Chapter 4: Behavior, Motivation and Self-Control

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

 Introduction and Overview

 Intro to Learning

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

 Motivation

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

 Managing difficult behavior

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

 Why behavior is hard to understand

- Payoffs change over time
- Positive reinforcement vs. negative reinforcement

- Intrinsic satisfaction & when rewards harm
- Enjoying work and getting into the "flow"
- Unconscious payoffs

Procrastination: an example of hard-to-understand behavior

- How to stop procrastinating

Planning behavioral changes

Review of methods for controlling behaviors

- Self-help methods, continued

Completing your self-help plan

References and methods for specific disorders:

- Addictions
- Alcoholism
- Attention Deficit Hyperactivity Disorder (ADD or ADHD)
- Compulsive spending or overspending

More specific problems:

- Eating disorders
- Gambling
- Internet addiction
- Obsessive-Compulsive disorder

More specific problems:

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

When to seek professional help

Introduction

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

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

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

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

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

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

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

Overview of this chapter

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

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

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

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

situations. It is more complex than implied in most textbooks but you can understand it easily.

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

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

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

consequences hidden to us before. (4) Underlying emotions, which we only vaguely recognize, may be the major factors producing our behavior, such as when anxiety causes us to overeat or to be compulsive. Awareness of these kinds of facts about learning can help you gain self-control.

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

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

Introduction to Learning

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

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

Everyone has a life-time of experience with learning, especially finding out how to get what we want. We seem to have inherited a

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

John, the procrastinator

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

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

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

Background to theories explaining why we behave as we do

Learned people have always been interested in learning. 2400 years ago, Plato believed that we all had a soul which knew everything. He thought this knowledge was available to us through our "mind's eye" via introspection and reasoning, not observation. His student, Aristotle, disagreed; he believed we learned through observation and thinking to discover the "laws of nature." For instance, Aristotle observed and concluded that ideas were associated in certain ways; namely, ideas that are similar, opposites, frequently paired, and

were originally experienced together tend to occur together. So, observing events lead to ideas, then ideas lead to other ideas, according to these "Laws of Association." Both Plato and Aristotle grossly oversimplified human learning and thought.

Unfortunately, Plato had more influence than Aristotle on Christianity. Thus, the Christian religion set "man" apart from natural law, i. e. since man (not women) was made in God's image and had "free-will," man could not supposedly be studied scientifically. This anti-empiricism, i. e. opposition to learning by observation, lasted for 1500 years! About 1600 philosophers started to speculate about the nature of man again. Some thought there were innate ideas (from Plato), e. g. Descartes and Kant; others believed ideas come from experience, e.g. Hobbes, Locke, and Mill, very much like Aristotle...and current thinking (Hergenhahn, 1982). For about 300 years, we philosophized about learning. Empirical, careful research on learning only started about 100 years ago, a blink of the eye in the history of life. In general, humans have avoided learning about themselves.

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

The 1880's and 1890's brought some remarkable breakthroughs in understanding learning. Hermann Ebbinghaus (1850-1909), a German psychologist, described the laws of learning and forgetting by experimentally studying his own memorization of thousands of nonsense syllables. Ivan Pavlov (1849-1936) was a brilliant, systematic, Russian physiologist who won the 1904 Nobel Prize for his studies of the digestive and nervous systems. For the next 30 years, he carefully explored a kind of learning he called "conditioned reflex" (classical conditioning), which he believed was the basis of all acquired habits and thoughts. At about the same time, a young American studying under William James, Edward Lee Thorndike (1874-1949), established the "Law of Effect," which states that voluntary (controllable, unlike Pavlov's reflexes) behavior followed by a

satisfying experience tends to be repeated (learned). Later, B. F. Skinner (1904-1990) saw operant conditioning as a way of controlling almost all behavior. These scientists sought to study experimentally a very simple form of animal learning, which would help explain complex human behavior. It was a good idea, but it didn't work as well as they had hoped. There were many other psychologists, following Darwin, interested in learning but these four are giants.

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

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

Table 4.1

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

			louder next time
social learning	9. observing model or receiving instructions	imitating model or using information	success

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

Classical conditioning

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

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

Eventually both the unconditioned (UCS) and the conditioned stimulus (CS) elicit similar (but we now know not the same) responses--an automatic, involuntary response which the person frequently (but not always) can not control. Examples of unconditioned stimuli and responses are: pain and jerking away, a puff of air to the eye and a blink, approaching danger and fear, light and pupil constriction. Classical conditioning sounds simple. Actually, there are many complexities. That's why Pavlov persisted for 30 years. He discovered many of the basic learning processes, such as the necessary timing when pairing the conditioned stimulus with the unconditioned stimulus, inhibition, extinction, generalization, discrimination, higher order conditioning, and others. All still described in Introductory Psychology textbooks today. Pavlov thought he was discovering the fundamental building blocks of all behavior (and to some extent he was). He even found that animals (he didn't work with humans) went crazy--barking, struggling to get away--when they could no longer discriminate between two tones, CS+ and CS-, becoming more and more alike, one tone (CS+) had been conditioned to produce saliva and a very similar tone (CS-) conditioned to inhibit saliva. Pavlov concluded that all psychopathology was learned via classical conditioning. He wasn't always right, but he was a brilliant researcher.

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

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

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

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

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

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

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

Operant or Instrumental Learning

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

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

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

Nevertheless, the Skinner box has undoubtedly given the world valuable knowledge about different kinds of reinforcement schedules, i.e. the consequences of reinforcing every bar press response vs. every 3rd or 10th press vs. every 30 seconds of pressing the bar, etc.

