Chapter 1: Understandings about Self-Help

Introduction to Self-Help

- What is psychological self-help?
- What will this book do for you?
- Finding what you need in this book
- Finding other self-help books and Internet sites

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

1. We can learn and we can change!
2. Self-help methods need to be much more thoroughly evaluated.
3. I prefer to be honest with you about self-help effectiveness.
4. Any therapist or self-help method may do harm.
5. Every self-helper should research his/her methods.
6. Facing your faults and trying to change can be stressful.
7. Work on big and small concerns—don't avoid your serious problems.
8. Becoming a skilled self-helper takes time and effort.
9. Each successful change increases your belief in self-control.
10. This book does not teach you to be a therapist.
11. If you have possible medical problems, see a physician.
12. When your problems are severe and/or your self-help efforts are ineffective, seek professional help immediately.
13. There are many needs a book cannot meet.
14. Understandings for group participants.

The Psycho-social Education Approach

- The publishing business and self-help books
- Why is it so hard to find the book you need?
- The neglect of prevention by books and institutions
- Why should self-help be given away via the school system?
- A brief review of the idea of self-control
- Our attitude toward "self-help" will influence our future.

Summary

Introduction to Self-Help

What is psychological self-help?

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

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

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

I suspect that many of us overlook most of the opportunities we have to influence our lives (we couldn't possibly act on *all* of them). We may feel rather powerless or we feel controlled by outside forces--others, circumstances, fate, or a higher power. Many others don't

know or don't believe there are methods for directing our lives. Perhaps, for the species as a whole, our natural (untrained) but uncanny ability to problem-solve leads us to the false conclusion that there is no way or no need to improve our coping skills. How sad. Like the person who wants to effortlessly be a great conversationalist or the student who hopes to impress others by doing well on an exam "without studying," we humans may feel just a little inadequate if we have to study and work to self-improve. The truth is: effective living requires hard work, whether it is staying trim and fit or acquiring expertise in our profession or maintaining a loving relationship.

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

What is not self-help?

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

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

As I state repeatedly, self-help is *not* just dealing with life's crises (although that's the current emphasis); it should enable us to prevent problems and find nobler purposes, to be more loving and giving, and to achieve greater successes than would have otherwise been the case. Obviously, a highly competent self-helper is aware of many of

his/her real or potential problems and weaknesses and is able to quickly formulate a plan to improve the situation. An ineffective self-helper can't or doesn't do these things.

Psychology's ambivalence about self-control

Humans want to control their lives and they fear a loss of control. Yet, there is no strong belief that science offers much help with self-control. As I mentioned, even the discipline of psychology left self-control, will or volition, and cognitive control in the hands of philosophers until the 1960's. Moreover, some experimental theorists suggest that conscious thought or "will" has almost nothing to do with our behavior (Bargh & Chartrand, 1999; Wegner & Wheatley, 1999). It is true that much of human living is done automatically without being guided by conscious thought. There is too much happening--perception, behavior, emotions, memory, physiological processes--for conscious decision-making and planning to handle it all moment by moment. Automatic mechanisms have taken over. But when things go wrong and/or we want to make changes, we sometimes have the option of using our brain's limited conscious resources to plan new solutions.

Recently, Shapiro (1997) with two colleagues (Shapiro, Schwartz and Astin, 1996) has summarized the theory and research about self-control during the last 40 years. I'll summarize their summary. The impressive and growing research showing that self-control (or the lack of it) is important to our mental and physical health has awakened research psychologists to the importance of self-change and volition. Self-help attitudes and skills are becoming major factors in the treatment of physical, mental, emotional and interpersonal problems.

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

Shapiro (1997) shows us that the concept of self-control is complex. It includes your need to control, the confidence you have in your control, as well as the actual control you have. This can be in broad areas of life or in very specific areas, such as "getting this job done on time" and "controlling my anger with this person." As the Serenity Prayer tells us, control may mean coping with a situation by yielding, patiently accepting, or accommodating the situation as well as coping by assertively doing something to change things. Does control include denial, such as the alcoholic saying "I can stop drinking any time," which controls anxiety but worsens the addiction? Well, it's

not conscious control. Does control also include getting others, including family, gang, government, and God, to make things better for you? Maybe. Finally, there is a lot we don't know about teaching self-control: do different genders, ages, levels of ambition, personalities, etc. need different control skills and types of instruction? Also, if society helps people get more self-control and perhaps more influence over others, do we also need to be concerned about their values, i.e. how they use their power? Shapiro's book, this one, and others will answer many questions about self-control but there is much still to be explored in this neglected area of knowledge.

What will this book do for you?

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

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

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

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This book was designed to help the ordinary person live his/her life better. But, more specifically, *what should a reader expect from a thorough, comprehensive, effective self-help book*? This is what I would expect, based on my experience with 3000 students. After carefully reading this book and getting some practice at developing

and carrying out self-help plans (both in your own life and with others--friends, family, or a support group), you should be able to:

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

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

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

Finding what you need in this book

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

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

Before deciding on major changes in your life, you need to decide on your life goals, i.e. what you want to become, what your ideals,

values, and needs are, what major purposes you are going to serve in life. Chapter 3 provides some help with this. Your morals, values, and philosophy of life could influence every moment of your life, so they are of utmost importance.

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

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

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

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

Finding other self-help books and Internet sites

Useful self-help information exists primarily in two places--in books and on the Internet. Thus far, these two worlds don't interact very much, i.e. books cite books and Internet sites link to other sites. Of course, the 50,000 self-help books published over the last 50+ years contain much more information than the current Internet, but the gap is narrowing. The Internet could grow rapidly with more and more people getting access to free advice within seconds or minutes. The Web is an ideal way to gain knowledge, but the Internet has a problem, namely, it doesn't as yet make money, like books do, by selling information. Therefore, as long as publishers can buy and control the best self-help material for books, hard copy publications may, in general, be the better sources. Hopefully, Internet sites will find support allowing them to compete and buy excellent information and deliver it free via multi-media formats. In the meantime, the prudent self-helper will search both the Web and hard copy books. I'll help you do that.

To find specialized self-help books, the best starting point is where you are, i.e. reading this book, Psychological Self-Help. Simply find the topic that concerns you in the chapter indices (or use the search engine on the title page). Then read the relevant material and look for references. Most self-help books are rather specific, dealing with a circumscribed problem area. Once you have the author and year, you can get the full reference in the bibliography.

In the same way, other comprehensive self-help books could be used to find specialized books (Weiten & Lloyd, 1997; Creer, 1996; Butler & Hope, 1997; Epstein, 1996; Lazarus & Lazarus, 1997). Specific guidebooks to self-help books include Norcross, et al (2003), Santrock, et al (1994) and Giblin & Bales (1997). Santrock and more recently Norcross used ratings by professionals to evaluate self-help books (and I have frequently cited their findings). Unfortunately, a self-help book is four or five years old before the ratings can be published by Santrock, et al.

Another good approach to finding a self-help book on a particular topic is to browse the "Health, Mind & Body" section at Amazon Books (http://www.amazon.com) or at Barnes and Noble (http://www.barnesandnoble.com). Book evaluations by experts and readers are often provided. Finally, a search for information about a particular problem on any of the major search engines, e.g. Alta Vista,

will usually yield useful sites as well as books, tapes, and other services, often in the form of ads.

To find self-help assistance on the Internet, the best hard copy directories of diverse mental health resources are John Grohol's (1997) and (2004), *The Insider's Guide to Mental Health Resources Online*. Morrison & Stamps (1998) have written a similar book. However, these books may not be obtained easily, unless you are on a college campus. And, since you are online now, the sites listed below are instantly available.

Below are good starting points for seeking specific how-to-cope information and support groups:

(1) To find explicit, detailed directions for coping with a variety of specific problems, just as if you were searching for a specialized book, go to the relevant chapter's index in this online book (or use its search engine). Self-help instructions will be found in the discussion of your problem. In addition, I have cited the more helpful and science-based books and Internet sites in that area. Other Internet sites provide many self-help resources: Dr. Grohol's Psych Central (http://www.psychcentral.com/resources/), Self-Improvement Online (http://www.selfgrowth.com/topics.html), Cyber Psychologist (http://www.cyberpsych.com/), and Psych Web (http://www.psywww.com/). Also, Psych Web lists numerous brochures and articles available on the Web (http://www.psychwww.com/resource/brochure.htm).

