate and successful training that had not been available to their seniors. Top-level chess became not only much more demanding but also a larger and better-funded industry that could recruit, train and support many more outstanding natural talents. As top-level chess became an increasingly demanding and insecure profession, many middle-aged masters prudently increased the time they gave to other sources of income. In spite of this, it is cheering to find that gifted individuals can, though perhaps with gradually increasing effort, remain at the very peak of an extraordinarily demanding profession until well into their seventh decade. It is also important that these comparisons show that acquired knowledge and ceaseless practice of many hours a day can support even a skill that is, essentially, computational and very demanding of fluid intelligence until late in life. We must also remember that long after they had retired from competitive chess, these remarkable people could still play at a level that most humans cannot hope to reach at any age.

Chess play illustrates that people can maintain intellectual skills at the uttermost human limits into their fifties and sixties. Unlike chess grandmasters, most of us never
need or wish to push ourselves to our personal limits in any skill or profession. Like the averagely talented bank managers we discussed above, we can also supplement our fluid abilities by continually practising and refurbishing our toolkit of acquired skills. Useful sources of information on the lifetime performance of humbler, but nevertheless well-functioning, individuals are surveys of productivity with changing age in industry, business and commerce. As usual, these are also not straightforward to interpret. Jobs require very different skills and make demands that are more or less stressful for older workers. The criteria used to assess older and younger workers are often different, and organisational cultures may selectively favour particular age groups for cryptic reasons.

For example, productivity at heavy manual work markedly declines between 18 and 50 and individuals older than 50 must change jobs or retire. Partly for this reason, most of the data available for the middle aged have been collected on middle- and upper-level managers. A major determinant of the timelines of these people's careers has been the rate and extent of technological changes in their profession. Rapid and radical changes decrease productivity in older employees who learn more slowly John Rybash argues that older workers manage best when it is possible for them to "encapsulate" their jobs, effectively deploying learned skills while avoiding unfamiliar demands. Because the amount of experience needed to attain peak performance at a job obviously varies with its demands, it is unsurprising that estimates of periods required to gain the necessary crystallised intelligence have varied from two to ten years, with general agreement that as jobs demand increasingly complex analysis this learning time prolongs. An important issue is the way in which performance is assessed. When productivity is rated by colleagues, such as senior managers, assessments for older workers tend to be favourable. There is also good evidence that older workers tend to be more poorly rated in organisations in which the average age is young than those in which it is older. Comparisons of salaries tend to favour older workers, but salary is a questionable index because most studies show that job productivity and salary are only weakly linked.

Allowing for these and for other obfuscating factors, the general picture seems to be just what common sense would suggest: learning necessary skills takes time proportional to how difficult they are to acquire. More intelligent and younger people can acquire skills faster; older people take longer. Once learned, and particularly if they are continually practised, skills can remain relatively stable well into late middle age. So, if job demands do not radically change, productivity can also be maintained through the fifties and sixties and, even at this later time of life, new knowledge and competencies can be acquired, albeit more slowly and with greater effort but, hopefully, also with greater personal satisfaction.

The broader point is that, as in all aspects of mental life, the changes that age brings about in our everyday efficiency are not only due to changes in our brains that impose new limits on our mental performance. They are also due to shifts in the resources of
time and opportunity that our changing lives allow, and in the particular challenges that our lives impose on us. It is not news to any of us that, in the current state of medical science, we will, most likely, eventually experience illnesses that affect our mental abilities. A more interesting point is what steps we can take to delay this process so that the inevitable final period of mental decline is as short as possible.

The essential thing is to stay well and so to live long and, while we enjoy this good fortune, to continue to practise and refurbish the skills that we have acquired throughout our lifetimes. This does becomes harder as we age but, if we can bear with this, it offsets declines in fluid ability and we can continue to enjoy doing the things that we most like as well as we possibly can.

Notes

1. Recall the legendary simultaneous translator who screamed in anguish during a particularly long and tortuous German sentence – “a Verb,…a Verb…For God’s Sweet Sake give me a verb.”.
2. A very entertaining and encouraging book, “Tolstoy’s Bicycle”, by Jeremy Baker, lists striking achievements of remarkable people aged from 60 to 90+ when they made them. (The title commemorates that Tolstoy first learned to ride a bicycle when he was 67).