As a result, psychologists and efficiency experts know a great deal about getting the most work out of rats certainly and people perhaps in highly controlled environments. Advertisers and politicians certainly know how to sell things. But, psychologists know a lot *less* about self-control in more complex situations where people have many alternatives and can make their own decisions and plans.

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

1. You may reward or punish some specific behavior of someone else, i.e. you are changing his/her environment in hopes of changing his/her behavior.
2. Some specific behavior of yours may be rewarded--or punished--by someone else or by yourself.
3. You may engage in some specific behavior because you expect it to yield some desired change in your environment--a payoff (5 & 6 in Table 4.1).

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

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

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

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

Recent research clarifies earlier learning concepts

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

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

If classical and operant responding are so intermixed, why are these two conditioning methods always separated in the psychology textbooks and described as being very different? Well, remember who discovered the methods and how. These experimenters--Pavlov, Thorndike, Skinner, etc.--were looking for the basic elements and laws of learning (changing or adapting) that might explain *all* behavior. But, they observed in detail *very limited parts* of behavior. In fact, Pavlov strapped his dogs into his apparatus excluding operant behavior, so he wasn't likely to learn much about the reinforcement of voluntary action. Likewise, Skinner was just as restrictive; he only looked at automatic recordings of bar pressing; he didn't even note how the animal pressed the bar (e.g. left paw, both paws, nose, or body block). Clearly, the rats in the Skinner box were salivating just like Pavlov's dogs, but it wasn't measured and, in general, neither was any other emotional, physiological, brain function, or reflexive reactions (e.g. frustration, urination, blood pressure, muscle potential, EEG, licking the bar, etc.). Like therapists, experimentalists find what they are looking for--what their biases direct their attention towards. They found very minuscule parts of life, and they failed to observe the interactions with other parts of the organism. As a knowledgeable self-helper, try to do better. Guard against over-simplification and seeing only what you want to see or what is right in front of you. It isn't easy. Always look for classical, operant, and observational or social learning when you are trying to understand any of your behavior. Always look at the five parts of any human problem (chapter 2).

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

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

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

Note: do not assume that our thoughts affecting what we learn are always correct and just. There is impressive evidence (see The Class

Divided on PBS or Zimbardo's film about the Prison Experiment) that humans have a remarkable propensity to quickly learn to be prejudiced and mean towards people who are seen as different. Some of the easy things to learn are very wrong. Degrading others, however, can be self-serving (rewarding). So, different parts of our brain have to check the rationality of other parts.

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

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

The early behaviorists also *neglected biology and genes* (of course we can't expect them to have known everything discovered in the last 50 years). It has only been in the last 10 years that fascinating research with identical twins raised apart has shown that talents, interests, temperament, personality (e.g. altruism, empathy, and nurturance), habits (smoking, drinking, and eating), physical health, speech patterns, and even nervous mannerisms are probably genetic to a considerable extent. We can't alter these influences (although we can usually over-ride them); we certainly shouldn't deny them. Neubauer and Neubauer (1990) describe identical twins raised apart from birth who were almost identically obsessed with order and cleanliness. Both had dressed immaculately, arrived exactly on time, and scrubbed their hands until they were red and raw. When asked why, one convincingly explained, "Because my mother was a demanding perfectionist" and the other said with assurance, "because my mother was a total slob." Our genes work in secret (even more so now that our grandparents and great-grandparents are often strangers to us). There is so much we do not know: How do neurons and glial cells influence each other? How do life experiences change brain

structure? Why are more schizophrenics born in late winter and early spring?

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

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

Finally, the *early behaviorists neglected to pass along valuable knowledge* to the ordinary person. Experimentalists, first of all, tend to publish in obscure journals, obscure because they cater only to theorists who are haggling over fine points of a theory that will soon be replaced by another theory. Secondly, notwithstanding Skinner's utopian and teaching machine ideas, experimental psychologists seem to have little interest in informing ordinary people. They say they are seeking "basic knowledge." Maybe that focus explains why there was a 40 year delay between Watson's work with Little Albert and the use of a classical procedure called desensitization with fearful clients in therapy. As we will see, the very limited *applied* research has been directed almost exclusively towards helping the professional therapist (behavior modifier) or human efficiency expert or ad agency or educational researcher. It was as though the ordinary person was seen, like the rat or pigeon, as mechanical and unthinking--mindless!

Skinner, although the not-too-excited "father" of behavior modification, openly expressed serious doubts about self-reinforcement; yet, he didn't research self-reinforcement or self-help at all; he apparently believed that individuals and society could only be changed by ingeniously clever operant conditioners. The point is that psychology, both the experimentalists and the therapists, has taken decades to get started trying to "giving psychology away" and still generally has little apparent interest in doing so. There's not much money or professional status in it.

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

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

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

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

This area of research is called Social Learning Theory because it involves people learning from each other or modeling. Humans can learn what behavior leads to what outcomes by directly or vicariously (indirectly on TV or from books) observing others, they don't have to experience the situation themselves or be rewarded for the new behavior. In this theory, reinforcement does not strengthen learning;

it is simply a payoff that motivates us to perform the behavior that leads to the reward.