Of course, you can simply do a search for your problem on a major search engine. This will give you some URL's of sites offering help with your specific concern. But many useful sites will be missed and the useful sites that are found will be intermixed with unscientific, marginal sites and with ads.

(2) To find local self-help support groups, call your local Mental Health Center, a local psychiatric/psychological treatment center, or a local hospital. If this doesn't work, try the Self-Help Sourcebook Online (http://mentalhelp.net/selfhelp/) which locates groups all over the US and helps people start their own local support groups if none is available. To find support groups on the Internet, called "newsgroups," "mail lists," "chat groups," "forums," etc., Psych Central-mail (http://www.psychcentral.com/mail.htm) provides one list and Psych Central-news (http://www.psychcentral.com/news.htm) another. Various support groups are provided at a different section of Psych Central (http://psychcentral.com/resources/Other/Support_Groups/). Self-Improvement Online (http://www.selfgrowth.com/newsgrp.html) also lists newsgroups. Both sites, Grohol's PsychCentral (http://forums.psychcentral.com/) and MentalEarth Community (http://www.mentalearth.com/), offer several good Forums. Online there is a direct link from the title page to the Self-Help Forum. Other

Forums deal with several different diagnoses and behavioral or relationship problems.

It appears that support and advice from people "who have been there" are often as helpful as self-help books, professional advice, and therapy. Certainly many people seek understanding, reassurance they are not alone, encouragement, and just someone to hear their story. Storm King (http://webpages.charter.net/stormking/) has discussed in great detail the pros and cons of self-help groups.

(3) To find accurate information about psychiatric diagnoses, there are several outstanding sites: Mental Help Net (http://mentalhelp.net), Psych Web (http://www.psywww.com/), Internet Mental Health (http://www.mentalhealth.com/p20-grp.html), American Psychiatric Association (http://healthyminds.org/) and the American Psychological Association (http://www.apa.org/) . Search engines will also find information about diagnoses for you.

A surprising number of former, current, and prospective patients are on the Internet seeking to learn more about their diagnosis and possible treatment. They often identify themselves by some label: "I'm bipolar," "I'm an adult child of alcoholism," "I'm a child of divorce," and "I'm PTSD… DID… BPD… ADD… OCD… "

(4) To find information about treatment methods as applied to a variety of disorders, good sources are Internet Mental Health (http://www.mentalhealth.com/), Psych Web (http://www.psywww.com/), Mental Help Net (http://mentalhelp.net), Knowledge Exchange Network (http://mentalhealth.samhsa.gov/), and this book, Psychological Self-Help. As mentioned before, the major search engines can locate information about how to treat a specific disorder and about specific treatment methods, such as Cognitive-Behavioral or Psychodynamic treatment.

To learn more about psychopharmacological medications, see PharmInfoNet (http://www.pharmweb.net/), Dr. Bob's Mental Health Tips (http://www.dr-bob.org/tips/), Mental Help Net Rx List (http://mentalhelp.net/poc/center_index.php?id=206&cn=206), Internet Mental Health (http://www.mentalhealth.com/p30-note.html), or Psychnet-UK (http://www.psychnet-uk.com/addictions_and_drugs/psychopharmacology1.htm).

For clients seeking "talking therapy," it is to their advantage to be familiar with the rationale of several different psychotherapy techniques. I say that because I believe that the best therapy is a cooperative effort with the patient well informed enough to participate in planning the therapy. Moreover, the client should continuously apply self-help techniques to supplement the therapy methods. Thus, good psychotherapy patients are students of self-help.

(5) To find information on almost any psychological topic, go to MentalHelp.net's search engine (http://mentalhelp.net), http://www.psychnet-uk.com/addictions_and_drugs/psychopharmacology1.htm (http://www.psychnet-uk.com/), or Internet Resources (http://www.hsls.pitt.edu/intres/mental/engines.html). All are collections of several mental health search engines. Other mega-search engines summarize the results of searching several major search engines : Metasearch (http://www.folden.info/metasearchengines.shtml/) and Metacrawler (http://www.metacrawler.com/). Three more sites simply supply a lot of useful information:

(a) Dr. Bob's Mental Health Links (http://www.dr-bob.org/mental.html) mainly connects you with useful sites.

(b) Mental Health InfoSources (http://www.cmellc.com/) provide numerous articles, especially from Psychiatric Times, and

(c) Mental Health Matters (http://www.mental-health-matters.com/) is a well organized source covering many disorders.

In most cases, the key to coping is knowledge. So, go get it!

Understandings between You, the Reader, and Me, the Author

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

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

I assume there are reasons--causes--for everything we do, and that humans can learn to understand those reasons, which are dependable, "lawful," useful, cause and effect relationships. Therefore, each of us could presumably gain considerable control over our own

futures by understanding and using the "laws of behavior," especially those in the form of self-help methods, such as:

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

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

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

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

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

Psychologists have started to evaluate self-help methods objectively. However, the methods that have been researched and proven to be somewhat effective in most cases, like rewarding your own desirable behavior, relaxation, assertiveness training, and overcoming unreasonable fears by exposing yourself to the situation, aren't effective in every case (and neither is therapy). The better

methods are, *at best, effective only 80-90% of the time*, even though you are working on just a small aspect of your life, such as a fear of public speaking. The only way to know if you are among the 10-20% for whom a particular self-help method doesn't work is to try it out yourself and see what happens. The profession, of course, needs to research self-help methods much more than it does (Rosen, 1987; Christensen & Jacobson, 1994), but, in any case, *you must research your own self-help methods* and efforts (see understanding #5). You are a different and unique person.

It may surprise many of you that so little is known with any certainty about self-help methods. Why is this so? Partly because few funding agencies and scientists are interested in this area. Also, because there is a dis-connect between personality and stress researchers and practitioners who would actually advocate or write about practical coping techniques. Approximately 14,000 research articles about "coping behaviors" were published between 1967 and 1999, but this research has yielded very little in the way of practical, personally useful methods for handling stress (Somerfield & McCrae, 2000). That is very unfortunate. Part of the reason is that academic researchers tend to look at *group* differences on a single measure; that's quicker and easier but very different than observing (within many individuals) the connections over time between an individual's use of specific efforts to cope and his/her immediate and long-term outcomes. Only the latter measures tell us much about how-to-cope.

Fortunately, a meta-analysis review of 40 well designed outcome studies of self-help treatments has been done (Scogin, Bynum, Stevens, & Calhoon, 1990). The focus was on written or audiotaped material used by persons with various problems (bad habits, fears, depression, poor skills) without regular contact with a therapist or a teacher--typical self-help material, like this book summarizes. The overall conclusions were that self-help is clearly more effective than no treatment at all *and* just as effective in most cases as treatment administered by a therapist. Do the results last? One study of bibliotherapy with depression found the benefits lasted for three years (Smith, Floyd & Scogin, 1997). These are important and impressive findings, if they hold up over time, suggesting that self-help can potentially offer you cheap and effective help. However, much of the self-help material evaluated by these researchers was written by the researchers; they may have been biased. Also, Scogin, et al. didn't use the popular self-help material available in the bookstore. However, another meta-analysis by Clum and Gould of 34 published self-help books and videos confirmed that popular material also seemed to be about as helpful as therapy by professionals. Gould and Clum (1993) concluded that "self-administered treatments achieve outcomes comparable to those of therapist-administered treatments." Indeed, some types of problems and patients benefit more from self-help than from therapy. Altogether 50 to 100 studies have shown that certain self-help books or methods have been helpful to certain people with certain problems; that doesn't mean a specific self-help method will help you with a specific problem. But it means that self-help isn't quackery.

