

Chapter 2: Steps in Self-Help

Steps in Self-Help


Reader: Step 3 is especially important.

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

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

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


frequency of the problem


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


Step 4: Set realistic short and long-term goals

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

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

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

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

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

Step 9: Plan ways of maintaining the gains made.

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

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

How to Use This Book to Help Change Yourself: Steps in Self-Help



Overview

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

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

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

A valuable aspect of the following 10 steps is a simple system for analyzing your problem into five parts, which, in turn, will help you develop a comprehensive plan for changing yourself. This system, described in step 3, will help you understand any problem situation. Every problem has five parts or levels: (1) the behavior involved, (2) the emotions experienced, (3) the skills you may need, (4) the mental processes involved (thoughts or self-talk, motivations, self-

concept, values, and expectations), and (5) the unconscious forces that may contribute to your troubles. An old adage says, "a problem well stated is half solved." When a problem is carefully analyzed into these 5 parts, you can more easily see how most treatment or self-help methods available today could be applied to this problem (see step 5).

This same 5-part system of analysis is also used in chapters 3 to 10 to help you understand how specific problems may have developed, are maintained, and could be changed. Then, chapters 11 to 15 describe in a simple cookbook manner how you can apply many different self-help procedures to each of the five parts of your problem. Chapter 17 deals with the behavioral part or level 1, chapter 12 with the emotions--part 2, chapter 13 with skills--part 3, chapter 14 with thoughts--part 4, and chapter 15 with unconscious factors--part 5.

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

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

Summary of Steps in Self-help

Once you have decided to make some specific self-improvement, there are ten desirable steps in a difficult self-help project; however, not every step must be compulsively carried out every time you try to change something about yourself. Sometimes, you can omit measuring your progress or analyzing the problem into parts or setting goals or

some other steps. This is because sometimes, the desired change is very easy to make, as though it is just waiting for an excuse to change. Most of the time, however, it is hard to change, forcing you to pay attention to all ten steps. At least, you should know how to carry out all of the possible steps, in case they are needed:

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

- _____ see problem checklist in this chapter (Table 2.1).
- _____ if you aren't sure you want to change or keep postponing making changes (see Table 2.2).
- _____ ask yourself: could this problem be physically caused? If so, see a physician.
- _____ if you have a very serious problem, such as suicidal thoughts or difficulty thinking well enough to make any plans, please seek professional help (see the warnings below).

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

- _____ estimate and record frequency for 1 to 2 weeks prior to starting a daily record.
- _____ record information each day that will indicate changes you are making.
- _____ keep a diary of your thoughts and feelings as well as actions.

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

- _____ analyze your problem into five parts. Use Tables 2.1 and 2.3 (in step 5). Look for the origin and influence of each part.
- _____ what causes your problem? the history? under what conditions does the problem occur? Any payoffs?
- _____ see chapters 3-10 and other readings for frequent causes and explanations.
- _____ biology and environment as causes. Motivation to change: do you understand why you want to change? or why you are reluctant to change? What seem to be the barriers to changing?

Step 4: Set realistic goals.

- _____ be specific: exactly what behavior, emotions, skills, attitudes, or awareness do you want to change? What do you want to eliminate? What to increase?
- _____ change in small easy steps if rapid or radical change ("cold turkey") is impossible.
- _____ summary of goals--outcome, time, method. Are these goals important, fair, and in keeping with your values and long-range aspirations? (see chapter 3).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Step 9: Plan ways of maintaining the gains made.

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

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

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

- _____ critically evaluate the quality of your "research." What else happened besides your treatment that might have changed the problem situation?
- _____ jot down ideas about future uses of this method or improved procedures; share with others.
- _____ what and/or who were your greatest sources of help?
- _____ build your confidence in your ability to self-help.
- _____ go to step 1, and begin another self-improvement.

Step 1: Select Self-Improvement Projects

Select 2 or 3 self-help projects

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

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

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

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

A body of research shows that there are a series of stages in changing. The best summary is Prochaska, DiClemente, & Norcross (1992) or Prochaska, Norcross & DiClemente (1994). In the first stage, I'll call it "avoidance," we just don't think about the problem, even though it is perfectly clear to others. Or, we may briefly *wish* to change but have no serious *intentions* or plans for changing. Often, we blame others for the problem and resist change or believe we can't do anything about it. We must move to the next stage, call it "contemplation," before we can begin to change. In this stage we become more aware of the problem and we think about changing, but we haven't definitely decided to do something about it yet. We may wonder if change is worth the effort; we should weigh the pros *and cons* of changing. Many people remain in this stage for a long time (smokers for an average of two years). To actually change, however, we must move to the next two stages of commitment, called "planning" and "action." When we make explicit plans, we have decided to take action soon. We may have already tried to change and want to try again. Ideally, we will not obsess too long with understanding the problem and developing a perfect treatment plan; it is important to actually start changing. In the "action" stage we stick with an effective plan until we reach our goals. The last stages are "maintenance," in which after making gains we do whatever is necessary to avoid relapse, and "termination."

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

If so, then your first job is to get motivated and overcome your fears of changing. You need to decide for sure that a particular problem must be faced and conquered. You need to realize you may lose certain pleasures when you give up a bad habit. You may need to "psych yourself up." You may need encouragement. You certainly need to accentuate the positive reasons for changing. There is evidence that impulsive action on a self-help plan is likely to fail (1) if you do not have acute awareness of the probable benefits and losses, (2) if you try to change without an hopeful, exciting plan (including some faith in

your ability to change), and (3) if you start without determination and a commitment to fully solving the problem. So, what can you do if you can't get started changing?