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

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

Cognition and the modern evolution of self-control

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

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

Many other psychological theory-developers have studied self-control recently. Mischel (1981) and his students researched the "delay of gratification" which is when we work or wait for a big payoff instead of taking smaller immediate rewards. They studied how a child avoids temptations, including having distracting-but-fun thoughts while waiting, developing a "plan" for the payoff, and making use of

self-instructions. Kanfer (Kanfer & Karoly, 1982) and his students have conjectured a three-stage model of behavioral self-control: self-observation, self-evaluation, and self-reinforcement. These theories have evolved to be more and more cognitive.

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

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

Reinforcement

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

motivating us? This has been a controversy for decades. We still don't know. Perhaps all three processes are involved; that's my guess. Let's look at some of the complexity.

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

There are some other problems with the above definition of a reinforcer. It implies that reinforcers only influence behaviors. But there is reason to suppose that emotional reactions, thoughts, attitudes, and physiological processes are also affected by reinforcers. Also, the above definition may imply that only extrinsic material rewards (in the environment) are reinforcers, but, as we will see, simply our belief that others are impressed with us may be rewarding, and feeling proud or excited may be a reinforcement. Certainly love, hate, and addictions "increase the likelihood of certain behaviors" but are they "produced by operant behaviors?" These emotions and needs precede the behavior and seem to motivate certain behaviors which will lead to desired pay offs (including feeling better which is negative reinforcement). Perhaps a need (like hunger) exists before there can be a reinforcer (food), but the drive or need is not ordinarily considered part of the reward. Again, the point is that needs, reinforcements, and rewards are related but somewhat different concepts.

It may also surprise you but rewards will, strangely enough, sometimes *reduce* the frequency of the preceding behavior, i.e. have the effects of punishment. Extrinsic rewards are, in some circumstances, *harmful*, e.g. rewards (like "pay") may turn fun into "work," lower our motivation to do the "work," and reduce the amount of innovativeness or thinking we do about the "work" at hand, thus, making our behavior more automated and stereotyped. Warnings about when *not* to use material rewards are given later in the section on intrinsic motivation. Other examples of harmful rewards: giving concrete rewards (money, car use) for good grades results in lower grades! Threatening and pressuring students to do better is harmful

but giving praise, offering to help, and giving encouragement is helpful (Brown, 1990). Repeatedly rewarding the student for completing *easy* tasks results in the student feeling less able and being less motivated. Even rewarding excellence with honor rolls and status may be detrimental if students restrict their interests or avoid hard courses to keep their GPA high. There are no simple rules that all wise people know. It is important to know some of the complexities (see Kohn, 1993, for an excellent practical summary).

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

Losers visualize the penalties of failure. Winners visualize the rewards of success.
-Rob Gilbert

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

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

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

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

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

Naturally with all this controversy about reinforcement today, it is also questioned whether self-reinforcement will work. Many say it is the most effective self-help method we have; others totally ignore the method (Brigham, 1989). Isn't it amazing that we don't know how much of the effects of a reinforcer is due to receiving the reward itself,

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

Another problem is that researchers studying self-reinforcement in children have confounded "self-control" (e.g. getting a prize after doing your school work) with external control (where the teacher sets up the reward system, including evaluating the work, deciding when and what prizes are given, etc.). Someone has to plan, execute, and monitor the system--either the teacher or the student. In most of these studies of "self-reinforcement," the little kids aren't taught to be skillful modifiers of their own behavior. So, when the teacher or a psychologist is running the project, it really isn't a self-directed project (although the student may physically give him/herself a toy as a reinforcement). If the children in these studies are not monitored by the teacher and if they grade themselves and have free access to the prizes, *they tend to lie and cheat*, taking the prizes rather freely (Gross and Wojnilower, 1984). That is no surprise and not a compelling argument against all self-reinforcement. It does raise questions but it is still possible that we--as adults and even as children--can learn to forego goodies and fun for a little while, so we can make these reinforcers contingent on doing the things that will improve our lives in the long run. To assume otherwise, i.e. that humans can't delay gratification and would always cheat to get what they want *now*, is a very negative view of the species. And it doesn't square with the bulk of the data (Mischel, 1981). Many people are testing the notion that useful knowledge (with or without reinforcers) enables a person to become self-directed (including you as you read this book).

One more complication is that there are two aspects of self-reinforcement all mixed together. This is an example: (a) the satisfaction of sinking long shots while practicing basketball and (b) giving yourself a coke as a "reward" after doing well in basketball practice. Do both (a) and (b) actually reinforce *accurate* shooting? Or does (b) only reinforce practicing, not accuracy? How do we know? Secord (1977) says self-rewards and self-praise don't add much reinforcement beyond the satisfaction of doing well. On the other

hand, the intrinsic satisfaction of making long shots isn't exactly *self*-reinforcement (you aren't in total control--you don't make every shot and you didn't create the thrill). Secord focuses on helping people set up the conditions (not reinforcement) that increases their chances of doing what they want to do but haven't been able to do, namely in my example, make more long shots (see change of environment in chapter 11).

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

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

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

Research has shown that animals and humans tend to take the smaller *immediate* reward, rather than waiting for a larger *delayed* pay off. Consider this example: suppose someone offered you $8 immediately for an hour of work or $10 for the work if you would wait three days to be paid, which would your take? Most would take the $8

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

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

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

Motivation

How to Get Motivated

Humans are motivated by many things--psychological needs, physiological drives, survival, urges, emotions, hurts, impulses, fears, threats, rewards (money, friendship, status...), possessions, wishes, intentions, values, mastery, freedom, intrinsic satisfaction, self-

satisfaction, interests, pleasure, dislikes, established habits, goals, ambitions and so on. All at the same time. In the next major sections of this chapter we will deal with questions like: Why don't we do what we want to do? Can we prevent unwanted behaviors, like addictions and bad habits? Why is our behavior so hard to understand? How can we stop procrastinating? In this section, however, we will focus on increasing our drive to achieve our more worthwhile goals, as discussed in chapter 3.