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

Why else do I believe self-help can help you? First, self-help methods are often based on therapy methods which, in general, have been shown to be fairly effective (Bergin & Lambert, 1978; Bergin & Garfield, 1994). Specific treatment methods have been shown to work dependably with 10 or so specific disorders (DeRubeis & Crits-Christoph, 1998; National Advisory Council, 1995). Second, early research on self-help suggested that it is more effective and certainly far more economical than therapy, e.g. with self-reinforcement (Kazdin, 1975), fears (Barlow & Craske, 1989; Clark, 1973; Marks, 1978), and vocational choice (Graff, 1972). More and more positive results continue to be reported (Christensen & Jacobson, 1994), especially when people are encouraged to work on their own towards self-improvement (Smyrnios & Kirkby, 1993). Third, several college self-help courses have been considered successful by 70-85% of the students (Grasha, 1974 ; Berrera and Glasgow, 1973; Ladd, 1973; Tucker-Ladd, 1994; Rakos and Grodek, 1984; Sherman, 1975).

It has been my experience with over 3000 students, who varied greatly in the seriousness of their problems, their motivation to learn or change, and their ability, that about half of the students in one semester became (or were already) rather effective self-helpers. Perhaps 10% to 20% devoted 6-8 hours a week to the course (16 weeks) and made remarkable progress, turning in well documented and impressive reports of self-improvement. At the other extreme, 10% to 20% did very little and appeared to learn little. Almost all "claimed" to have self-improved, of course. When I did a follow up 1 to 8 years *after* the course, 69% remembered making progress during the course, 5% said they didn't make progress, and 23% said "some progress, maybe." At that time, 1 to 8 years later, 8% of the problems worked on had gone away, 71% had definitely gotten better, 6% had not changed, and 5% had gotten worse. A 79% success rate for self-help several years later is pretty good, compared to the generally

agreed upon 70% improvement rate for psychotherapy. But, keep in mind that 75% were still "working on it" and 40% expected it to always be a problem (Tucker-Ladd, 1994). Therefore, while the data is promising, psychologists pushing self-help or therapy can make no promises *to an individual* about curing a specific problem.

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

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

Reader Feedback about Psychological Self-Help

Psychological Self-Help (PSH) is a 30-year effort and it is still a work in progress. The book was started in 1970 to serve as an undergraduate college text for a new psychology course (Psychology Applied to Personal Adjustment) at Southern Illinois University. From 1974 to 1991, several editions served as the textbook for Mental Hygiene and for Introduction to Helping (Self-Help) at Eastern Illinois University. Over 3000 students have taken the 3-hour credit class, and each participated in a mutual helping group and completed a lengthy, well documented self-improvement project. By the way, even though this book gives you far more information than you could possibly get in any one class, the class/group/text/project combination is, in my opinion, the preferred way to teach effective self-help. Most of the students, I'd say 75% to 85%, in those classes and groups made impressive changes in important areas of their lives. As mentioned above, the remaining 15% to 25%, as you might expect, threw something together at the last minute.

Psychological Self-Help has been online at the Mental Help Net (MHN) site since March, 1997. Dr. John Grohol was the Director of MHN at that time. Dr. Mark Dombeck is Director now. The book is over

1,000 typed pages long and cites well over 2,000 references, plus linking to hundreds of Web sites. Since 1970, PSH has been repeatedly updated and revised. How much is it read? One can't tell, but during the last two years, PSH has had about 8,000 visitors per month who have viewed about 375,000 "pages" per month. That is about 1,500,000 hits per month. That still doesn't tell you much about how many words are read or how many ideas are grasped.

The main page of PSH provides a feedback form for visitors. I will give a very brief summary of the feedback. Out of all these visitors only 272 people have partially or completely submitted responses, about equal numbers were consumers (74) and professionals or students (72). The remaining 110 described themselves as "just wandering the Web." They were asked to list the most interesting chapter. Each of the 15 chapters were listed about equally often.

About 92% of the people giving feedback rated PSH as "comprehensive enough," but 7% felt more information was needed in specific areas. 97% judged PSH to be easily understood (but some commented they didn't have the time to read and use the information). On a 5-point Overall Rating scale, 63% rated PSH as a 5--"one of the best," and 34% rated it a 4--"a very good source." There were two ratings of 3--"average," one rating of 2--"Not great," and three ratings of 1--"Well, you tried!"

There is space at the end of the feedback form for comments. Here is sample of the comments: "excellent source;" "it has helped me;" "where can I buy the book?" "very supportive;" "persuaded me to seek therapy;" "led me to great material;" "a detailed and in depth review;" "my problems are _____(a request for help);" "I'm telling everyone about PSH;" "I started a S-H group;" "can I duplicate parts of PSH?," "can I translate it into my language?," etc.

Of course, this feedback can not be taken as an accurate assessment of PSH. For one thing it is only 272 responses (between March, 1997 and 1999) out of almost 100,000 visitors per year. This is also probably a positively biased sample of readers. Dependable, useable outcome research would involve careful, complex measurements of change as well as a comparison with the amount of change achieved by other matched experimental and/or control groups in order to identify the causes of the changes. Programmatic studies of many self-help methods used with hundreds of different kinds of problems in specific situations need to be done.

Besides the responses via the feedback form, I receive about an equal number of emails from readers, almost all positive. Some are touching, such as those who are desperate for help, others who describe using self-help to turn their lives around, people without resources who are grateful for the free guidance, spouses and parents who very much want to help a loved one, former students who share fond memories of being in the class/groups, and many others.

I believe some self-help methods can be used by some people to make some changes in some areas. There is a lot more to learn.

Summary: learning and carefully applying self-help methods (which isn't just vaguely "trying to change" on your own) seem to be about as effective for many people as undergoing much more costly psychotherapy. This may astound many of you, especially those who are in awe of professionals. The data, thus far, also suggests that minimally trained "paraprofessionals" are as effective with specific problems as highly trained therapists with years of experience (Christensen & Jacobson, 1994; Dawes, 1997). This too is amazing. Your understanding of these findings may be increased if you know that two thirds or more of psychotherapy by professional practitioners is not based on the best and latest scientific research (Sanderson, 2002). Perhaps the self-helper (or paraprofessional) is like a mechanic in comparison to a physicist or engineer. You can't expect your mechanic to design and perfect a revolutionary engine or fuel, but you can expect him/her, and not an expensive engineer, to fix your car. Perhaps in psychology we are too dependent on scientists and high-paid therapists to fix our minds, our feelings, and everyday relationships, when we could be seeing trained assistants working under professional supervision or reading and doing a lot of self-changing ourselves.

Before I leave this "understanding" I want to divorce science-based psychological self-help from other approaches which may, in ordinary person's mind, be considered a part of self-help. First, there are thousands of self-help groups (discussed in chapter 5) and online support lists, forums, or boards--some are very beneficial, some are not. Second, there are several thousand inspirational/spiritual/motivational books and tapes published every year--it is mostly "feel good" material, but I seldom review it. I prefer more specific methods which have an empirical basis. Third, there is the popular psychology found in many self-help books, on the radio, on tapes, and on TV. Much of this material is not produced by outstanding psychologists, but rather by publishers and media corporations designed to sell books, talk shows, and personalities. I will review a couple of articles about this type of "self-help."

Are self-help writers generally more snake oil salesmen than scientists?

In answer to this question, Rosen, Glasgow & Moore (2003) say, "Yes, in many ways" and they document that answer in sobering and, for psychologists, embarrassing ways. First of all, what some writers call the "advice industry" is big business: books, tapes, videos, seminars, coaching, CD's, groups, workshops, etc., are sold for a total of about $3 billion a year. Most of these educational services have not been proven to be effective. And they are pushed by advertisements filled with enticing promises and unsupported praise from their publishers and other self-help writers. Nona Wilson (2003) also documents the massive and unfettered-by-facts commercialization

of self-improvement (via the development of star personalities), such as by John Gray, Tony Robbins, the Oprah-Dr. Phil team, and many others. Self-improvement has often been turned into entertainment and infomercials. Billions have been made off of troubled, hurting people hoping for help from "professionals" on TV and radio and in print.