References


The Top 10 Reasons Why a Therapist Can Help
1) Getting outside support breaks the cycle of handling pain alone

One of the most common reasons why people resist getting outside support is because they are already so used to dealing with their feelings and their overwhelming experiences by themselves. If you relate to this you might have never even thought that reaching out to others could be helpful. It might not even occur to you to ask for help. You may have grown up feeling alone or “invisible,” because you were neglected, or you had overwhelmed, distracted, or unavailable caretakers who were unable to meet your needs. Maybe your needs and feelings were discounted, not valued, or ridiculed. At one point in time you may have tried to reach out, only to feel short-changed, misunderstood, not believed, or judged. As a result, you wisely stopped looking for outside help for comfort and support and recognized that you were “on your own.” This became “normal” for you. You didn’t want to go it alone—you simply had no choice. So you made the “best of it.”

The idea of seeking out therapy may feel unnatural because it challenges your core belief about having to handle pain and conflicts by yourself. When you do find the courage to let a safe person support and guide you in your healing journey, you are breaking free from a powerful cycle of neglect. You are deciding to no longer accept the idea that you don’t deserve help or that you must always go it alone. Managing life alone was never your idea in the first place, but it’s what you were forced to do. You learned to totally rely on yourself in order to survive. Now you can learn to get support from others in order to thrive! And once you experience the comfort of being helped by a nurturing, safe therapist who truly “gets” what your self-destructive behaviors are about, you will be able to open your heart to the love and support of other safe people in your life as well.

Thirty-year-old Sara was an only child who grew up in a family with two very successful, high achieving parents. They often traveled for their jobs or spent hours away from home working with different community organizations. Sara struggled with depression and an eating disorder for most of her adolescence and adult life. Deciding to seek out treatment was a huge challenge for her.

I never thought of myself as “neglected.” We lived in a beautiful home, and I had every material thing I wanted. My parents were respected in the community. Everyone looked up to them and thought they were amazing people because they did so much to help others. It was “normal” for me to be home alone while they were out helping everyone else. If I had problems with school or boys I handled it myself. My parents loved me for being so self-sufficient. It never occurred to me to ask for help. When my eating disorder finally became unmanageable and I had to get help, it felt weird and foreign to reach out. I was
actually proud of being self-sufficient until I realized it might not be normal to be totally self-sufficient as a kid. On a deeper level, I must have either assumed there would be no one around to help me, or that I didn’t deserve it in the first place.

2) Therapy helps you see yourself and your situation from a different angle

The expression “you can’t see the forest for the trees” applies to anyone overcome with negative thoughts and feelings. A therapist is able to “stand back” from those thoughts and feelings and provide you with a more objective, clear, and often more accurate take on your situation as well as your progress. You may be like many other people who tend to downplay their accomplishments as not important and exaggerate the seriousness of their mistakes. This is common in people who experience depression, anxiety, or have a history of unresolved painful experiences.

Or you may have people in your life who have fed you false information about your accomplishments or missteps. Sometimes we can’t see ourselves in the same way that others see us because of self-esteem issues. If your siblings or parents felt threatened by your talents and strengths, they may have mocked you instead of encouraging your continued growth and healthy risk-taking. Oftentimes, people with low self-esteem feel threatened by another person’s success. They might try to boost their own egos by putting down the people around them. They could also have given you the message that it is “selfish and egotistical” to think well of yourself, and this makes it impossible for you to accept accurate compliments about your abilities. In fact, being able to comfortably receive compliments is necessary for building confidence and self-worth.

With all of these damaging messages, seeing the glass as “half empty” becomes an automatic response. But automatic responses are often rooted in the past and aren’t accurate reflections of current situations. An honest, objective therapist can help you sort out your automatic assumptions, separating the past from the present. He or she can help you look at your experience from a different angle, often showing you that the way you are seeing a current situation, measuring your progress, or assigning self-blame, needs to be looked at from a more objective point of view.

Twenty-five-year-old Bill was working on recovering from a sexual addiction. His behavior “soothed and numbed him” in the short term, and left him feeling “guilty and ashamed” in the long run. He commented on the importance of having an “objective witness” in therapy when he said:

I never realized how hard I was on myself until I came in here and listened to the way YOU talk about what I’m doing. I beat myself up when I make a mistake and you see it as progress when I can pick myself up and move on. Like my parents, I focus on the fact that I fell down. But you focus on the fact that I got back up. We definitely see the same thing very differently! But if I’m honest
about it, it feels a whole lot better and more hopeful to see it YOUR way!