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

Nothing in the world can take the place of persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education alone will not; the world is filled with educated derelicts. Persistence and determination alone are omnipotent.
-Calvin Coolidge, former President of the United States

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

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

Motivation gets you started, habit keeps you going.

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

The Importance of Setting Effective Goals

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

Life goals set our sails and give us a push, e.g. "I want to help people." People who reach many or most of their life goals are usually calmer, happier, healthier and less stressed or emotional. However, there seem to be certain life goals that harm our mental health, e.g. "I want to have the power to control or impress people." Wanting to be close to and good to others is associated with better emotional health (National Advisory Mental Health Council, 1995). Likewise, seeking to improve your skills ("mastery goals") results in feeling good about trying hard and in increased effort when an obstacle is met. But wanting to beat others ("performance goals"), such as having a winning season in football or being the best student in your math class, result in avoiding tough challenges, giving up when starting to lose, feeling more anxious, and less gain in self-esteem than with mastery goals. This is why enlightened coaches are teaching players to focus on mastering their basic skills, not on their won-loss record. It is also easy to see the connection between mastery vs. performance goals and intrinsic vs. extrinsic motivation or satisfaction. The importance of intrinsic satisfaction and the problems with extrinsic rewards are discussed thoroughly later under "Why behavior is hard to understand."

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

- Physical skills--"I'll do 3 more sit ups and 3 more push ups this week than I did last week."

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

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

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

Sometimes, however, a person's motivation seems excessive. Our goals may be out of reach but we still strive mightily for the goal (as in the movie Rudy). Exceedingly able people are occasionally extremely demanding and self-critical of themselves. Between 1987 and 1990, Steffi Graf was ranked the #1 tennis player in the world; she won 97% of her matches. Yet, she was unhappy with her performance 97% of the time. She was so self-demanding that during practice she frequently had an outburst of self-criticism and broke down in tears. Surely intense motivation and excessive anxiety can sometimes be emotionally detrimental.

To be effective our motivation has to be focused on important tasks. As Covey (1989) cogently illustrates, most of us spend a lot of time doing things that *seem urgent at the moment but are really not important* in terms of our major mission in life. Also, we waste quite a bit of our life doing things that are *unimportant and not urgent*, such as reading trash novels, watching mindless TV, etc. So, assuming we do what we are motivated to do, then our motivations are frequently misguided. Covey also emphasizes that our efficiency could be greatly

increased if we spent more time doing things that are often *not seen as urgent but truly are important*, e.g. clarifying the major purpose of our life, developing relationships that facilitate efficiency, growth, and meaningfulness, planning and preparing for important upcoming tasks, reading, exercising, resting, etc. He tells a story about a traveler who comes upon a hard working person sawing down a tree and asks, "How long have you been sawing on this tree?" The tired, sweaty worker said, "A long time, seems like hours." So, the traveler asked, "Why don't you sharpen your saw?" The reply was "I'm too busy sawing!" A lot of us are sawing with a saw that needs sharpened. We need to know a lot more about the processes of motivation and self-direction.

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

Theories About the Need for Achievement

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

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

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

How do we learn to have a high or low need for achievement? It comes partly from our childhood. Although the conclusions are not

certain, Weiner (1980, p. 216-218) says a high achieving male tends to have rejecting parents who expect him to become independent early, make high demands on him, reward his success, and/or punish unsatisfactory behavior (which increases the fear of failure). Rather surprisingly, both loving-accepting (undemanding?) and dominant (overcontrolling?) fathers tend to have less ambitious sons. However, sons of managers and owners have much higher needs to achieve than sons of fathers with routine jobs (Byrne & Kelley, 1981).

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

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

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

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

reasonable rules. They talk with each other about their work and studies.

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

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

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

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

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

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

automatically and immediately apply an "I couldn't help it" defense of the ego (and optimistically take on the next challenge).

On the other hand, Cantor describes the high achieving "defensive pessimist" as defending his/her self-esteem *before* the test, not afterwards. Such a student expects to do poorly or, at least, anticipates a variety of possible stumbling blocks. He/she works very hard, preparing especially well for the anticipated difficulties. He/she uses the high test anxiety and stress as motivators, not as something to avoid, and then takes an "I expected it" attitude towards the rare failure that does occur (and with anxious excitement systematically attacks the next challenge). This strategy is very different from the pessimistic student who "bad mouths" him/herself after a failure: "I'm such an idiot," "I'm so lazy," etc. Such a pessimist is likely to gradually lower his/her expectations and goals, and perform more and more poorly until eventually becoming a total pessimist who has no hope, expects to fail and, therefore, doesn't try.

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

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

In summary

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

Parents and teachers train children to be independent and achievers (Winterbottom, 1958) and to fear failure (Teevan & McGhee, 1972). Being rewarded for striving increases our achievement motive; being punished for unsatisfactory behavior--and having our successes disregarded--leads to a fear of failure. To the extent we are self-reinforcing, we could presumably increase our achievement motivation by emphasizing our successes and simply using our failures as cues for us to try harder.