The real questions are: Is this any way for a discipline, claiming to be a science, to behave? Is deceptive marketing and over-selling of products and services beneficial in the long run to the public or to the helping professions? What happens when the promises are not fulfilled? Some, no doubt, will seek self-improvement via the next "hot" book or workshop by a big name. But, many others may give up on even authentic professional help, science-based books, and other established sources of help. Even the esteemed American Psychological Association, once the bastion of science, has been deeply involved in publishing and selling unproven tapes, videos, books and training programs. Who warns or protects the needy-but-unaware-of-the-facts public?

I have to admit that my specialty (healing, growth and prevention via psychosocial education), as a whole, often looks like it is expending enormous efforts to "make big bucks" while almost totally neglecting to do and advocate outcome research and avoiding informing the consumer about the sometimes flimsy scientific basis for our products and services. The two articles I just cited should be required reading for every real or pretend professional…and for every user of self-help books, seminars, videos, TV & radio talk shows, and other services.

The above authors present persuasive data to make their points. For instance, the research done in the heyday of self-help, the 1970's, was a commendable effort and yielded both positive and negative findings. In the negative direction, it was reported that many self-help books were hardly read (Tony Robbins says only 10% of self-help readers get beyond the first chapter…I doubt if there is any hard data supporting that.). Even those who read the self-help material often do not get satisfactory results, certainly not the outcomes promised. Some studies have reported that 50% of the subjects in a "self-administered group" (they just read self-help material) didn't understand or follow the book's recommendations. Some researchers found that some popular books actually upset more readers than were helped. Studies of other books showed that the written material was fairly successful when monitored by a therapist or researcher, but were not successful when self-applied. These authors concluded: all self-help material, all kinds of readers, and the various conditions under which the information is read (or heard) need to be researched. One can't just assume "Oh, it will help to read this." [NB: In contrast with these authors, I have found that books are rarely harmful, but many books are abandoned early on or just not used much. Books are usually inexpensive but still not a wise buy if bought because they have a clever title or misleading ads or if they are not read.]

Reality is that most self-help books are not published because they have been objectively shown to be helpful. Instead, the publisher's editor believed it would sell well. Rosen, Glasgow & Moore (2003) explicitly mention that certain well known writers have published a new edition, using misleading claims, even after negative empirical results from the first edition had been reported in the literature. They conclude that money, in these cases, was clearly more important to writers and publishers than professional standards. Even when a book appears to produce desired changes for *some* readers, the percent of successful readers was often 50% or much less. So, is this a waste of time and money for over 50% of the readers? These kinds of data are relevant to the purchaser but almost never included in the ads. Also, I've never seen an ad for a book that says the content is essentially the same as in 20 or 30 other books…any self-help reader can tell you there is great redundancy in this literature.

In a survey of all the bibliotherapy books published between 1990 and 1999, Rosen, Glasgow & Moore found only 15 well controlled studies. The ratio of self-help evaluations to self-help books is tiny. Again, stated in another way, the data suggest that the time and professional investment in trying to help AND make money at the same time is perhaps hundreds of times more than the energy put into careful, honest research.

The conclusions and recommendations of Rosen, Glasgow & Moore are sobering: To the reader they say "don't take the claims for a book seriously," unless there is independent empirical evidence. (They also say "don't blame yourself if a book doesn't help you, it may not be your fault.") To the psychologist or any self-help writer in an allied discipline, they say "the idea of individual professionals giving psychology away was and is overly optimistic." Thus, the idea that one person could develop and adequately evaluate a self-help procedure for a specific problem should be discarded. Instead, self-help should adopt an objective, programmatic approach, more like "public health," involving (a) several professionals from different disciplines who (b) undertake a coordinated effort to design science-based self-change procedures for a specific problem, (c) select a large representative sample of "clients" for a clinical trial, (d) carefully educate the users in how to use the methods, (e) thoroughly evaluate the behavior-change techniques using a variety of outcome measures, and (f) continuously improve the self-change system over time before marketing their product. I say, "Amen!" I'm ready to join a team.

Is the "advice industry" personally beneficial to some people? Are infomercials harmful to psychology as a profession?

Many well trained professional therapists view the "advice industry" as a regrettable but unavoidable annoyance. It is an elephant in the house but most psychologists may try to ignore it. Nona Wilson (2003) thinks that may be like ignoring a cancer that could "displace" the professionals and science. Her argument is that

once therapeutic skills and knowledge are "offered for sale" in the open marketplace, it is tempting to popularize these services within the entertainment industry, placing them in the hands of advertisers and corporate investors. In the extreme, the results could be something like the Jerry Springer Show, capitalizing on sensationalized sex and relationship problems, or the Oprah Show, a seemingly sincere and emotional one-hour production involving charming personalities giving personal, relationship and spiritual advice. Most observers will realize this is an hour-long smooth, polished commercial to sell advice and products (books, media personalities, the next show, etc.). The Oprah Program is certainly a more impressive love-in or pep-rally type of show than your individual therapist could possibly produce during a once-a-week one-hour therapy session. Do such shows distract distressed people from getting professional help? Or, does Oprah and the products she sells fix problems as well as therapists? We don't know.

The television talk shows have been defended by many psychologists, including me, because it was assumed (there was no proof) that they increased the general public's interest in and awareness of psychological problems and provided some helpful information about coping. Indeed, between 1970 and 1990 I thought TV, like the early Phil Donahue shows, would be the major way to provide practical, realistic psychosocial knowledge to everyone. Somewhere things went awry. I still have hope—what better choice is there?

Now, Dr. Wilson (2003) argues that popularized and commercialized pop-psychology degrades and distracts from the basic scientific psychological methods and treatment. This quietly tolerated growth industry (we don't know, yet, if it is malignant) has quickly expanded in 15-20 years to become huge, wealthy, and powerful. And I agree with her that all this young pop-psychology, but especially the trash, *may* have a down-side that could seriously harm its original sources, i.e. therapists and the science of helping. Both the mental health professions and the public should stay alert to the dangers. In the mid-90's there were about 150 shows offering advice each week. They were popular and profitable, e.g. each Montel Williams' show costs about $50,000 to produce but it earns $400,000. It is estimated that Oprah has earned about 800 million dollars, largely by offering psychological advice, support, and motivation. Just because a show makes money doesn't prove it improves the listeners. But millions would say they have benefited from Oprah's shows and the books she recommended.

Even though any knowledgeable viewer can tell the TV shows are primarily to entertain, hold attention and sell products, rather than to pass on science-based psychological knowledge, the talk shows (and self-help books) have certainly influenced millions of people's ideas about the nature of mental health, psychological treatment, who are the experts, and so on. There are many personal opinions about the content but virtually no objective data about the psychological impact

of 25 years of talk shows and self-help books. Dr. Wilson suggests that the primary focus of mass media gurus has shifted from sympathy for the victim during the 1980's Recovery Movement to critical, scolding, take responsibility lectures, e.g. Dr. Laura and Dr. Phil, in the 1990s. She also believes that the players in mass media psychology have become far more powerful—more influential with the public—than the professional helpers and their disciplines (that the shows take their material from). I believe that. The tail (entertaining performances— some quite elaborate) is wagging the dog (the scientific foundation for psychological help).

As several communication experts have observed: Watching emotions and humor seduces us away from hard reality and the intellect. Emotions appeal to us more than reason. This is well known by advertisers and TV producers. So, the mass advice industry attracts viewers with dramatic emotions. Often we are convinced that the person who expresses emotions and arouses emotions in us is a genuine, honest, real person who is working towards a solution to his/her problem. And, Dr. Wilson says the advice industry tries to persuade the audience that emotions are unquestionably valid and all one needs to know about a situation or relationship. Emotions and "emotional reasoning" are so valued, she says, that pop-psychology considers personal feelings to be a reasonable way to make decisions about coping. Consider the advice "listen to your inner voice," "follow your heart," and "if you feel that way it must be so." Letting emotions over-ride logic, reason, and knowledge is a dangerous way to go, hardly in line with established psychology.