3) Getting outside support breaks the cycle of secrecy and shame

If you are like so many people who use self-destructive behaviors to manage their distress, you know there is another exhausting and shaming part of the equation: trying to keep the behaviors hidden from everyone else in your life. This often results in having to invent and keep track of complicated lies, and lying only adds another layer of guilt. Keeping secrets adds fuel to the belief that there is something “wrong” with you or “bad” about you. Your lies may leave you feeling dishonest and fake, and that can lower your already fragile self-esteem. The ongoing fear of being “caught” or “found out” adds to your anxiety, which actually increases your “need” to soothe through destructive acts. Working with a therapist is a way to break the secrecy, and reduce the lying and guilty feelings.

It makes sense that you feel the need to lie and keep secrets as these are behaviors that get modeled and reinforced in dysfunctional families. Children are taught to keep secrets or lie about sexual abuse, domestic violence, addiction, and any other issue that is not being openly talked about within a family. Keeping secrets becomes a way to cope and survive and is “normalized” in families where grown-ups don’t take responsibility for their actions, or don’t want to deal with what’s really happening. This becomes such a way of life that you may even have the experience of lying when you don’t really have to: it just happens more automatically than telling the truth!

Forty-year-old Mary has been cutting her hands and arms for years. She never told anyone and spent most of her adult life trying to hide the behavior. Once she began therapy, she realized:

I’ve hated myself for two reasons—the fact that I cut myself and the fact that I lied about it. I’ve come up with every excuse you can think of, but I always feel cheap and dishonest. When I hear myself lying I hear my mother’s voice. It’s what she did my whole life. I don’t think people actually believe my lies half the time. I have to say that it’s starting to feel like a relief to not lie about my cutting in therapy. I can finally be honest and that helps to feel less guilty about it.

4) Therapy gives you the “cheerleader” you deserve

This is an idea that may be hard for you to believe or relate to when you think about what you actually deserve. It’s possible that you haven’t had too many “cheerleaders” in your life up until this point. Yet, we all need support and encouragement with no strings attached, especially when we are having trouble feeling optimistic or hopeful on our own. Repeated negative, frightening, or painful experiences as well as repeated relapses may have made it more difficult for you to believe in yourself, or to believe things can actually get better. A supportive, non-judgmental therapist can maintain a
level of hope for you until you are able to feel it for yourself and believe it! A good therapist is also able to point out your progress, including the baby steps. Even when this positive feedback feels uncomfortable, it’s important for you to experience someone praising you and taking pride in your growth. Eventually, you will be able to hold these positive messages inside and learn how to be your own best cheerleader.

In childhood you naturally turned to the adults you trusted to be your cheerleaders. It was normal and natural for you to seek out the love, approval, and attention of those caretakers. When they let you down, had strings attached to their praise, or were inconsistent or negative, you slowly learned to stop asking for and trusting their encouraging words. Keep in mind that if having a personal cheerleader seems uncomfortable, it’s probably because this is a new experience for you. So if it feels awkward or confusing it’s because it’s a new experience, not because it’s wrong or you don’t deserve it.

Nineteen-year-old Catherine had been suffering from depression and used food and alcohol to self-medicate. She came into therapy “feeling like a failure” after relapsing several times. She began therapy with me and said the following after six months of treatment:

I actually used to dread it when you complimented me or got excited about something positive I did in therapy. It felt really uncomfortable, and I guess I was suspicious of it because no one else was complimenting me in my life. I thought you were just “acting” for my sake or because I pay you for therapy. Everyone in my life was always focused on the times I screwed up. There were moments in therapy when I needed to look away from you, and actually wanted to tell you to stop complimenting me. But over time it got easier, and now I can feel good when you say something nice. I sort of look forward to it! I even say to you, “you’ll be proud of what I did this week” because I want you to be proud of me. I know that I still have to become my own cheerleader—that’s harder—but I ask myself what you would say and then I can sort of say it to myself. I guess that’s pretty good progress, huh?!

5) Therapy makes you more accountable for your actions

Doing this work by yourself is difficult because you won’t have the same support, guidance, and encouragement. It’s also really hard because it requires a level of self-discipline that is tough to maintain for anyone. The fact that you are reading this workbook means that you’re interested in or at least curious about the possibility of changing your behavior. You may even tell yourself that you will change. Perhaps you have already attempted to let go of your self-destructive actions, only to fall back into the same patterns when you get stressed or overwhelmed.