There have been several successful attempts to train people to have higher achievement needs (Burris, 1958; McClelland & Winter, 1969). People were taught to have frequent fantasies of achieving, observe models of successful people like themselves, play games or role-play situations involving taking risks and being a successful competitor. These researchers concluded that they were teaching self-confidence and that "knowledge gives confidence." You could train yourself in the same ways; schools--and this book--should increase your expectation of success by teaching you skills (chapter. 13), self-control, reasonable attitudes (chapter 14), and self-awareness (chapter 15).

A high need to achieve is correlated with higher grades (Schultz & Pomerantz, 1974); however, Raynor (1981) has shown it isn't a simple relationship. Considering getting B's or higher as important for future plans and for self-respect was related to grades in school for boys. Raynor also found that students in the high-needs-to-achieve-and-low-test-anxiety group did well on the important (to them), relevant courses but not as well on less relevant courses. Students with low-achievement-needs-and-high-test-anxiety did about the same as the above group on less relevant courses but much worse on important courses. The points seem to be: (a) your need to achieve and self-confidence won't do you much good unless you convince yourself that school is relevant to your future and your self-esteem, and (b) a fear of failure produces failure in the more important courses. The next chapter tells you how to reduce fears.

Johnson (1984) summarizes what you can do to keep on striving for your special goals: (a) break your major goals into manageable daily tasks and set aside the time, (b) take pleasure from the work and reward your progress, (c) remember your past successes and imagine how good you will feel when you accomplish your goal, (d) also imagine how bad it will feel to give up or mess up, (e) use competition, especially trying to improve on your best effort thus far, to arouse interest, and (f) seek encouragement and find "heroes" to inspire you.

Don't go around saying the world owes you a living. The world owes you nothing. It was here first.
-Mark Twain

One can never consent to creep when one feels an impulse to soar.
-Helen Keller

Greissman (1987) interviewed over 60 highly successful people and found they had several things in common. They (a) love their work, (b) become highly competent in a specialty, (c) commit themselves to their work, giving it their time--their life, (d) meet most of their needs through their work, (e) long for recognition and self-fulfillment, (f) focus on and "flow" with their work--loosing themselves in it, and (g) quickly see and use new ideas and opportunities at work. They pay a price for success, such as few friends, little partying, little travel, and even isolation from their family, but they have few regrets. Talent matters, but devotion determines the winner most of the time. No one can tell you exactly how to become so devoted...or even if it is a good idea.

Attribution Theory and Achievement

Another related theory to help us understand behavior and motivation, like John's procrastination, is attribution theory. In the 18th century, Hume (1739) argued that assuming there are causes for everything that happens is an inherent part of observing the world, because it makes the world more meaningful. Humans want to know. For instance, if someone bumps into you, you wonder why. You may assume he/she is aggressive, clumsy, flirting, that you are in the way, etc. Obviously, what you assume is the cause of the bumping makes a big difference. Likewise, John might ask himself, "Why do I put off studying?" And answer, "because I am dumb" or "because it is boring." He *attributes* his procrastination to his slowness or to the dullness of the reading. These kinds of assumptions about causes (we seldom know for sure the real causes) will certainly influence how we behave and how we feel.

Heider (1958) was one of the first modern psychologists to write about how the ordinary person thinks about causality--what causes what, or what is attributed to what. Since 1960, hundreds of studies have contributed to understanding why some are highly motivated to achieve and others are not. According to attribution theory (Weiner, 1980), a high achiever will:

1. Approach rather than avoid tasks related to succeeding because he/she believes success is due to high ability and effort which he/she is confident of. Failure is thought to be caused by bad luck or a poor exam, i.e. not his/her fault. Thus, failure doesn't hurt his/her self-esteem but success builds pride and confidence.

2. Persist when the work gets hard rather than giving up because failure is assumed to be caused by a lack of effort which he/she can change by trying harder.
3. Select challenges of moderate difficulty (50% success rate) because the feedback from those tasks tells you more about how well you are doing, rather than very difficult or very easy tasks which tell you little about your ability or effectiveness.
4. Work with a lot of energy because the results are believed to be determined by how hard you try.

The unmotivated person will:

1. Avoid success-related chores because he/she tends to (a) doubt his/her ability and/or (b) assume success is related to luck or to "who you know" or to other factors out of his/her control. Thus, even when successful, it isn't as rewarding to the unmotivated person because he/she doesn't feel responsible, it doesn't increase his/her pride and confidence.
2. Quit when having difficulty because he/she believes failure is caused by a lack of ability which he/she can't do anything about.
3. Choose easy or very hard tasks to work on because the results will tell him/her very little about how poorly (presumably) he/she is doing.
4. Work with little drive or enthusiasm because the outcome isn't thought to be related to effort.

Obviously, our beliefs about what causes and influences our behavior have a marked impact on our expectations and, thus, our motivation. In chapter 6, we will read about "learned helplessness" which, of course, is associated with little motivation. In chapter 14, we will also learn much more about many cognitive factors that affect our behavior and emotions. Therefore, one way to change our motivation is to change our beliefs--our attributions. For example, we could teach (and prove to) unmotivated, underachieving, and depressed people that they can control life-events by exerting more effort. There have been demonstrations that intentionally "trying harder," say on every other day, actually results in more behavioral changes, but it is hard for some people to exert extra effort. The next section is a case in point.