Another powerful point made by Dr. Wilson is that the advice industry (talk shows, call-in radio, self-help books, workshops, etc.) strives to get everyone involved and thinking alike, e.g. believing there are one or two major causes for the problem being discussed, such as domestic violence, unfaithfulness, over-eating, addictions and on and on. Media advisors try to explain such events in just a few minutes; there is no time for considering individual differences, backgrounds, and unique circumstances. To sound profound or to make a quick sale, the advice-giver also wants to propose a simple solution (usually buy my book or seminar) which seems believable to many listeners. The mass media advisor often offers a one-cure-fits-all solution so that all the listeners can feel they have benefited from the advice. On the other hand, the thorough individual psychotherapist explores many different details of the client being treated—the individual's background, the disorder, the needs, the circumstances, the stress, the strengths, the hopes for the future and so on. They see the person as a unique individual and the treatment is tailored to serve that one person. In contrast, the media advisor looks for commonality among us in an effort to interest and serve all the viewers, readers, and audience. That isn't good advice giving…it is serving some other purpose.

The advice industry offers not just generalities but also vague advice, rather than explicitly defined methods. (Often, however, the

advice giver will say the solution *must* involve five specific steps, then the steps are left vague.) Dr. Wilson gives several examples of Dr. Phil's advice: "have the courage to change your life," "realize you don't have to get mad," "if something is wrong with your relationship it's because you set it up that way," "you have to teach people how to treat you," "take personal responsibility," "you either get it or you don't," "life is managed, not cured," etc. There is no empirically based professional knowledge and little clinical acumen in these comments but Dr. Phil calls his own advice "transformative." I'd call his advice mostly showmanship or platitudes (a common comment) or truisms (so self-evident it doesn't need to be said). Most of these statements sound a lot like the ordinary Introduction to Psychology student who thinks she/he has come up with a solution to some psychological problem simply by stating what the outcome *should* be (example: "I'll stop procrastinating by studying every night"), without any description whatsoever of exactly how one might actually get from no studying to studying every night.

This commercialization of psychology causes harm, says Dr. Wilson. It pretends to offer wisdom but instead offers unoriginal ideas expressed in an authoritative, pretentious manner. That may sell books the next day but she thinks it probably lowers interest in established psychology in the long run. It would be quite possible and interesting to investigate the consequences of a person becoming deeply immersed in the advice industry (books, talk shows, workshops...) in terms of seeking more or less psychological help via therapy or in terms of respect one has for Clinical Psychologists and other therapists. Actually, some of the star media advisors, such as Tony Robbins, are quite hostile towards psychotherapy.

Advertising is critiqued by Dr. Wilson because of its powerful role in defining "the good life." The strategy of advertising is to arouse new wants and feelings of insecurity and then offer solutions (for a price). Psychological needs fit well into that scheme (some would call it a scam), it is pretty easy to make someone want better relationships, more power, or to feel inadequate or insecure or unsure of how others feel about them. Advice, like advertising, usually involves selling something. In talk shows, the entire program is the commercial. Tony Robbins sold 25 million copies of his book, Personal Power, mostly through late night infomercials—do you suppose that was the best book available between 1990 and 1997? No. Dr. Wilson describes in detail how Oprah and Dr. Phil teamed up to produce a series of self-promotional shows to sell his books. Dr. Phil interviews people briefly, and then just as briefly tells them what to do. His advice is not profound, it is not based on research, and it is similar to what an overly confident neighbor might tell you. But in the right circumstances, it can seem impressive. Most practicing psychologists think giving quick, blunt, over-simplified advice is a poor therapeutic response.

Psychologists invited to talk shows have been encouraged to be interesting, clever, and describe brief cases...but to avoid "reciting

boring statistics." Other guests report being encouraged to stir up excitement by confronting members of the audience; other professionals report being surprised by attacks on the show from other hostile guests who were clearly invited by the show's producers. Does this sound more like entertainment or sharing professional knowledge and expertise?

Dr. Wilson observes that professionals who haven't had the luck to make their fortune by getting on a TV talk show are often encouraged to develop their own Web site. This, too, may encourage advertising and seem to underscore the commercial aspects of the helping professions, especially if the Web site implies "I'm a better therapist than other online therapists." She again uses John Gray, who has a correspondence school doctorate and no license to practice, as an example of commercialism gone amuck. Gray has developed, in addition to his books, an expensive training program for counselors, Counseling Centers for the counselors to work in, a pyramid system to sell his various books and games, a Web site to sell "romantic accessories," including lingerie, and several major efforts with publishers to sell his books. In terms of advertising, when I started practicing psychology in 1960, it was acceptable to publish in a local paper a small formal announcement about your opening an office. Any other advertisement was frowned upon. Things have changed...for the better?

Wilson contends that whenever professionals enter the marketplace, perhaps selling a book, therapy, a group, or other service, they experience pressures to impress others as well as be entertaining. They are also likely to feel some temptations to make overly optimistic promises, use testimonials (which are not scientific or objective), and approve blatantly misleading ads. These kinds of enticements tend to sabotage the integrity of professional service and research. Professional helpers need to guard against being influenced by the "advice industry." Some psychologists have insisted that their publisher tone down the advertisements.

Lastly, there is to me one more special irony in the current situation. By dealing with psychological content--personal and interpersonal problems—TV and radio talk shows, workshops and self-help books have become very popular and made enormous profits. Clearly, the general public has enthusiastically welcomed dealing publicly with these topics, giving their time and their money. Yet, during the same 20-30 years, there has been almost no public support for meaningfully teaching practical how-to-cope psychological information in our public schools and colleges. Likewise, there has been no support for psychosocial education coming from mental health professionals, university faculties, or public school officials. This contrast seems strange; why might this be?

Why don't we want realistic, practical psychology in schools? Probably for several reasons, depending on the impact these changes would have on one's own career or role. But I believe Dr. Wilson's

analysis of the advice industry suggests another major barrier to change. If a psychological or interpersonal helper had a chance to be interviewed or to go on TV or radio, this would be appealing to many because it could yield several benefits, such as improve his/her reputation, result in more sales, 15 minutes of fame, status, and others. In addition, the professional would have little to lose as long as he/she doesn't make some embarrassing mistake. Such a guest would not be assuming any grave professional or legal responsibilities, even if they interviewed someone on the air for a few minutes and gave some simple advice. Contrast this situation to the psychologist who agrees to teach a small, daily, year-long, personally useful, skills-oriented psychology self-help class to a small, intimate group of High School juniors. This would deal with each student's immediate concerns and with preparing for the future. Wow! That could be scary for the teacher. It would be an awesome responsibility requiring a high level of skills, hard work, devotion to every student, and perhaps involving some legal risks because it would be so intimate an involvement in the students' lives. That might be why psychology classes are not proposed. Yet, if you, as the teacher, had a truly significant impact on each student's life, you would surely feel proud and deeply gratified. And the world might benefit. [End of lecture. (:-)]

It seems fairly safe to conclude that the meteoric rise of psychological topics and advice in the media is *not* due to great writers, creative producers of the shows, self-help literature of proven effectiveness, astonishing methods displayed by media advisors, or due to support from professionals in psychology. The popularity and the profitability of the advice industry are surely attributable to the commercial drive of corporate America—the nearsighted drive to be as profitable as possible. As yet, we have opinions but no data to indicate if the advice industry has, on balance, advanced or harmed the helping professions...or, more importantly, if all this advice has helped the general public to grow and cope better or not. This lack of adequate research is what I would underscore.

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

Most popular psychology books emphasize how fantastic their methods are and how much they can help you. In this way, popular writers use the "power of suggestion" to increase the effectiveness of their methods or ideas and/or to increase their sales. This works. Instead, I choose to tell you, as best as I can, the results of my experience and the limited research evaluating each self-help method (if any). Hopefully, you will take a realistic attitude and say, "I want to know the research findings--or lack thereof--as well as see how well this method works for me." Your faith in self-help should eventually be based on your own experience, not on research alone and certainly not on this book or, even worse, on some unfounded claim by an

ostentatious writer. (Don't misunderstand me, research is the best basis for "knowing" about the general effectiveness of some method, followed by the opinion of a practitioner with lots of experience. Eventually, your own experience with the method in question may dominate your evaluation of its effectiveness *in your situation*.)