As you recommit to this journey, you can choose between doing it the hard way or the easier way. I hope you will choose the easier way! That might feel like the unnatural
choice because up until now things have always been so hard. But you deserve to do it the easier way, and when a therapist guides you through the process, you are more likely to follow through and accomplish your goals. Therapy can keep you honest and on track. When you know you have someone in your life who genuinely cares about your progress it can motivate you to actually make progress. Telling a trusted person that you plan to go to an A.A. meeting, take advantage of a resource, or practice new self-soothing behaviors will increase the likelihood that you will actually follow through with those healthier options because you will report back.

A therapist can also help make your goals specific, measureable, and doable. You’re more likely to try a new behavior when it is clearly spelled out and presented in a positive way. “I have to stop hurting myself when I am stressed” might sound good, but it’s vague, negative, and too broad. It would be hard to measure your success with this stated goal, and in all likelihood will eventually be forgotten because it is too overwhelming and unclear. But a therapist could “re-frame” or re-state that goal by giving you the homework assignment of “spending 15 minutes listening to soothing music and reading positive affirmations when you feel stressed,” as a first concrete step towards moving you away from hurting yourself. This kind of assignment is useful because it’s clear and measureable.

Seventeen-year-old Sam entered therapy with a strong desire to stop his substance abuse and self-mutilating behaviors. However, he didn’t have a lot of family support, had tried repeatedly to “just stop” on his own, and always started it again when his anger got worse. He knew about Narcotics Anonymous meetings and kept telling himself to go, but never did. During the course of therapy he said:

I honestly think that the only way I will finally go to an N.A. meeting is if I tell you I am going on a certain day and then have to come back to you next week to tell you whether or not I actually went. Telling myself I’m going doesn’t seem to work, and I feel like my parents don’t care if I go or not. I think you care and for some reason that makes a difference.

6) A therapist provides comfort and support when you relapse

When it comes to treating self-destructive behaviors, it’s important to know that the work is often two steps forward and one step back. Relapsing can be a common part of the process. It’s useful to know this, not to depress you, but rather to make it more normal for you. Almost everyone goes through some sort of “relapse” or setback when they are trying to let go of behaviors that used to be helpful and serve a purpose. And most people are likely to verbally beat themselves up when they do fall back on old behaviors. If you relate to this you’ll understand how easy it is to think relapsing means “failing.”

Ironically, the more you beat yourself up the more likely it is that you will do your
self-destructive behavior again. This is because hurting yourself feels “right” when you feel badly about yourself. If you think of yourself as a “loser” or a “failure,” then it makes sense that you “punish” your body rather than engage in self-care. With the support of a well-trained therapist you can think about these relapses as opportunities to learn and grow. As you compassionately revisit your self-destructive act, you can process the “triggers,” or the things that set the relapse in motion, and brainstorm about what you could you have done differently. You can come up with a game plan for the next trigger, which prepares you for future incidents, making you less vulnerable and more able to respond in a healthier, more self-protective way.

Sixty-year-old Thomas was working on his sexual addiction and, in a moment of great loneliness, “relapsed” by going on Craigslist and having an unprotected sexual encounter with a stranger. He came into therapy feeling a lot of shame and “disgust,” but was brave enough to process it with me. After we looked at his triggers, we came up with a new strategy to address his feelings of being lonely late at night, which included calling a therapeutic hotline to connect with someone in a healthier way rather than going on Craigslist or engaging in phone sex.

You have no idea how much I was beating myself for doing this again. I really thought I was getting better, and then after I did this, I felt like I was back to square one. I was half expecting you to be mad at me, and I’m so relieved that you didn’t judge me. After talking to you, I understand that not having another way to deal with my loneliness made me vulnerable to going on-line and looking for sex. It didn’t occur to me to call a hotline, but it makes sense to try that next time.

7) A therapist can be your advocate with family and friends

As you may already know, self-destructive acts and the struggle to stop the behaviors are really hard to talk about with loved ones. They panic and get scared because they’re desperate for you to stop, and they’re worried that you will do permanent damage. They may get angry when you relapse, especially after you’ve promised them that you will stop. They may be confused and frustrated when you can’t really explain why the behaviors still feel necessary or important to you. They may even take it personally, making you feel guilty and ashamed for “hurting or scaring them” by doing the behavior.