The Motivated Underachiever

Harvey Mandel and Sander Marcus (1988, 1995) have an interesting view of the "unmotivated" student. They say an underachiever with an "academic problem" is *not* unmotivated, but in fact is *highly motivated* to do poorly and get mediocre grades! Why? Because they want to avoid success! Why and how would anyone choose to blow off school work which is clearly connected with what one does for a lifetime? Because they are afraid of achievement and want to avoid responsibility. The underachiever unconsciously utilizes excuses to explain why he/she is doing poorly and why it isn't his/her

fault. They say, "The exam didn't cover what the teacher said it would" or "everybody did bad" or "my parents had all kinds of things planned for me the night before the exam." The trouble is they believe they want to succeed and they believe their own excuses. The authors call this self-deception "the crap gap." The underachievers also believe that the situation is beyond their control, that they are innocent victims of circumstances. They aren't uncomfortable enough to fight their way out of the gloomy situation they are in.

Since the underachiever is afraid of achieving, the usual efforts of parents and teachers--e.g. offering rewards, threatening punishment, and being assigned a terrific teacher--are ineffective because these methods don't deal with the self-deception and the fears. These underachievers don't want to look honestly and carefully at themselves, their motives, their values, or their future. Why not? Because being successful and realizing that one has the ability to make "A's," take out the garbage on time, change the oil, pay one's own expenses, choose a career, work full-time, etc., means the person is ready and able to "be on his/her own," to be responsible, to be independent, and to keep on taking care of him/herself for the rest of his/her life. On the other hand, being unable to manage your life (without it being your fault) keeps others from expecting you to be mature and capable. Growing up is scary and some, like Peter Pan, don't want to do it (on a conscious and/or unconscious level).

Since this kind of underachiever is not aware of this self-deception, it may be hard for him/her to help him/herself. So, let's see how, according to Mandel and Marcus (1988), a therapist would close the "crap gap," the difference between what the student thinks he/she wants ("good grades") and his/her actual behavior (mostly avoidance of all responsible behavior through the use of excuses). The critical first step is to simply ask the student how well he/she would like to do in school. Get them to state a specific goal, e.g. a "B" average. Second, the therapist, assuming the role of helper, would find out everything about course requirements and *exactly* how the student prepares to meet the requirements. Third, ask the student what is the problem in one of his/her courses (actually this usually solicits an excuse). Then get all the facts, e.g. if he/she says, "I study about an hour a day but it doesn't do me much good," the therapist will find out exactly how much and how effectively the student studied yesterday (maybe 10 minutes because TV was on).

Fourth, make sure the student realizes the connection between studying and his/her grade two months later: "What will happen if you continue to only study 10 minutes a day on math?" "I'll probably get another D." Fifth, the therapist asks the student for some solution for this particular problem or excuse. A detailed plan, including how to handle barriers, is worked out by the student, e.g. "I'll put in a full hour every night." Sixth, make sure the student knows exactly what he/she proposes to do before the next therapy session. This is done knowing that the student will probably not follow his/her plan--he/she hasn't done what they intended to do before, so why now? The

therapist's goal, at this point, is "excuse-busting," i.e. to merely to reduce the "crap gap" by getting the student's views of the situation ("I will study one hour without TV") closer to his/her actual behavior (10 minutes again), to recognize his/her use of excuses, and, eventually, to see his/her role in causing the underachievement.

Seventh, find out if the plan was actually followed. Usually, as expected by the therapist, the student avoids the plan or does poorly for some other reason. Almost always he/she gives the therapist *another excuse*, e.g. "I forgot my books," "I studied the wrong stuff," or "I tried to study for an hour but friends kept calling," because to stick with the old excuse (TV was on) is admitting that he/she really wants to do poorly (the student is strongly motivated to not recognize this fact). Eighth, excuse after excuse is eliminated by going through steps 3 to 7 with each excuse for not reaching each goal. Gradually, the student begins to see his/her self-conning use of excuses, that he/she is responsible for his/her behavior (and the resulting grades), that he/she has some power to control his/her life. Lastly, as the excuses are striped away and insight gained into procrastination and avoidance of responsibility, the student will want to openly discuss his/her fears, what does he/she really want in life, and how does he/she get there from here. Therapy now becomes a very different process, more nondirective, because the student is responsible, introspective, self-directed, far more emotional and alive but ready to face life as an independent individual, even if scared.

Hopefully, some people will be able without therapy to see that they are lying to themselves by the use of excuses. Then by consciously taking control of their lives (stopping the self-conning), they can help themselves. Others will not be able to see why they are underachievers but they will realize they are not performing up to capacity; they should *seek professional help*.

Besides the "academic problem" type (about 50% of all underachievers), Mandel and Marcus, especially in their 1995 book written for parents, describe several other kinds of underachievers, usually related to moderately serious psychopathology requiring professional treatment, such as Anxiety Disorder, Sociopathic Disorder (lack of conscience, manipulative), Identity Disorder (confusion about life goals), and Defiant Disorder. Other writers have described the academic indifference of some people as being due to cultural differences, e.g. if you assume that only white middle-and-upper-class students care about getting good grades, and if you aren't in that social-economic group or hate that type of person, then it becomes difficult to take school seriously. Kohl (1995) writes about students who become offended or resentful and say, "I won't learn from you." There may be many ways to be unmotivated. In any case, a wasted mind is a terrible loss to society, but it is even more serious for your own life when it is *your* mind that is wasted. Do something!

The social-cognitive approach: As a student, are you learning or image oriented?

According to Dweck (1986) and other researchers, there are two basic types of students: (a) learning oriented --those wanting to learn and gain competence and (b) image oriented --those wanting to look smart and/or avoid looking dumb. We all want to build our self-esteem but we try to do it in different ways. While over-simplified, there are clusters of findings crudely associated with these two types. Understanding these types may help the schools help students and each student self-help.