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

Hope Springs Eternal...that's good but watch out for false hopes.

Hope springs eternal in the human breast;

Man never Is, but always To be blest:

The soul, uneasy and confin'd from home,

Rests and expatiates in a life to come.

-Alexander Pope, An Essay on Man, Epistle I, 1733

In spite of repeated failures, people often try to make the same self-improvement over and over again. The fact is that most self-change efforts fail, especially in the areas of eating, smoking, drinking, gambling, poor study habits, New Year's resolutions, etc. Many people have failed many times on the same project. Yet, people keep trying. Why? Is it just human nature to have hopes, even unrealistic ones, for things to be better?

Polivy and Herman (2002) try to explain what they call the "False Hope Syndrome," a sequence of hoping for self-improvement, trying some change method for a while, then relapsing and experiencing a disappointing outcome, analyzing the reasons for their failure, and eventually deciding to make a new effort to change (even though the person has not learned much more about self-change techniques). These authors start their analysis by asking "Why do self-change efforts fail?" Their answers: we tend to start with unrealistic expectations, namely, big, fast, easy, far-reaching changes. The goals

are too high, so we fail. We run out of energy. We start to back slide. We could have set lower goals but we don't. The fact is self-change, especially big, fast, easy change, is usually far harder than we imagine (hope?).

Then Polivy and Herman ask "How does defeat get turned into some new hope?" Sometimes the self-helper, who has failed, concludes "I didn't try hard enough" or "I didn't have the time/energy." Of course, one could always try harder or give more time; thus, there is reason to try to change again. Or one can conclude "the diet didn't work" or "that self-help technique wasn't right for me" (the failure wasn't my fault!). Of course, there are thousands of other diets, many other techniques, more promising programs to buy, hundreds of new self-help books; thus, you find another basis for trying again.

"Why do people try again and again?" The same hoped for rewards are still there. Often the previous attempt *did* produce some success at first--that memory of success motivates us to try again. Just making a commitment to try again is reinforcing, helps us feel in control, and gives us hope. Overconfidence is, in part, ignoring the reality of our past failures so we can believe we will succeed next time. However, the repeated starting and stopping of self-change efforts--the yo-yoing--takes a toll, sometimes the tasks are unpleasant (like dieting) and certainly the failures are frustrating and may make us self-critical. So, for some people, this repeated failure may take a toll on our self-esteem.

On average, it takes 5 or 6 tries to make most self-improvements. But repeated tries doesn't guarantee eventual success. If you have had several failures and have seen little evidence that the desired change is actually possible, consider (a) lowering your goals--settle for less or a slower pace--or (b) revising your self-change methods so your self-change plans are scientifically more sound. Eventually, it is wise to face the fact that you don't know how to change at this time, accept that reality, and set about learning what you need to know to change. No need to be a victim of your own false (unrealistic) hopes.

Rather than viewing the common repetitive urge to try to change as a problem and serious human failing, as Polivy & Herman seem to do, I choose to see this dogged perseverance as beneficial overall and probably an important element in human evolutionary survival. The problem isn't so much foolishly taking on impossible self-change tasks, but rather neglecting to gain the knowledge needed to know how to make the desired changes before launching another self-improvement project. Getting this knowledge is often admittedly very difficult...our ignorance is a challenging barrier.

I recently read an example of life's awesome complexity (Fischhoff, 1992). I'll share it with you. It should make you question quick, simple solutions for and advice about almost any human problem. Researchers have gathered ideas for preventing or handling a rape.

They have collected 1,100 strategies! Thus far, there have been only 24 studies evaluating the effectiveness of any of those strategies (like do something crude, such as vomit, or try to get him to see you as a human). Only 1, 075 strategies to go! Of course, beyond strategy, would be other considerations, such as rapist's strength, woman's self-defense skills, presence of others nearby, etc. My points are: we are incredibly ignorant about handling rape (there is almost no general advice we can give at this time); we are not doing nearly as much research as we should; the sexual assault situation is very complex; watch out for over-confident, self-appointed "experts;" question anyone giving the same advice to everyone; and listen to ordinary people as well as "experts." These same points probably apply to 1000 other problem situations in which humans find themselves, including the problems you face.

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

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

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

Of course, reading something which uncovers a problem you hadn't realized before would be stressful. But, would you be better off not knowing? Certainly, it can be scary to try out some self-help methods, such as exposing yourself to a feared or a stressful situation. Talking to another person or a group about a problem may be hard, although the end results are usually beneficial. These uncomfortable situations

associated with gaining awareness or with working hard to learn new skills may be a necessary part of growing. No one promised you that life would be easy.

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

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

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

An important final word of caution

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

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

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

We all live life alone in many ways, even when intimate with someone else. For example, married couples talk on the average only 20 minutes per day (often much less); long-term therapy, costing

$7500+, is only 100 hours or so; a self-help course is 150-200 hours; but life is over 600,000 hours. No scientist studies your life. No one knows as much about your life as you do. Thus, you are not only your own therapist, you are your own researcher. Mahoney (1975) advocates training students to be "personal scientists." The task is to find out what self-help methods work for you; that is research!

Science is simply common sense at its best.

One thing to guard against is the tendency (wishful thinking?) to believe that "things are getting better." Double check your optimistic subjective impressions by objectively measuring your progress while trying to self improve. Chapter 2 tells you how to know if you are really making progress or wasting time. This evaluation of your efforts is important but not easy, especially if you try, like a good scientist, to find out if the self-help method is really helping or if some other factor is responsible for the changes. Such a determination requires you to record daily or even hourly your efforts to cope and the results of those efforts (see steps 2 and 7 in chapter 2).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

responsible for applying the self-help methods, and "live with" the outcome.

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

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

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

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

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

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

While knowledge of self-help may prevent or relieve many problems, there are certain situations in every life where outside help is necessary. Self-help is like first-aid; so, if you need surgery, don't use band-aids, see a surgeon right away! What are some of the psychological *situations that call for professional help*? When one is so depressed that there are thoughts of suicide, when one's thoughts are confused or unreasonable, when a person experiences urges to hurt someone, when feelings towards other people are very strong (so that one is not likely to be thinking straight), and when someone has tried

and tried to help him/herself but nothing seems to work. Usually when your psychological problems are quite serious, you will need therapy, medication, a support group, and self-help. Get what you need.

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

See the section in chapter 2 about Finding a Therapist. Make your selection of a therapist carefully by getting recommendations from people who know and by checking his/her training and credentials. It pays to know a lot about psychotherapy, the training of therapists, the types of therapy and which are most effective with different problems, the cost of different approaches, etc. Several links cited there provide the information you may need.

Understanding 13: This book cannot meet all your needs.

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

None of us can solve all our problems by ourselves, no matter how well informed we are about self-help methods. This book, plus hundreds of others, can suggest many effective methods and even "care for you from a distance," but you may need specific feedback to identify your specific problems, confrontation about some foolish idea you have, warm approval and support when your confidence lags, or someone to take you to a hospital. This book can't give you individual attention or a hug or a shoulder to cry on, in times of stress. I wish I could, but those things must come from a caring person near by, such as a friend, a relative, or a teacher. Getting and giving care are both highly therapeutic. You will have to reach out to others and when you do--please be very explicit about what you need. Most people want to help others and benefit from helping.

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

Many students tell me they learn more from small group discussions than from reading books and classroom presentations. I'm

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

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

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

The Psycho-Social Educational Approach

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

First of all, in spite of all our "fascination with people," we humans have resisted studying ourselves psychologically and scientifically. As Francis Bacon said, "Man prefers to believe what he prefers to be

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

Most of us don't like the idea that living optimally requires work. Look at it this way. If each one of us is attempting to mentally cope with some concern or task almost every moment of our life, in the course of a lifetime every person will deal with millions of unique situations and thousands of different kinds of problems. Every day there are probably several situations in which you think: "I'd like to do that better." That's real life. Sometime during your life you will probably face almost every kind of human difficulty. In this sense, intelligent living is complex and a lot of trouble. On the other hand, many, many other people before you have faced the same concerns. Therefore, given the right flow of information, you could benefit greatly from the experience of others and from some advanced preparation to face a wide variety of predicaments. As a species, we seem more inclined to say "Oh, it won't happen to me" than to do our preventative homework.