It is easy to get triggered by their reactions and a well-meaning conversation can turn out badly as your upset feelings increase and you get more defensive. A therapist who has an expertise in treating self-destructive behaviors can work with you to create an actual “script” you can use when loved ones ask about your behaviors. When you can express yourself in a less defensive way, the conversation is more likely to be productive. It’s also useful to role-play with a therapist to identify your expectations, work out the rough edges, anticipate how loved ones might respond, and brainstorm
about how to handle conflict when it arises. All of this planning will increase the possibility that you will communicate more effectively. Being able to express your needs and feelings with words, rather than through your acting-out behaviors is one of the overriding goals of treatment.

When you feel too overwhelmed or ashamed, your therapist should offer to be your voice, representing you to family and friends in a caring, nonjudgmental way. This, in turn, increases the likelihood that other people can see you through the same caring lens. Concerned significant others might demand to know why your recovery is taking so long. They don’t understand why you’ve relapsed again, and may think you’re “not trying hard enough” or just don’t care. A therapist who understands self-destructive behavior can set them straight, explaining that the recovery process doesn’t happen quickly, isn’t easy or straightforward. There will be many bumps in the road, and it’s so important for your support system to not give up on you or your ability to eventually recover.

Fourteen-year-old Francine had been making deep scratches on her arms and legs since Middle School. Her parents pressured her about it, and on her own she had significantly reduced that behavior but was now starting to binge and purge instead. Her parents caught her doing her eating disordered behavior and when they demanded to know “how she could take such a giant step backwards and disappoint them again,” she felt horribly ashamed and did not know how to respond. As I educated her about the common experience of replacing one behavior with another, she asked me to have a similar conversation with her parents.

They are so freaked out and they are making me feel worse about what I’m doing. I need you to tell them that I’m not totally hopeless. They are making me feel like I will never get better. Please explain that thing about replacing one kind of self-harm with another kind, so they know I am not doing it to hurt them. I can’t explain it to them, I just freeze up when they ask me and then they get mad at me for not communicating with them.

8) A therapist can invite you to attach new meaning to your experiences

If you are like a lot of people, you may get “tunnel vision” about the painful things you’ve been through. This means you have a limited view of yourself, what has happened to you, and your existing repertoire of coping strategies. Sometimes, the meaning you attach to your experiences is almost more important than the experience itself, because the way you think about things profoundly influences how you feel and the behavioral choices you make. It’s easy to get stuck in a narrow, negative view of yourself and your life, and when you attach certain meanings to your experiences you can actually add another layer of trauma.

The following are some examples of how the meaning you bring to something can
make the event more traumatic and harder to resolve. If you "personalize" the experience (believe it's all about you), feel "targeted," singled out, or feel like the world is out to get you that will make it worse. If you believe you could have or should have stopped or prevented trauma from occurring, feel responsible for the event, or think it was somehow your fault, you are more likely to feel depressed, anxious, helpless, and hopeless. If you believe that your pain or your self-destructive behaviors are evidence that you are "bizarre," or "sick," it will keep you isolated and ashamed.

A therapist can offer you a different perspective, which gives you another way to think about the same event. Therapy can help you recognize that the abuse wasn't your fault and that there wasn't anything you could have done to stop it or prevent it. Therapy can help you focus on the fact that you survived and you can use your experiences as an opportunity to connect with others, personally grow, and even make a difference in the world. That new perspective can create feelings of gratitude, appreciation, optimism, an increased sense of faith, a desire to connect with others, and the belief that you've been given a second chance to thrive. It makes sense that you would need the guidance of an objective and supportive therapist to see your experiences in this new light, and it is a gift to be given this new mindset.

Fifty-year-old Marjorie had spent most of her life believing that her childhood physical and sexual abuse was her fault, and saw it as "evidence" that she was "worthless." Her perpetrators convinced her that she "wanted and deserved" the trauma and terrible treatment she experienced. Her self-blame left her feeling hopeless, and in her mind, it justified bingeing to the point of obesity and diabetes, cutting her torso, and staying married to an emotionally abusive partner. As her therapy unfolded and she slowly learned to attach new meaning to her trauma she said:

As horrible as my abuse was, I'm seeing that the way I talked to myself about it was just as damaging. As long as I believed that I deserved it, it made sense to keep treating myself like crap and to let my husband treat me that way, too. Now I have my moments of thinking that maybe I didn't do anything to deserve my childhood abuse, and maybe I'm not such a loser. Maybe I'm not destined to spend the rest of my life in a bad marriage—maybe I can actually be happy one day.