First, there may be a variety of barriers to change that need to be removed. For instance, many different kinds of fears stop us cold. Dennis O'Grady (1994) in *How to Overcome the Fears of Changing* mentions several: fears of the unknown (if you change) and of facing a new situation, fears of failure and of looking foolish, fears of commitment and of not wanting the changes you get, fears of disapproval and of criticism of what you become, and fears of success, increased responsibilities, and people thinking you are selfish or stuck-up. The book underscores that fears, such as self-doubts and self-criticism, like "I'll fail," kill the will to change. Likewise, a constant stream of mental "shoulds," like "I should be doing better," often disrupts rather than strengthens our efforts to improve. Dr. O'Grady recommends countering your fears of changing by thinking positively about the possible outcome and by increasing your self-esteem and confidence in your ability to self-direct. His and other "think positive" books/articles could help some people but when does it work?

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

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

Guard against misdiagnosis

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

We are dealing with very complex matters. Even the experts disagree and don't know much about the causes of many disorders. *Therefore, it is absolutely essential that every self-diagnostician get a second opinion, especially when there are significant risks involved. If there is any threat to life, if you might have a serious emotional-mental disorder (this is hard to know), if you have a chemical dependency, if the problems could be caused or treated with physical-chemical means, or if you have tried for some time to make changes and failed, please seek professional help right away.* As mentioned in Understandings 11 and 12, always get help making a diagnosis and treating a serious problem. See a physician and/or a psychologist.

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

See the problem as a challenge and an opportunity.

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

Selecting Self-Improvement Projects, Part 2



Table 2.1: Problem Check List

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

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

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

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

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

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

- _____ be a good listener, empathic, able to disclose my true self (Chapters 9 and 13)
- _____ stand up for my rights, refuse to be taken advantage of (Chapters 8, 13 and 14)
- _____ make good decisions, avoid impulsive or uninformed choices (Chapters 4, 11, 13 and 14)
- _____ how to meet people, social and dating skills (Chapters 9, 13 and 14)
- _____ study or test-taking skills, how to concentrate better (Chapter 13)
- _____ time management, scheduling, reducing procrastination (Chapters 3, 4, 11 and 13) and work on underlying needs
- _____ leadership and persuasion skills. (Chapter 13)
- _____ parenting skills and relating to children better (Chapters 4, 9 and 11)
- _____ handling money, budgeting, controlling impulsive buying (Chapters 4, 11 and 13) and figure out underlying emotions
- _____ choosing a career, planning out my life, making educational plans (Chapter 3 and 13)

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

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

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

- _____ uncover and understand the past experiences that still bother me (Chapters 9, 14 and 15)
- _____ become more aware of my self-deceptions and defense mechanisms (Chapters 5, 9, 14 and 15)
- _____ recognize the "games" being played by me and by others (Chapters 9 and 15)

- _____ get in touch with the conflicts and repressed feelings inside me (Chapters 9, 12 and 15)
 - _____ remember and understand my dreams or daydreams (Chapter 15)
 - _____ realize the continuing impact of my family life & early experiences (Chapters 9, 14 and 15)
 - _____ understand my needs--dependency, aggressive, sexual, etc. (Chapters 7, 8, 9, 10 and 15)
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Table 2.2: For the Hesitant Self-Helper--How to Move from Avoidance to Contemplation to Commitment

Most self-improvement is made by people changing themselves, not by people seeing therapists or attending 12-step groups. Self-help is the most common approach with both easy changes and with very tough ones, including smoking, drinking, and even heroin use (at least in veterans returning from Vietnam). When these self-improvers are asked, "How did you do it?" they often say "I just decided." Maybe there is more wisdom in this comment than we realize at first. It is quite possible, in certain situations, that "just deciding" is the core of the problem. Indeed, for some people, once the decision is definitely made that "I'm going to change," their planning and self-change skills are quite adequate (or, perhaps, any old plan will work) and they simply change. The indecision or ambivalence (between changing and remaining the same) may often, in these cases, be the major problem (Miller & Rollnick, 1991).

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

Overcoming the denial of a problem

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

What are the barriers we need to overcome in the process of "just deciding?" For the person who hardly thinks about making a needed change, the common barriers are (1) a *reluctance to admit* the problem ("I'm only 10 pounds overweight," "I'm just big boned," "It came from having babies," "My wife is overweight too," etc.). (2)

Rebellion against pressure ("I hate it that Mom makes me study before dinner," "I like the way I've been teaching, this new cooperative education is nonsense," "I hate it when he/she mentions my weight when we are making love," etc.). (3) *Resignation* to staying the same ("I can't do anything about it," "I've tried to quit a 1000 times," etc.). (4) *Feeling a victim* and believing that someone else is responsible for your troubles; therefore, THEY owe it to you to fix it! You shouldn't have to do the work of changing (Dombeck, 2000). (5) *Rationalizing* that the problem behavior is really all right ("I know smoking isn't good for you but I only smoke 15 a day *and* usually I don't inhale *and* I smoke "light" cigarettes *and* I didn't start until I was 25 *and* my grandpa smoked 2 packs a day until he was 95 *and* I need them to relax *but* I'm going to quit!"). These are the kind of obstacles you face--they are powerful.

What can we do about our avoidance and denial? First, we can become aware of our use of excuses and mental tricks to avoid changing. Certain personalities consistently use specific defenses, e.g. if someone said something demeaning about you and you responded by laughing it off or saying "they didn't really mean it--no big deal," you are probably prone to use denial or minimization. If you responded by saying "that person is just mean-spirited, besides you can't please everybody--these things happen" or "there are deep psychological reasons why he/she said what he/she did," you are a rationalizer or an intellectualizer. If you boiled over, verbally or physically attacking the person or assuming they are totally evil, you are "externalizing" the causes of the problem. If you became self-critical and felt blamable for his/her opinion, you are "internalizing" the causes of the problem. In short, learn what defense mechanisms you use (see chapter 15) and do something about it, e.g. force yourself to face upsetting problems, avoid explaining away criticism of you, empathize with others (even critics), find less destructive ways to vent your anger, avoid feeling totally responsible for every bad happening, etc.