Learning oriented students see intelligence as changeable ("I can learn to learn this stuff" or "I can get smarter"). They enjoy learning, often fascinated with special topics, such as dinosaurs, geography, some phase of history, politics, women's rights, pollution, nutrition, etc. They see low grades as due to a lack of effort or a poor strategy, which they can change. Pride is based on amount of effort they put in, not on looking smart. They work hard. Being unchallenged is boring and offers no chance to test or prove themselves. Thus, even if they don't feel they are real bright, they will take on tough, challenging intellectual tasks, risking failing on an assignment. More boys take this attitude than girls.

Image oriented students see intelligence as permanently fixed. They consider it very important that others see them as smart or, at least, not stupid or naive. Since doing well is assumed to be due to brains and not effort, there isn't much need to work hard. In fact, if a person has to work hard to learn something, that suggests they aren't very smart. And, if you do poorly, there isn't anything you can do about it. You were born that way. Naturally, such a person would avoid difficult challenges if doing poorly seemed likely (especially true of bright girls or women). They tend to be less curious, less interested in new ideas and in learning about themselves. Their pride is based on good impression management, not on honest, careful estimates of their ability. They avoid testing their limits. Thus, the student's level of confidence is shaky--one low quiz score, one criticism of them, one foolish statement by them raises their own doubts about their intelligence. Even high achievers fall into this trap; their worry about their image reduces the intrinsic satisfaction they get out of learning.

Schools have recently attempted to build students' self-esteem, sacrificing perhaps the acquisition of knowledge. Three popular principles guide many teachers: give lots of positive reinforcement, expect students to do well (self-fulfilling prophesy), and build the students' self-esteem. All sound commendable. All may be harmful in certain circumstances. Examples: Expecting and rewarding success *on easy assignments* does not encourage a student to tackle hard tasks. Being "successful" on easy tasks doesn't build self-confidence, it makes students feel dumber. Children know their limits aren't being tested. Students are being misled if they are subtly taught that it is easy to succeed as a student. That's a lie. It's deceptive because you

haven't been encouraged to dig deeply into topics, to feel the delight of uncovering fascinating new knowledge until you know more about a topic than anyone else, to realize the depth and complexity and wonder associated with almost any subject, to interact with others who know more and are also excited about learning in many areas, etc.

The greater the island of knowledge, the longer the shoreline of wonder.
-Anonymous

Becoming motivated to study

A recent study by Mihaly Csikzentmihalyi indicates that to become motivated to learn in school, (a) you must learn to genuinely enjoy reading and studying and using the information (usually telling others about it), (b) you must be given support and challenge at home and school so that you willingly take on tough assignments, realizing that you will occasionally not do well or not get done, (c) you must feel competent and be taught or tell yourself that doing poorly on an assignment or a test basically means that you need to work harder or take a different approach or both, and (d) you must, in most cases, believe the information learned is worthwhile (at least for passing the exam).

So, if you were an undisciplined person, like John, how could you become motivated to study and gain self-confidence?

1. Learn "I am responsible"--that the more you study, the more you learn and the better your grades are. Thus, you begin to feel more responsible for what you get out of school. How exactly can you do this? (a) Keep records of how much you study and compare your grades when you have studied a lot with times when you study very little. (b) Prove to yourself that you are in control of your grades, no one else, not the teacher, not the exam, not luck.
2. Learn "I can be in control"--that you are capable of directing your life. How? (a) Schedule more study time and reward your promptness and increased effort. (b) Carefully measure the greater efficiency you achieve, e.g. how much more of the last few paragraphs do you remember when studying intensely (see SQRRR method in chapter 13)? (c) Remember: doing poorly simply means you should try harder. Take pride in your self-control.
3. Learn "I have ability"--that you have more ability than you previously thought. How? (a) Have more success by developing skills, like reading and test taking skills. (b) Get more

information about your ability, such as aptitude test results or a respected person's honest opinion. (c) Increase your feelings of competence.

4. Learn "I value learning"--that you can value studying and success in school more. How? (a) Write down all the benefits of doing well in school. (b) Remind yourself that each successful step in school means three things--you are earning a chance to continue, you have what it takes to succeed, and you have done something worthwhile. (c) Make use of what you learn, e.g. tell others, interact with others who can add to your knowledge, apply the knowledge in other classes or at work, etc.
5. Learn "I may deceive myself"--that you, like others, are capable of remarkable self-deceiving and self-defeating thought processes which interfere with many important activities in your life, ranging from doing your best in school to trying out for the track team or asking the smartest person in school for a date. How? (a) Observe your attributions, especially your excuses, and double check their accuracy. (b) Overcome your fears (chapter 5) by doing whatever scares you (if it is safe)! (c) Attend closely to your self-concept, including self-efficacy and attitudes about changing, and find the best views for you (see chapter 14).

You need to realize that change is possible before you can change. In recent years, a procedure called attribution retraining has been successful in increasing peoples' motivation to do better in school and other settings. In most cases, the experimenter persuaded the subjects that their failure at a task (e.g. grades) was due to a lack of adequate effort. Not surprisingly, later the subjects tried harder and did better. In other studies, seniors told freshmen about their grades improving markedly or a professor described almost flunking out as a freshman, but, with help of a friend, he started to take his studies seriously, eventually excelling in graduate school. By implication or explicitly, these success stories tell us that we too can change and that good grades result from hard work and persistence day by day, not just before exams and during the last week of the semester. Furthermore, the more effort you put in, the more you learn; the more you learn, the more able you are to do well.