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

Twenty-five years ago, I thought self-help books, informative TV talk shows, and personally useful Psychology classes taught in schools would have "given psychology away" by now. I assumed that by the year 2000 almost everyone in this country would be a skillful self-helper (in terms of understanding and managing their own lives) . The truth is the general public, I suspect, has made very little progress in acquiring useful psychology. Let's see if we can understand why self-

instruction--the most cost effective source of help--has been neglected or mishandled, while expensive and questionable sources of help have flourished, such as individual psychotherapy, psychiatric drug prescriptions, chiropractors, faith healing, astrology, mystical channeling or past lives therapy, illegal drugs for pleasure, etc.

The publishing business and self-help books

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

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

Publishers seem to believe that people will not try to generally self-improve or prevent problems. We readers are assumed to be so stupid that we will only seek help *after* we are in trouble. Therefore, the self-help book industry publishes books about specific, serious crises which will drive us (while in distress) to buy their books. Fortunately, many

of those books are written by experienced professionals and are quite helpful. However, truly effective self-help education *should emphasize early detection of problems and prevention*, as well as crisis intervention. Prevention is sorely neglected (discussed later).

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

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

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

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

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

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

My conclusions again are: coping effectively with life in general-- and all lives are complex--requires us to know how to handle many ordinary problems as well as knowing how to improve what we already do well. That requires a basic knowledge of useful psychology which can be applied by everyone in almost any situation. Currently, the typical specialized self-help books fail to provide us with generalized self-control, and there is no bibliographic system to help you find the specific information you need for solving today's problem.

Bookstores

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

don't expect the store clerk to wisely recommend a book for your problem.

Magazines

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

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

Talk shows

Ten or fifteen years ago, I thought talk shows were the ideal self-help education for adults. The early talk shows were informative and practical, i.e., many dealt with solving common problems. They discussed controlling bad habits, relieving stress or depression, gaining confidence and asserting your elf, improving relationships, etc. When watching the early shows, you might have said, "Wow, that's the way I am. Maybe I should try that approach with my problem." When the shows did deal with abnormal psychology topics, the thrust was on understanding the behavior, helping relatives accept the patient, or helping the patient seek help from mental health agencies. As the years passed and competition among talk shows increased, the topics became more and more sensationalistic. Sadly, now, they are usually a waste of time, unless you are entertained by bizarre situations or behavior. Now, if you watch, you say, "Wow, what a weirdo! Thank God, I'm not anything like that." The great educational potential in talk shows is being neglected because they focus only on the problems, not the solutions (don't blame the shows or the sponsors, they give us whatever attracts the greatest number of us). Heaton and Wilson (1995) say the talk shows distort real life so badly that they harm the mental health of all of us.

The talk shows do not showcase psychological knowledge well. Often the "expert" is given only a few minutes near the end of the show under terrible circumstances: "OK, doctor, now instantly cure these very long-term, disturbed subjects who have been whipped into an emotional frenzy for 45 minutes." It is common for the talk shows to also have a critic on the show to attack whatever the "expert" says. It seems carefully planned to demean the value of psychological

knowledge. Certainly the public doesn't end up clamoring for more useful knowledge (unless they are in a crisis and desperate). We as a society don't need more titillation by aberrant behavior, sex, or shrill arguments; we need more insight into human behavior and feelings, more honest useful facts, and more practical research about effectively handling *common, ordinary* problems. We need to be able to separate the informative shows from entertainment based on someone's rare, abnormal, and pitiable behavior. (We also need to confront our own compelling, unquenchable thirst for entertainment.)

The media

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

Churches

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

individual lives would interfere with many churches advocating self-help psychology to improve your life.

Schools

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

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

The neglect of prevention by books and institutions

Just as specialized self-help books leave much of your life untouched, thinking of self-help as being primarily for solving serious problems may cause us to neglect the prevention of problems. Since the 1980's government funding of research has focused on the physical, genetic and biochemical causes of diseases. The psychological, interpersonal, environmental causes, like poverty, prejudice, and dysfunctional families, are considered less important (Albee, 1996). *Prevention should be a strong point of self-help*. Who else is going to guide you away from trouble? And, we all face trouble. A 1993 national survey about mental health lead by Ronald Kessler, a sociologist at Michigan, found that half of us will have a mental illness some time in our lives. It is a part of life. In fact, according to that

survey one third of us will be at least mildly mentally or emotionally ill sometime during the next year! (The most common disorders are depression, drug or alcohol dependence, and social fears. Problems in living are in addition to the one third with "disorders", including problems like being over weight, procrastinating, being anxious or having a bad temper, being unhappy at work, having marital problems, etc.) Obviously, we are not doing a very good job of preventing mental-emotional disorders or ordinary problems, but there is evidence we could.

Several studies have shown that adolescent problems, like depression, introversion, and aggressiveness, can be forecast in the first and second grade. There are early signs of stress in a love relationship that warn us of serious marital problems. It doesn't take a genius to predict that a hostile, mean bully is going to cause and have interpersonal problems as a teenager and as an adult. Even totally untrained observers can pick out the young child who is more likely to become schizophrenic at age 20 or so. Prevention of problems, however, requires your attention: you will need to assess how likely you are to develop a variety of particular problems (a task you will be tempted to avoid); you will need knowledge to decide how to best avoid the long-range undesirable consequences; you need to plan a self-help project to carry out the preventative measures. Probably the majority of serious psychological and interpersonal problems could be avoided by alert self-helpers (and a school system oriented to psychological well-being). I do not want to suggest that psychology has already perfected prevention methods, but psychologists are finding some effective self-help ways to prevent serious problems, such as depression (Munoz, 1993). Albee & Gullotta (1997), working with the National Mental Health Association, have described 14 award-winning prevention programs; these could serve as how-to manuals for other communities. Other researchers (Durlak & Wells, 1977; Weissberg & Greenberg, 1977) have evaluated several prevention programs for children and adolescents, these involve schools and professionals but education (and self-help) plays a part too. *Prevention requires attending to parts of your life that are not yet problems*. Clearly, some of the self-help methods, especially behavioral-cognitive methods (see chapters 4 & 14), for handling a serious problem could be used to prevent the problem.

Conclusions

You are, thus far, pretty much on your own to take care of your life. No system or basic institution, such as family, church, school, friends, or health/psychological caretakers, has taken on the task of helping you learn to cope with the minor or serious troubles that will come your way (denial is easier and, thus, self-help isn't a big money maker). A lot of your welfare depends on luck--being born middle class... or being raised in a psychologically healthy family... or being given healthy genes... or being endowed with the ability to learn coping skills on your own. To become effective at coping, you need to practice thinking of self-help as

being applicable to all parts of your life, i.e. *helpful all the time* with serious problems, minor concerns, and self-improvements of all kinds. Self-help is for preventing as well as solving problems. Self-help is for improving in areas in which you are already adequate or superior. To think of self-help in a more restricted way will limit your efforts to be a better person. We all need to periodically review all aspects of our lives, looking for any danger signs and taking preventive action if it is needed. We must vigilantly guard against believing that self-help is natural, automatic, instinctive, easy, unlearned, not-improvable or in God's hands. All are excuses for doing nothing. We all need to know the major methods for coping *before the trouble strikes*.