Second, the obvious solution to denial is to open your mind in many ways but this may not be easy. *You must find good, persuasive reasons for changing.* You must face reality and come to truly believe that the desired goals are well worth the cost of changing. This means you admit the problem, see its seriousness, and face the worries and fears involved in remaining unchanged. Caution: Research has shown that concentrating on the bad aspects of some behavior causes us to be unhappy and to want to change, but it doesn't lead to change (Beike, 2000). To take action and change, we must also see the advantages of improving and believe we can make the self-improvements we need. In other words, we have to get intimate with the problem and learn about it, not avoid thinking about it. And we must believe in our own self-control. How do you do both?

Miller and Rollnick, who deal with addictions, have developed questions to help us see our problems more fully (these interviewers have found that frank accusations and threatening confrontations by

others frequently don't work, our defenses go up and our denial works overtime):

To see the problem--

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

To clarify your feelings--

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

To determine if you are really interested in changing--

- Can you summarize your reasons for making a change?
- What reasons are there for remaining the way you are? (pay offs for the "problem" behavior)
- Considering the pro and cons, how strongly do you want to change?
- What is keeping you from making a firm, specific commitment to changing right now?

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

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

The idea is to maximize in your mind the gap--the distance-- between changing and staying the same. The greater the advantages of changing, as you see it, the greater your motivation. This is a crucial start. Reading more about your problem and its development, hearing more about other people solving a similar problem, and learning more about various methods of attacking the problem should

give you even more hope and determination to get the job done. If you can't become firmly convinced to change and find yourself making a lukewarm attempt, you will probably not succeed. If changing doesn't seem worthwhile, maybe you should seek professional help or talk with a successful self-helper. Others can help you think more about the above questions and your future. You need determination to change.

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

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

Step 2: Start Collecting and Recording Data

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

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

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

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

from one pocket to another is another good counter. Of course, wrist counters, similar to golf counters, are available.

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

Rate your emotions and attitudes

You will find that certain feelings and emotional reactions are hard to measure. For example, suppose you generally feel blue or sort of sad and bored. How would you count that target behavior? You couldn't, but you can rate it from 1 to 10, with 1 being very happy and excited, 5 being neither happy nor sad, and 10 being very unhappy and hopeless. Likewise, if you are just generally irritable, it may be hard to count any meaningful bit of behavior, but you could daily rate your level of irritation or sensitivity or anger.

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

Plotting your progress

It is important to start plotting the behavior, feelings, or attitude you want to change as soon as possible, preferably before you start trying to change the behavior, so that you will get an idea of your level of adjustment before self-help is started. In fact, when you make the graph, record your best estimate of the frequency or severity of the target behavior or emotion during the previous week. This provides a pre-observation basis of comparison with later data. Continue to keep these records, preferably day by day, throughout the time you are trying to change, and keep the records for a while after the project is over to be sure you don't backslide.

Why is it so important to keep a daily record of your progress? Day-by-day (or more often) assessment of your adjustment is more accurate than your recall a week or so later of how well you coped (Stone, et al, 1998). Frequent recordings force you to become more concrete, more realistic, and more objective in thinking about the problem. You can then better decide what observable, measurable changes you would like to accomplish. Many people find that as soon as they start observing the behavior through daily records, the behavior frequently, almost immediately starts to improve. This is empirically confirmed by Cone (1999), Thorsen and Mahoney (1974), Kazdin (1974), and Johnson and White (1971). These improvements

based on observation alone may fade away rather quickly, however, if they are not reinforced (Mahoney and Arnkoff, 1978).

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

Still another reason to keep objective records is that many of us are poor judges of our own weaknesses and incompetence (Dunning & Kruger, 1999). Actually, the more a person lacks certain skills, e.g. understanding grammar or grasping logical reasoning or humor, the less likely they are to realize their failings (or to recognize the skill of others). All the more reason to use simple counting or rating methods for assessing change. This impairment in judgment is so marked in some of us, however, that even simple methods may not work because we fail to perceive accurately the event we are to count or rate. In that case, we may need to get help in detecting and/or judging our target behavior... or get help in making changes.

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

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

Keep a detailed record or diary of your actions, thoughts, feelings, dreams. Do research.

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

to your anger. Over several weeks, this information may help you understand the real causes and dynamics of your anger. Besides, diaries are fascinating months or years later.

At this point, you are primarily trying to measure your level of adjustment--how well you are doing. Over time, these measures will show if you are making progress or not. In addition to frequently (maybe several times a day) measuring your current status, after you have decided on a "self-treatment" plan in steps 5 and 6, you will probably need to record exactly when and how you apply the self-help method. Example: if you are making and recording efforts *every hour* to replace negative, critical thoughts with positive ones, you will need to rate your level of depression or happiness/optimism every 3 or 4 hours, at least. The relationships between your efforts to change and the actual changes that occur are, of course, at the heart of evaluating your treatment plan. Don't leave that judgment up to intuition or guess work, measure the connection! This will be discussed further in step 7. If you are interested in more sophisticated research using repeated measures in a "daily process," refer to Affleck, et al (1999), Korotitsch and Nelson-Grey (1999), and Schwartz and Stone (1998). Self-help projects are ideally suited for this kind of practical single-subject research.

Progress and goals are different things

When assessing your progress, you are looking backwards to see how much you have changed over a certain time. However, when setting goals, as discussed in Step 4, you are looking forward to the changes you hope to make. Some people set very high goals, resulting in their feeling discouraged that they are so very far from where they want to be. Demanding goals can be and should be inspiring. So don't let ambitious distant goals cloud your perception of how far you have come. Measure it.

Step 3: Try to Understand the Problem

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

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

long task; it can help us change in terms of insight and treatment planning.

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

Describing the problem: look at all five parts

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

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

Part 1: Behavior

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

Part 2: Emotions

- I hate to study, courses are boring, school seems useless. I can't wait until I get out of school and make lots of money.