9) Working with a therapist gives you a witness for your painful experiences

I believe that everyone wants a witness for personal pain. Even when you have been forced to keep things a secret, there is a natural desire to share your experiences with people who are safe and compassionate. Hurting your body is like standing on top of a mountain and screaming your experience in Greek. The problem is no one around you speaks Greek. Therefore, they focus on the fact that you are screaming and they want you to stop! The creative ways in which you are trying to "show" what you are unable to "tell" are misunderstood by those around you who only focus on what you are doing
and not the message underneath the behavior. And since you are doing things that
seem scary and dangerous to others, they are even more focused on trying to stop the
behavior without taking the time to hear why and how the behavior speaks to you and
represents your pain narrative.

A therapist who supports the treatment perspectives in this workbook can help
“translate” your behaviors and de-code your communication so you finally feel heard,
understood, and supported. Part of why you do what you do is to get the people around
you to witness or see your pain. You may be saying that you feel your body is
“damaged;” “dirty;” or “bad” (by cutting or burning it). You may be showing the world that
you feel invisible, or you didn’t get enough nurturance (by starving) or that you need a
protective shield around you to feel safe (by gaining a lot of weight). Perhaps you were
taught to connect attachment and love with a sexual violation (by engaging in unsafe
sexual behaviors). Or you want the world to know that zoning out, dissociating, or
getting high is the only way you know how to escape emotional pain.

When you work with a therapist who “gets it,” and can non-judgmentally bear witness
to your experiences, the need to act them out by hurting yourself will dramatically
decrease for you. A trained therapist can also give you safer, alternative ways to “tell”
your story, so others can bear witness as well.

Twenty-two-year-old Charity had been hospitalized several times for starving herself
and losing a significant amount of weight. Her hospital stays were always about
“getting her to goal weight” so she could be discharged. No one looked deeper to
understand what Charity was trying to “communicate” through her anorexia. In therapy
we began to connect starving with feeling invisible at home and wanting her parents
to know how emotionally neglected she felt, given the fact that they were preoccupied
with her heroin-addicted sister. She started to realize how her actions were not really
getting her anywhere when she said:

All my parents were focused on was my weight loss, and they assumed the hospital
would fix that. They didn’t understand—and I didn’t understand—that I was “talking in
code,” trying to show them how alone and invisible I felt. And the more they “didn’t get
it” the more weight I lost. I guess I kept upping the ante, hoping that sooner or later
they would stop focusing on my sister and finally give me the attention I was craving.
But I didn’t want the attention to be focused on my eating disorder. I just wanted to
feel like they loved me as much as they loved my sister and to believe that they were
there for me.

10) Therapy can offer you creative new ways to think about and work with your
symptoms

If you are like most people who use self-destructive behaviors, the diagnosis you have
probably given yourself is “weird,” “sick,” or “hopeless.” If you feel the need to hurt your body or engage in other destructive acts and don’t understand why, then these self-diagnoses are an attempt to make sense out of what you’re doing. A well-trained therapist who supports this approach to self-destructive behaviors can give you a whole new way to think about your actions. They can be connected to your family-of-origin, the possibility of prior abuse, neglect or trauma, the challenges of adolescence or another developmental milestone or life stressor you may have experienced.

A therapist can also introduce the concept of “meta-communication,” which is the non-verbal expression of your feelings and needs. This will help you connect what you are doing to a specific pain narrative that you might not yet have the words to verbally explain. For example, you might engage in unprotected, unsafe sex because you are communicating the same lack of respect for your body that an abuser demonstrated when he or she hurt you. A therapist can move you away from the hopelessness of a diagnosis like “borderline” (which is often automatically attached to acts of self-injury) and help you to re-frame your symptoms as the inevitable byproducts of trauma or pain. This restores a sense of hope into the work and takes the glass ceiling off of your progress!