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

The human condition involves an astonishing amount of misery. A recent national survey (Kessler, et al, 1994) reported that 50% of all Americans between 15 and 54 have had a diagnosable mental or emotional disorder sometime during their lifetime. Almost 25% of us have had a serious psychiatric problem within the last 12 months (less than 20% got any treatment). One out of five of us is in fairly serious psychological trouble right now. About 50 million (20%) Americans are at least mildly depressed (200,000 attempt suicide), 20 million are anxious neurotics, 10 million turn to alcohol (1 million are in AA), 10 million are arrested for a crime, 5 million are schizophrenic or antisocial, 12% abused his/her spouse during the last year, 6 to 20 million (12-20%) of our children and teenagers are diagnosable and 13% of 9-17-year-olds have a "serious emotional disorder," 1 million college students leave school each year because of personal-emotional problems (1-2 million are addicted to drugs), 50% of marriages end in divorce and half of the remaining marriages are "empty shells," one of every seven women has been raped, etc., etc. (U.S. Surgeon General, 1979). During any given month, 15-20% of us Americans suffer from substance abuse or mental disorder. And, beyond all the serious problems, the fact is that almost all of us have things--bad habits, self criticism, lack of motivation, unclear goals--we'd like to change (Kidd, 1974) but can't or don't. We shouldn't remain indifferent to all this pain. We need a scientifically based system for preventing and alleviating this misery.

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

bookstores were discussed earlier in the chapter, but their effectiveness could be radically improved

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

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

1. Everyone can be reached at a young age via the educational system; therefore, problems could ideally be prevented or handled early.
2. The amount of time available via the educational approach far exceeds any other currently available delivery system. For example, in just one course at the college level, students spend approximately 150 to 200 hours working on their problems as contrasted to an average of 5 or 7 hours in counseling centers or perhaps the 15 to 30 hours of counseling for clients who remains in treatment until termination. Suppose there was one course every semester from nursery school to graduate school; that's a total of 4,000 hours of study and application! Every child could become much better trained than the current psychiatrists and clinical psychologists. Why not? What else would be more beneficial?

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

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

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

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

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

A brief review of the idea of self-control

When the discipline of psychology started to develop over 100 years ago, it left terms like will, free will, volition, self-control, determination, and cognitive control in the hands of philosophers. But since the 1970's or 1980's, cognition has become an expanding part of psychology. Now, concepts like choice, decision making, problem-solving, self-esteem, self-efficacy, optimism, feelings of mastery and many other similar terms are in favor in psychology, partly because researchers continue to find relationships between one's self-control, including sense of mastery, and one's mental and physical health. Shapiro (1996, 1998) has summarized well the research and theories about self-control during the last 40 years.

Most people assume they have "free will," i.e. the ability to make choices that purposefully guide their lives. Indeed, our legal, moral, and social systems assume that individuals have "free will" because punishment, rewards, blame, praise, etc. would make no sense if the person were not responsible and/or couldn't help what he/she was doing. Among scientists "free will" is still debated, but a growing group believes that humans can weigh options, make decisions, and form intentions that direct, within limits, their lives (Rychlak, 1977). This self-direction or "will" is considered lawful and understandable, not magical or mystical. If you are interested in a more detailed discussion of "free will," "moral responsibility," and self-control, please see Method #4 in chapter 14, Determinism.

We humans want to control our lives, being out of control is often very scary. So, it shouldn't be surprising that normal, healthy people over-estimate their degree of control and under-estimate their vulnerability to control by others or circumstances. When confronted

with illness, the patient who believes he/she retains control over aspects of the disease generally does better than the patient who feels out of control. An optimistic, hopeful attitude about one's self-control actually changes our bodies--the body chemistry and immune system improves.

However, too much (unrealistic) belief in one's ability to control things and/or too high a need to be in control, sometimes resulting in making extreme efforts, can often make things--your health or social situation--worse. For example, the alcoholic's belief that "I can quit any time I want" surely contributes to a loss of control over the addiction. Also, as managers have seen, it is often harmful to give a person more control responsibilities than he/she wants or can handle. Likewise, as we will see in chapter 8, if a person believes he/she is personally in control of a situation when in reality external factors are the dominating forces, the consequences can be detrimental to his/her health and self-concept, especially if the person continues to feel responsible for the unwanted outcomes. Thus, it seems that the concept of "free will" may sometimes assign far too much responsibility (blame) to the actor (often a victim) when things go wrong. In the opposite direction, feeling more helpless than you actually are is problematic--and perhaps in this case the actor (sometimes a victim) hasn't taken enough self-responsibility.

Shapiro (1997) illustrates the elusiveness and complexity of the seemingly simple concept of self-control by asking: Is self-control merely a belief ("Oh, I'd never have an affair") or is it actual control in real life? Is it a general trait ("I'm totally in control") or very specific ("I can handle alcohol but not sweets") to thousands of tasks or areas of control? Is there one level of control desired over external events and another level of control expected over one's own emotions, choices, and actions? Is self-control only mastery, i.e. consciously and intentionally improving one's behaviors, emotions, skills, and thoughts, or is it also coping by yielding, adapting, accepting, accommodating a situation or powerful force until one has a better chance to change things?

There are other complexities: Is it still self-control if others are helping you cope, such as family, friends (gang), government program, self-help group, self-help book, religion, or God? How does one naturally learn self-control? Where does one go to learn to improve one's self-control? Who in our culture are the self-control experts--what discipline wants this area of research?

Shapiro, Schwartz, and Astin (1996) suggest that the kind of therapeutic intervention or self-help instruction a person wanting better self-control will need depends on his/her "control characteristics." For instance, it is quite possible that gender differences, age level, genetic factors, level of aspiration, situational differences, confidence, and several other personality traits will influence the kind of control methods that each specific person needs to learn or be taught. Because of these uncertainties I have listed

many possible self-control methods for each major problem (see chapters 4 to 10).

Sperry (1993) makes an important observation: your values and major purposes for living, if well developed, are perhaps the most powerful determinants of your major life decisions. Therefore, each of us needs to take great care in deciding on the values we will live by (see chapter 3). Moreover, in the absence of a strong, thoughtful value system, if one starts to believe that he/she is at risk of having little control or if one becomes extremely emotional when his/her self-control seems fragile, such a person is at risk of joining others who are threatened and deciding to seriously harm another group through acts of greed and by social domination (e.g. seeking power through wealth, politics and war, or religion). Humans run amuck without effective self-control and values.

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

Joseph Rychlak (1997), one of the best thinkers of our time, says that unfortunately modern society considers the notion that a person can responsibly guide his/her own behavior to be an illusion. At least, it certainly seems that we resist the idea of preparing for personal-emotional problems until we are in deep trouble. In any case, humankind is obviously not rushing recklessly towards self-responsibility and self-control. So, it is no surprise that general self-help knowledge and classes have not become big business. The thousands of little crisis books have not shown the general population that psychology is helpful in every life every day. Likewise, the TV documentaries or talk shows have not convinced many people to study self-help techniques carefully (that is certainly no surprise considering the few minutes the bewildered "experts" on talk shows are given to solve highly complex, emotional issues). Our limited systems for distributing useful knowledge to everyone are lousy because they are, thus far, primarily devoted to entertainment and selling products. Schools, families, and churches don't support self-help instruction. Moreover, therapists know a lot but they aren't giving it away (in our competitive, individualistic culture, who wouldn't want to make $100 an hour?). In short, our society does little to encourage and help us to self-improve. What can be done about these skeptical or pessimistic attitudes?

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

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

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

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

So, hopefully, you can now see the big picture of where we are going. Clearly, a life-long psycho-social education isn't just one book or one course. Learning to cope is an unending task from birth to death. It is a process of realizing your personal and social problems, of deciding on the important purposes of your life, of planning how to accomplish as many of those goals as possible, and, then, gathering

the knowledge you need to actually cope with the almost inevitable stream of pitfalls in life, carrying out your day by day plans for achieving your ideals, and living your values and dreams to the fullest.

I urge you to seriously start self-helping yourself to cope now. *You don't need to be a good student or to know much about psychology* (you only need to be able to understand what you read); *you don't need to have problems* because you can always work on self-improvement and prevention of problems; *you don't need to be in good psychological shape* because self-help is for all kinds of personal and interpersonal difficulties. Why am I urging this on you? My goals reflect my values of helping others, using knowledge honestly and wisely to make this a better world, and encouraging each person to take responsibility for his or her own life.

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

Summary

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

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

Bibliography

References cited in this chapter are listed in the Bibliography (see link on the book title page). Please note that references are on pages according to the first letter of the senior author's last name (see alphabetical links at the bottom of the main Bibliography page).