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

Part 3: Skills (Lack of)

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

Part 4: Mental processes

- I think what you learn in school is a waste. What I think is important is how well a person can control people or "work the system." I'm good at it.
- I think that I will be a responsible, honest, successful, hard worker just as soon as I get into the real world and away from this stupid school.
- I think I am very intelligent because my friends are constantly impressed with the things I do, like giving excuses for missing class or talking teachers into letting me take the exam later (after I get the answers from someone).
- I think the students who study hard or "show off what they know" in class are jerks and stupid because "they are making it hard on the rest of us."
- I expect to get average grades but I let people know that I haven't studied, so they will not think I am dumb. I'd like to be seen as smart.

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

- I may avoid putting myself to the test, i.e. studying hard to see how able I really am. I'm afraid I'm not very smart; I don't like to think about it.
- I may resent my father who is a workaholic; I probably hated my father's work, success, drive, organization (everything in its place), and pushiness. I felt rejected by mother because she admired father's successes so much. I may push this out of my mind, except for the resentment and distance I feel.
- Many teachers remind me of my father, so this may make it especially satisfying to blow off studying or to cheat on a paper.

- I sometimes think I am an impostor, a manipulator, and a lazy liar. When I think that way, I feel guilty and have some awareness that my future is bleak. I push these ideas out of my mind. Wonder if my conscience thinks I deserve to fail in life?



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



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

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

What is the history?

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

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

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

Part of the problem	1. Current situation	2. Any recent stress or crises?	3. Developmental history	4. Origin
Behavior	alone & inactive	--	restrictive parents	--
Emotions	tense & depressed	divorce	expects the worst	(from Mom?)
Skills	poor social skills	friends sided with ex-husband	loner	very shy at 18 months
Cognition	self-critical	blamed by husband	--	Mo. critical
Unconscious factors	husband leaving associated with father leaving	distrustful of men	--	abandoned by Fa. at 6

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

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

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

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

(Childhood experiences certainly also affect your current behavior, personality, and attitudes. However, the memories and/or emotional reactions of these events are still in you; they aren't just history, they are current, powerful psychological factors in your memory *now*. These old habits, emotional garbage, expectations, beliefs, etc. clearly influence your current adjustment. Throughout this book, the current impact of your childhood and earlier life is constantly considered, especially in chapters 9, 14, and 15.)

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

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

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

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

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

Prochaska, Norcross & DiClemente (1994) say that our motivation to change can often be increased by arousing certain emotions. Examples: Bad habits, although immediately pleasurable, often harm our lives. This long-term self-destruction should make us mad. You can arrange for experiences that emphasize the need to change, e.g. try running (very slowly!) around the block if you are overweight, calculate how much you spend per year on alcohol or cigarettes or excess food, video yourself getting drunk or bingeing, etc. Create your own negative fantasies about the long-range consequences of your problem, e.g. imagine becoming so fat you can't make love, fat clogging your arteries, how your negative attitude and anger drives everyone away, etc. Looking steadily and honestly at our own gloomy predicted future can propel us to change.

As you work through the steps of self-help, you are likely to get more motivated to change. You will read about and measure the problem, set goals, think about the causes of the problem, wonder what methods will help, develop a good self-help plan, think about how good you will feel about yourself if you change and how bad you will feel if you don't change; all these things add motivation. Seek out

information and support from people. Be real clear about your reasons for changing. Remember, consider carefully the reasons for not changing because if you don't become convinced that changing is the right thing to do, you are likely to slip back to your old habit when the going gets rough. Hopefully, you can move to the next steps well motivated. More information about self-motivation is available in chapter 14 and in Prochaska, Norcross & DiClemente (1994).

Step 4: Set Realistic Goals



Goals guide our lives. Don't be goalless

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

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

Realistic, effective goals must be attainable, important, and taken seriously. Being goalless is a serious problem. Goals serve us well. They focus our energy, reduce distractions, get us looking for new solutions, keep us striving, and give meaning to our existence (Locke, Shaw, Saari, & Latham, 1981). There is a Web site, [MyGoalManager](http://www.mygoalmanager.com/) (<http://www.mygoalmanager.com/>), which helps you plan the steps, keep up your motivation, and review your progress.

Demanding-but-reachable specific goals motivate us more than a vague "do your best" or too easy goals, resulting in better plans and more effort. For example, when exercising, the goal "to do your best"

does not result in as many sit-ups as "do 10% more sit-ups than you did last time." On the other hand, overly demanding, perfectionistic goals are more likely to lead to failure, disappointment, and giving up (see chapter 6). It may not be easy to find the optimal middle ground between too hard (seeking perfection) and too easy (not trying hard enough) goals; try both extremes until you find what serves you best.

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

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

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

-Goethe

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

-Emile Coue'

Far away there in the sunshine are my highest aspirations. I may not reach them, but I can look up and see their beauty, believe in them, and try to follow where they lead.

-Louisa May Alcott, 1832-1888, American Author

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

Summary

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

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

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

which may be stated as:

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

Examples:

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

which will almost certainly have some:

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

Examples:

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

and:

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

Examples:

- I will skip the next meal if I cuss.
- I will desensitize my anger in situations where I am correcting Bobby.

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

Don't let all these goals overwhelm you. But I want you to get the point: *you need daily and weekly sub-goals*. You may even need hourly sub-goals. You will probably try to change only two or three parts of your problem (that's what you are tentatively deciding in this step--although the method you chose to use will also determine your goals). And, you will need only one or two methods to change each part (steps 5 and 6). However, there are many possible changes you could focus on within each of the five parts of your problem, and you may chose to change rapidly or slowly, and you must chose a self-help method from among 20-30 possible methods. *These many choices, whether you think about them or not, determine your goals (and your success)* in any self-help project. As you accumulate wisdom and become more aware of the situation and the decisions you are making (or neglecting) every moment, you may gain more control over your life.