There are many therapists who work with self-destructive behaviors, and there are varying schools of thought about how to best treat these issues. Some therapists are strong believers in safety contracts, and some are quick to hospitalize clients who relapse or don’t progress quickly enough. I want to emphasize that I am not judging those practitioners, and certainly client safety is of the utmost importance. I am simply offering a model that I have found to be helpful and one that has benefitted many clients. There is no such thing as the “perfect clinician.” And some of these behaviors can feel very challenging to treat. However, I encourage you to seek out a therapist who can keep an open mind about treatment options, and who recognizes the value of focusing on your strengths, resiliency, and creativity. If you are considering going to a therapist don’t be afraid to ask them how they intend to work with the behaviors, what they have found most useful, whether or not they use safety contracts, or how often they hospitalize their clients.

One of the most important byproducts of doing this work in therapy is that it gives you the tools to find other ways to express yourself and comfort yourself. We will explore, in future chapters, how to incorporate artwork, journaling, and other strategies that let you “show” your experiences safely rather than re-enacting them on your body. You will also learn how to self-soothe in genuinely comforting ways rather than numbing or re-traumatizing yourself. Although you will be able to do some of that right here in this workbook, processing it with a compassionate guide can make your recovery more
meaningful and more lasting.

Seventy-five-year-old Martin had, by all accounts, “a good life.” He had a loving family, was successful in his career, and was still in good physical health. Two years ago, his wife of over 50 years died suddenly and Martin’s world was “turned upside down.” He was overcome with grief, but “didn’t want to burden his adult children so he pretended he was fine.” Unable to cope, he turned to alcohol and video games to escape.

I really thought I was losing my mind, and didn’t know how else to drown my pain, so drinking became the escape. I don’t know how it happened, but suddenly I was spending up to eight hours a day playing video games by myself on the home computer. I thought I was going crazy, but I realize in talking to you that this was an escape, too. Playing video games until I won and beat every level, gave me back a sense of power and control that I lost when my wife suddenly died. You’re helping me to see that I do need to be comforted and numbing my pain won’t really help. Maybe I’ll start going to that support group you suggested.

After reading about the potential benefits of working with a well-trained mental health provider, take a moment and respond to the following statement:

With an open mind and an open heart, I can list the ways in which I could continue to benefit from either staying in therapy or finding the courage to seek out a therapist at this time:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Remember this workbook is not meant to be a substitute for therapy. If you are still not yet convinced of the value of doing this work with professional support, and you want to continue reading, please consider the following suggestions. They are designed to keep the work safe for you by reducing the likelihood that you will become “flooded” which means emotionally overwhelmed and not able to manage your experiences.

Pace yourself carefully. This means it’s important to do the work slowly over time, rather than rushing through it. Read a little and then stop. Notice how you are feeling emotionally. Notice the body sensations, thoughts, and images that may have come to the surface as a result of something you read or wrote. Take the time to stop, rest, and re-group rather than plowing ahead. In the long run you will be able to do more work if you do it slowly.

Have some resource for support. Even if you choose not to use a therapist, think about reaching out to a relative, friend, teacher, 12 step sponsor, a safe and supportive chat room, or member of the clergy. Without sharing personal details, let them know you are working on important, difficult issues and you may need an extra hug, more time to just be in their company, a listening ear, or a friend to do something fun. If it still feels too scary to connect with another person consider using a 24-hour hotline. It’s a way to feel supported while keeping your identity and feelings private. Most hotline workers are well trained and non-judgmental. They can help to re-ground you or comfort you, even in the middle of the night!

Have a healthy, creative outlet to help you unwind. Look for a way to balance the intensity of this work by doing something creative and fun that can calm you, empower you, or help you take a break when you need it. Doing something physical can help release tension. Doing something productive can increase your sense of competence. Doing something creative or playful can lighten your mood and reduce feelings of depression or anxiety. As you prepare for the journey in this workbook, consider things like finding a good yoga studio, having inspiring literature available, taking up or re-visiting a simple but fun hobby, signing up for a few massages, getting a guided imagery CD for
relaxation, stocking up on great smelling candles.

*Stay open to the possibility that down the road, reaching out to a therapist may be helpful.* You are allowed to change your mind at any time during this process. The more deeply you go into this subject, the more you may realize that there are other, more hidden layers that are deserving of additional support or outside help.

Even if you are doing the work with a therapist, pay attention to points 1, 2, and 3 and be sure to use them as you move forward with this workbook. You have plenty of time, and the goal is to do the work comfortably and safely!