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



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

-Logan Pearsall Smith

Goals are dreams with deadlines.

It is far better to dare mighty things, to win glorious triumphs, though checkered with failure, than to take rank with those poor souls, who neither enjoy much or suffer much, because they live in the gray twilight that knows neither victory nor defeat..

-Author unknown

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

-Stephen Grellet



Step 5: Select the Self-Help Methods



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

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

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

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

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

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

Table 2.3: Analysis of Problem into Parts and Possible Solutions

Parts of any problem	Psychological self-help methods
1. Behavior (simple thoughts) (What behavior or habitual thoughts do I want to change?)	Self-reinforcement, self-punishment change of environment, break the chain early, extinction, thought control, covert sensitization, self-instructions.
2. Emotions --fears and anxiety --sadness & self-criticism --anger & prejudice --dependency & passivity (What unwanted feelings are involved?)	Relaxation, self-desensitization, venting feelings, exposure to harmless fears, stress inoculation, meditation, constructive use of emotional energy.
3. Skills (Lacking) (What skills do I need?)	Problem-solving training, social skills via practice in groups and role playing, assertiveness training, constructively handling anger, decision making, study skills, leadership skills, organization and scheduling skills.
4. Mental processes --attitudes --values --motivation --self-concept (Which views and values harm--and which help?)	Questioning irrational ideas, correcting expectations, determinism, building self-esteem, paradoxical intention, increasing motivation, values clarifications, gaining hope, developing a philosophy of life, learning to think straight, helpful attitudes, self-hypnosis.
5. Unconscious motives (What needs and defenses cause me trouble? What conscious life plan can replace my unconscious life script?)	Self-awareness exercises, transactional analysis, psychological reading, focusing, dream analysis, self-understanding by writing an autobiography, feedback from tests, friends, and groups, and learning to accept oneself.

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

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

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

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

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

Case A: A lonely shy man

<u>Part of the Problem</u>	<u>Possible Self-help Methods</u>
1. Behavior: Avoids girls, has little to say.	Write a contract rewarding talking to girls with TV time; buy a new record album as soon as one girl is asked for a date (chapters 4 & 11).
2. Feelings: feels shy, anxious when talking to attractive girls, afraid of rejection.	Use relaxation and desensitization to reduce fear of approaching a girl to talk to or for a date (chapters 5 & 12).
3. Skills: doesn't know how to start or end a conversation; unsure how to ask a girl out.	Practice different approaches by role-playing with a friend, observe others, prepare for conversations in advance

(chapters 9 & 13).

- | | |
|---|--|
| <p>4. Attitudes: has self-doubts and the belief that it would be awful if a girl didn't want to go out with him.</p> | <p>Develop a more positive self-concept by reviewing and praising self for good points; challenge the irrational idea that it would be so awful that he couldn't stand to be rejected by any girl for any reason (chapters 6 & 14).</p> |
| <p>5. Unconscious: unconsciously hates self for being so weak, suspects that females are demanding, critical, and fickle; afraid of being hurt in a relationship.</p> | <p>Look for the source of the self-critical attitude (did parents put him down? Has he been ignored--or indulged?) Where does the distrust of women come from? (Mother liked a sibling more? Has been rejected before? Afraid of sex or intimacy?) See chapters 6, 7, 9, 10, & 15.</p> |

Case B: John/Jane--Procrastination

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

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

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

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

- Confront my fears and find out how smart I am. Do my best in one course (4 hours of study per week) and see how well I can do.

- Desensitize my anger towards school work and anxiety about not doing well on papers and exams.
- Challenge my irrational, self-defeating ideas about how stupid school and studying is. Challenge the self-cons about being so clever and so good with people. Remind myself of the deep trouble I am heading for if I don't reduce my hostility.
- Make studying more enjoyable by relaxing, eating, having a coke, holding my boy/girlfriend's hand, etc. at the same time.
- Feel better by being better prepared and by feeling proud of better and honest work.

Part 3: Skills (Chapter 13)

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

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

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

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

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

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

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

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

In most of your problem situations, there will not be clear-cut problems in every one of the five parts. In most instances, only two or three parts of the problem will need to be changed. Concentrate on what seems to be the crucial parts of your problem. For example, suppose that you were John/Jane. You would certainly have to first self-confront and decide you were heading the wrong direction if you really want to be successful and respected. Then maybe (a) establishing a To-Be-Done List and (b) a daily schedule with (c)

rewards, plus (d) a diary focusing on how you excuse your procrastination and blame others for your problems are all the methods you would need (as your first try). If these methods don't work, there are lots of other methods to try.

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

Become a connoisseur of self-help methods; collect them, modify them, invent them. READ other books related to your problem. TALK to people who have solved the problem themselves, to counselors, to friends, etc. Consider tentatively several methods to change each part of your problem; don't just automatically select a method just because you have heard of it. Don't just use the same method over and over again, there may be better ways of changing. Also, use methods that will not only solve the immediate problem but will also help you cope with life in the future, e.g. decision-making skills, build self-esteem, etc. Obviously, you can't learn everything you need to know in just a few days, so for your current self-help project select the best two or three methods you have found for changing two or three parts of your problem. Then get on with it.

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

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

You are likely to find, however, that from the very beginning you have positive and negative reactions to certain methods which are not based on real experience. For instance, some people think (without trying it) that it is childish or overly mechanistic to reward their own desirable behavior, feeling they should just carry out the behavior because it is reasonable or right or satisfying, not because it is followed by a silly little piece of candy. Other self-helpers are just the opposite and prefer to concentrate almost entirely on rewarding desired behaviors, feeling (without trying it) that speculation about

unconscious motives is, at best, a waste of time or, at worst, foolish and destructive nonsense. Some people feel that they should just naturally be good listeners, good empathizers, good conversationalists, good lovers, etc. without having to learn any new social skills. Others are insatiable social skills training "groupies." Still others are afraid of groups--or think they can't learn anything from peers; only professionals could tell them anything. Many people believe that a complete, logical, compelling and moral philosophy of life should magically form inside their minds without their having to study various philosophies or debate moral dilemmas at length. Others are constantly pondering the meaning of life; some find meaning, others don't.

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

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

Avoid striving for the perfect plan! DO SOMETHING!

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

every occasion." She did... and it changed her life. Many years later, Dr. Erickson read a newspaper account of several hundred people attending the funeral of the "African Violet Lady." It wasn't a complex, deeply psychological plan. It was a great plan only because she was willing to DO SOMETHING!

Step 6: Learn the Specific Steps in Each Self-Help Method

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

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

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

Self-Help Method (For shyness)	Described in Chapter	Self-Help Method (For procrastination)	Described in Chapter
contracting for a reward	Chapter 11	clarify values and meaning of life	Chapter 3
self-praise	Chapter 11	to-be-done list and scheduling	Chapter 13
relaxation	Chapter 12	self-reinforcement & self-praise	Chapter 11
desensitization	Chapter 12	SQRRR reading method	Chapter 13
role-playing	Chapter 13	improve decision making; making career choices	Chapter 13

building self-esteem	Chapter 14	increase motivation	Chs 4 & 14
challenging irrational ideas	Chapter 14	increased awareness & diary	Chs 4, 11 & 15
uncovering sources of fears	Chapter 15	revise life script and games	Chs 9 & 15

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

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

Launch into a self-help project with as much zeal and optimism as possible, but allow each self-change method enough time to have a chance to work. Be realistic, don't expect miracles. For instance, suppose you have been self-critical and have uttered to yourself 25 negative comments per day (1 or 2 per hour) for 10 years. That's a total of 91,250 self-putdowns. A few positive, private comments forced out of you by a skeptical, half-hearted self-help project aren't going to wipe away a ten-year-old bad self-concept. What will? No one knows, but perhaps 25 positive, thoughtful, genuinely felt self-appraisals expressed every day for 100 days would be a good start. Then, add on two or three successful self-improvement projects, and you will see some genuine changes in your feelings about yourself and your future.

Even when you have a self-help plan and know how to use the self-change methods you have selected to use, there is still the problem of *remembering to do the specific things you need to do*. This is not an unimportant or an easy part of the process. Often, self-helpers are trying to stop a well established habit which can occur almost without your awareness. Or, you are trying to respond in a *new* way to a common situation you have dealt with automatically (or emotionally), e.g. you may want to find ways to compliment your son rather than yelling at him when he wastes time or is careless. It is not

easy to remember to make these changes. You have to control your thoughts to improve your actions.

There is an area of experimental research that deals with "prospective remembering," i.e. the ability to remember to do previously formed intentions (like New Year's resolutions!). Much more practical research needs to be done but here are some of the tentative conclusions (Arbuthnott & Arbuthnott, 1999). Of course, it is great if you are an organized person who keeps a daily appointment book and schedules specific self-help actions at specific times and places during the day. But, some of us aren't that organized; besides, many desired behaviors just can't be scheduled in advance because you want these responses to occur in unexpected situations, such as when you get a compliment, when someone is inattentive to you or pushy, when your boss or spouse is critical, when you are tempted to have a candy bar, and so on. What can you do to remember in those situations?

It has been shown that daily mental rehearsal, perhaps as you are brushing your teeth or putting on make up, of what you want to do when specific circumstances arise is very helpful. Also, the kind of cue we select to signal to ourselves that the situation is right for a desired, planned reaction is important; good cues include a meaningful, maybe emotional, event or situation that is specific and easy to notice or unusual (to catch your attention). Example: when someone mentions having a problem that can be your cue to give an [empathy response](#). As another example, Arbuthnott & Arbuthnott (1999) described a way to make the time-to-act cue more distinctive and effective: a man wanted to use [thought-stopping](#) and [relaxing self-instructions](#) to reduce his fear in several situations. They asked their patient to imagine being frightened by a wild animal (he chose a dragon) whenever he felt afraid, then he learned to associate the image of a dragon with these relaxation techniques. This helped him remember what to do when he got anxious. Self-control often requires remembering many things to do, both to do in action and in your mind, so you may need to learn some methods to boost your memory.

There is an old military saying: "A poor plan well executed is better than a good plan poorly executed." Once you have developed your general plan, it is important to carry out a plan that you consider important with vigor. Learn to use the selected self-help methods, then remember to apply the methods. Make your self-help efforts part of your daily schedule. Remember, as discussed in step 2, to record your efforts to change! Your self-change actions need to be compared to your subsequent level of adjustment--are your efforts producing results? Try to get "high" about making major self-improvements. Get determined! Optimism and enthusiasm help. Reward and value your efforts highly.



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

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



Prepare for possible risks

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

Step 7: Measure and Plot Your Progress



Continue assessing your progress

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

Deciding if you are making progress

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

judgment; too often feeling successful is wishful thinking (Sorrentino & Higgins, 1986).

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

Encourage others to check on your progress

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

Deciding what is causing the progress

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

Becoming your-own-researcher requires an inquiring, questioning attitude, and a logical, systematic approach to discovering what methods produce what results. If you faithfully record your daily self-help efforts as well as the results in terms of how well you are feeling/doing, there are amazingly rich and complex insights to be gained from your data. Some excellent examples of the "daily process approach" can be seen in recent studies (Tennen et al, 2000). For instance, these researchers confirmed that the drinking of problem

drinkers could be predicted by their nervousness earlier that evening; thus, confirming the "self-medication hypothesis." However, the findings got complicated if they looked at more factors: moderate and heavy drinkers drink less on stressful days *if* they had used active coping strategies ("I did something to try to change the situation"). They drank more on stressful days in which they had used emotion-focused strategies ("I let my feelings out today"). For most people in this group, however, avoidant coping ("I tried to pay attention to other things") during the day was not related to how much they consumed. These conclusions can only be drawn if each application of the self-help method(s) and the consequences are recorded.

In another study, Tennen and his colleagues divided patients suffering pain (fibromyalgia) into three groups: recently depressed, not depressed but depressed years ago, and never depressed. They found a history of depression was associated with more pain, more attention to the pain, more catastrophizing about the pain, and more refraining from social, work, and personal activities when in pain. This seems to confirm the "scar hypothesis"--that depression leaves scars that interfere with coping. Interestingly, these researchers came to believe that people often develop explanations of how-to-cope that just don't fit with the actual observations of what worked. That's a good argument for recording data and carefully analyzing it.

In a third study, the same researchers tested and confirmed the "fallback hypothesis," namely, that emotion-oriented self-help methods (venting of feelings) are less likely to be used *unless* action-oriented strategies (trying to change things) are also being used. Only by recording both self-change actions and the outcome of those strategies can we truly understand self-help. Good research involves thinking in a sensible and careful ways, careful and frequent observations, and the use of statistics to help us (as well as researchers) draw valid conclusions. The end product--useful knowledge--is vitally important. You can do research.

Step 8:

Revise the Treatment Plan as Needed; Deal with Resistance; Find a Therapist



If your self-help project doesn't produce the desired results in a reasonable length of time, figure out what is wrong. Perhaps the method needs to be used in a different way, e.g. a behavioral contract may be demanding too rapid change, if so, reward changes in smaller, easier steps. Or, perhaps another method would work better, there are several to choose from in the same or different parts of the problem. Or, perhaps you have lost your motivation or the "faith" you need in yourself to change. Or, perhaps you are resisting change, there may

be subtle pay offs for your unwanted behavior or emotions. Several chapters discuss the excuses we often give ourselves for not changing.

Seek professional help

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

Why don't we seek help? About 20% of teenagers appear to have problems, but few seek professional help. Kuhl, Jarkon-Horlick & Morrissey (1997) found several barriers: many teens believe that their parents and friends are sufficient help; "Oh, I can handle it" or "it will work out OK" are other thoughts that block seeking help; also "I don't have time," "I don't want others to know," "people will think I'm crazy," "it will cost too much," and "the doctor will tell my parents and my school" are barriers to getting the help they need. Usually health insurance will cover the costs. The therapist will explain to you the confidentiality guaranteed by law.

How to Find a Therapist

How to find psychological help depends on many things: the nature and severity of your problem, where you live, how many and what kind of therapists are nearby, whether you are covered by insurance or not, who is recommended by your Primary Care Doctor, Insurance Co. or HMO, your financial situation, your past experience with therapists, etc. A detailed discussion about the nature of therapy and how to select a therapist is given by Dr. Bennett Pologe at [About Psychotherapy](http://aboutpsychotherapy.com/) (<http://aboutpsychotherapy.com/>). A very different view of "How to Choose a Competent Counselor" is given by Martha Ainsworth at [Metanoia](http://www.metanoia.org/) (<http://www.metanoia.org/>). It would be good to read both. There is also a book that gives advice about selecting the right therapist for you (Finney, 1995).

(Note: I apologize for my focus being on finding a therapist in the US. If any of you will send me information about how-to-find a therapist in other countries, I will include it here.)

As a general rule, if your psychological treatment will be paid for by insurance or if money is no problem, go see an experienced, highly recommended therapist in private practice. These therapists, usually Ph.D. clinical psychologists or very experienced registered

Social Workers, are commonly listed in the Yellow Pages, but so are counselors with questionable qualifications. Thus, it is important to get recommendations from people who know the available practitioners--a School Counselor or Psychologist, a therapist at your Community Mental Health Center, an EAP counselor at work, or the psychiatrist who is prescribing your psych medications. These people's recommendations are more likely to be on target if they know a little about the nature of your problems. Sometimes, Primary Care Physicians, Ministers, and friends or relatives who have been in therapy know something about local therapists but often they do not. (A therapist who is seeing or has seen a relative or a close friend is usually not a good choice for you.)

If you are "on your own" looking for a therapist in private practice, there are a couple of ways to go. One is to use the [National Register of Psychologists](http://www.nationalregister.com/) (<http://www.nationalregister.com/>), which does a good job of checking each practitioner's credentials. The site is searchable so you can find psychologists by state and by types of problems treated. Another approach is to find the Psychological Association Web site in your state using a search engine or by going to the [New York Psychological Association](http://www.nyspa.org/) (<http://www.nyspa.org/>) site, which has links to most other states. Many states provide a phone number to call for a free referral service based on the problem and the specialization of the therapist (all licensed).

There are many places on the Internet where you can get psychotherapy entirely online. I have three personal opinions about that: (1) if I had a choice of seeing a therapist face to face vs. writing to him/her by email or in a chat room, I believe I'd benefit more from the face to face experience, (2) while there are excellent therapists available both face to face and online, it would by my guess that there is a higher percentage of inexperienced, poorly trained, and unqualified practitioners online than in offices, and (3) since most HMOs and Insurance Companies do not, yet, pay for online professional services, the expense to you is likely to be higher than your co-pay for face to face therapy covered by insurance. Yet, for some people there are important advantages to having their therapist online. Here are a few fairly large sites which seem to select their therapists pretty carefully: [HelpHorizons.com](http://www.helphorizons.com/) (<http://www.helphorizons.com/>), [Metanoia](http://www.metanoia.org/) (<http://www.metanoia.org/>) (this offers a free checking of credentials and a listing of online providers), [Online Clinics.com](http://www.onlineclinics.com/) (<http://www.onlineclinics.com/>), and others. Be aware that there are hundreds of therapists who have their own Web sites and offer therapy and advice--find them through your search engine and check their credentials yourself.

There are also a few Web sites that simply help you find a therapist (of course, the therapist usually pays for this locating service): [1-800-THERAPIST](http://www.1-800-therapist.com/) (<http://www.1-800-therapist.com/>) (this site provides personal assistance in matching you with a therapist and also offers some good advice about how to handle a person who is reluctant to

seek therapy), [Who's Who in Mental Health](http://wwmhw.com/) (<http://wwmhw.com/>), [MentalHelp.net](http://mentalhelp.net/) (<http://mentalhelp.net/> (under Services, click Find a Therapist or Find an online Therapist)), [Find-a-Psychologist.com](http://www.find-a-psychologist.com/) (<http://www.find-a-psychologist.com/>), [4Therapy.com](http://www.4therapy.com/) (<http://www.4therapy.com/>), and others. After finding a therapist, you usually work out arrangements for treatment directly with the therapist.

If you don't have insurance/HMO coverage or other means of fully paying for therapy, your best bet is likely to be your Community Mental Health Center. Their charges will usually be based on your ability to pay. Get their number from the phone book. You can also find the location and phone number of your MH Center by going to [The Substance Abuse and Mental Health Services Administration](http://www.samhsa.gov/) (<http://www.samhsa.gov/>) site. Then click on "Looking for Help," and you will get to a Directory of Service Providers and to Referral Help lines (try that). Then click on CMHS Mental Health Directory or on Mental Health Consumer Resources where you will find KEN's state by state listing. Eventually, you will get to your state and your local MH Center. In general, you will find over-worked MA-level practitioners-- Social Workers and Psychologists--in state funded Mental Health Centers. Most of these helpers know what they are doing, however, so don't be bothered that they are not "doctors."

If you live near a major university or hospital with a large psychiatric service, there will be psychotherapists-in-training. They are usually well supervised, so as a patient you get the benefit of two therapists. And the cost is minimal. Likewise, in a very large metropolitan area, like New York City, Chicago, Boston, Atlanta, LA, San Francisco and so on, there are many specialized treatment centers, e.g. for phobias, Obsessive-Compulsive Disorders, Borderline Personality, Bipolar, addictions, headaches, etc., which always have interns and residents who need patients. Likewise, there are advanced training institutes, such as Psychoanalysis, Adler, Gestalt, and many others. Ask any of these institutions for a low-cost but competent therapist specializing in your kind of problem.

It is a good idea to carefully investigate your therapist before or immediately after starting to see him/her. The degrees and state licenses should ordinarily be hanging on the wall. If they aren't on the wall, ask where and when the therapist graduated and got licensed. Be sure to get his/her complete name and perhaps even the license number, then you can call the state licensing office and confirm their license (note that my biography on the title page of this book makes it easy to confirm my credentials). Ask how much experience they have had treating people with your problem. If they are in training or just starting practice, ask how much supervision or consultation they will be getting as you work together. If anything seems amiss or out of line, bring it up for discussion with them (don't pussyfoot around, YOU are the boss here; your therapist works for you). If you remain doubtful about the therapist's experience, training, or ability to help

you, seek another professional's advice or just try another therapist. Select your therapist carefully, just like you would a heart surgeon.

How do you know therapy is going well? Hard question. First, sometimes it is obvious from the start that the chemistry just isn't good. Try someone else. Sometimes, it takes a while to know how well things are going to click. Good working relationships are a function of both personalities, the skills, warmth, and techniques of the therapist, the degree these two people just plain need and like each other, the amount of trust and openness the patient can develop in this situation, and so on. If the relationship lacks trust and warmth or if the patient has little faith in being helped after 3 or 4 hours, it would be wise to discuss these things bluntly so that improvements can be made or the patient referred to another therapist. If problems do not arise until after 6 to 8 sessions or more, a concerted effort should be made to resolve the barriers--too much has been invested at that point to just walk away without trying to fix it. Like marriage, this relationship occasionally needs to be fixed. Oh, by the way, therapy sometimes gets to the point where it just continues on and on without many changes occurring. They may have become comfortable or dependent on each other; the patient may simply believe she/he "should" be in therapy. When progress stops...when all the benefits have been gained...therapy should stop.

Time is a good healer

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

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

Step 9: Try to Insure that the Desired Behavior Continues



This is a small step, but it requires some conscious effort to insure that the newly gained behavior is occasionally rewarded, preferably in

some naturally occurring way. Examples: the reluctant student who needs to reward himself for studying will, hopefully, soon receive intrinsic satisfaction from studying itself, such as intellectual stimulation, new interesting conversations, pride in his/her classroom and test performance, etc. Or, the person, who might at first be so uncomfortable socializing that rewards, like a good book or a night of TV, are necessary to overcome the shyness, should eventually find socializing sufficiently satisfying to maintain itself.

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

Maintaining your gains or regaining them involves the same kind of self-help methods that enabled you to make the gains in the first place. So, this book should be useful here too. Also, a book by Todd Davison (1998), a psychoanalyst who believes that back-sliding after therapy is inevitable unless one continues self-analysis, could be useful in this maintenance step. He emphasizes the use of meditation, journaling, and the importance of forgiveness.



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



Step 10: Learn from Each Self-Help Experiment; Use Your Knowledge



It is hoped that you will keep this book handy, using it frequently for ideas concerning your problem-of-the-moment. With the passage of time, as the result of your self-experimentation--trying out and evaluating self-help methods--you will acquire a great deal of unique knowledge about yourself and self-improvement methods. Make notes about your preferred methods, what problems were changed successfully, what methods failed, the techniques that were the most fun, what parts of your problems seem to be the most troublesome,

what works with your spouse, the children, the boss, a colleague, etc. A diary emphasizing "growth experiences" could be both helpful and a treasure in later years.

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

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

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

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

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

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).