Actually, some researchers have reported that the above success stories improved exam scores a week later and even GPA and Graduate Record Exam scores months later. Improvement was greater in students who believed they had little control over their lives (see I-E Scale in chapter 8). However, if students can improve their grades after a couple of effort-improves-grades stories, then why don't the hundreds of you-can-change-your-life stories told by friends and parents or on TV or in the movies, have the same effect on all of us? One possibility is that our belief in our own self-control is very *situation specific*, i.e. the success story of an average-turned-super insurance salesperson would probably not inspire a high school freshman to study harder.

Studies of female valedictorians and other academically gifted women often find that they "drop out" of college or graduate school. At the very least, almost every very bright woman finds it necessary to frequently deny or hide her intelligence. Men and women find highly able women threatening. You may think sexism is in the past, but being superior is especially hard for women. Walker & Mehr (1993) provide help for gifted women who want to achieve their potential.

Learned industriousness

Recent research suggests we can learn to be hard, persistent workers. Those of us who have been rewarded, often starting in childhood, for making strong efforts to achieve our own or assigned goals tend to develop a "work ethic" and a "moral ethic." Likewise, training in persisting or waiting for a worthwhile reward or achievement can help us develop better self-control involving handling delays. So, just as there is "learned helplessness," there is "learned industriousness."

There is a "law of least effort:" we all try to get things (a pay off) the easiest way we can. That's smart and different from being lazy. Some of us take on hard challenges, others don't. You can also see an enormous range in the amount of effort people will expend to achieve a given goal. Of course, the value of a goal differs from person to person, but some people simply work much harder and longer than others. Why? Perhaps, according to Eisenberger (1992), because some have a long history of exerting intense effort and then being praised and well reinforced. In effect, some have been given "effort training" to be industrious, others haven't. One theory is that this training is effective because being repeatedly rewarded following long, hard efforts makes hard work in any situation seem less offensive, less aversive, less awful. Eisenberger has also shown that self-talk ("When I try hard, I do well on all my school work" and "when I don't, I don't") further enhances this "effort training." Both high effort and attention to tedious detail, if reinforced, become less unpleasant and less avoided. Thus, reasonable and challenging-but-demanding work or study experiences may produce harder working employees or more motivated students.

Eisenberger suggests another law, the "law of more effort:" if hard work has paid off for you in the past in many different ways, your effort and self-control will increase more, as compared to individuals who have worked less hard, as the stakes get higher. Likewise, a boss, teacher, or parent who has positively encouraged and reinforced your high performance and hard efforts in the past will provide more motivation to you than a person who is or has been more permissive.

Unfortunately, while "effort training" seems simple at first, a little thought makes you realize that the actual work conditions as well as your attitudes and personality traits are all involved in determining if your hard work is viewed as yielding rewards or punishment. If hard work is seen as stupid and/or obnoxious, then one may develop

"learned laziness." Also, our willingness to work hard, regardless of our past experience, is, in part, a function of our needs and the nature of the work, e.g. mental or physical, clean or dirty, cooperative or competitive, social or isolated, all of which may reflect one's reinforcement history (Eisenberger, Kuhlman & Cotterell, 1992). Most important aspects of life are complex.

Another fascinating feature of this program of research is the moral consequences of "effort training." Children required to do hard math problems first, cheated less on a later anagram test than students given easy math problems first. We need to know more about the relationship between industriousness and honesty, caring, and other morals. But there are reasons to doubt that the relationship is simple because in some situations having a high need for achievement increases our tendency to cheat.

Later, we will discuss the *harm* that can be done to a person's performance, especially on interesting tasks, by extrinsic reinforcement. Eisenberger's research contradicts this; he found that extrinsically rewarding hard work improves performance. Moreover, he says rewarding *progressively improving* performance (harder and harder effort?) did not reduce intrinsic interest. To me it seems clear that in order to maintain optimal motivation you have to consider both your intrinsic and extrinsic pay offs (see intrinsic satisfaction section). The motivation problem is complicated by the fact that only parts of working or studying are interesting and exciting, other parts are hard and difficult, still other parts are tedious or boring, and so on. You have to cope with all parts of life, so it is important for our work to be satisfying, but a history of hard, rewarding efforts involving long delays of reinforcement may also be important in preparing us for the unavoidably hard and uninteresting parts.

Humanistic theories

Abraham Maslow (1971) was critical of traditional psychology because it based its theories on emotionally disturbed patients or on laboratory animals. Like other philosophers, he believed in the basic goodness of humans and in their tendency to move to higher levels of functioning as their basic physical needs are met. Maslow described the needs at each level, going from the most fundamental physiological needs to the highest, most noble needs. Every person has the same "hierarchy of needs:"

1. Physiological needs--air, water, food, sleep, elimination, sex, activity.
2. Safety needs--escape fear and pain, physical security, order, physical safety.
3. Belonging and love needs--to love and be loved, have friends, be part of a family.
4. Self-esteem needs--to feel competent, independent, successful, respected, and worthwhile.

5. Self-actualization needs--being one's true self, achieving one's highest potential, wanting knowledge and wisdom, being able to understand and accept oneself and others, being creative and appreciative of beauty in the world. A self-actualized person is happy, realistic, accepting, problem-oriented, creative, democratic, independent, and fulfilling a mission or purpose in life.

What are the implications of this theory for changing behavior? First, the theory says it is necessary to generally satisfy one's basic needs before one can turn to meeting needs higher in the hierarchy. But once a person has taken care of the needs at levels 1 and 2, then one is free, in fact motivated to search for love, then self-esteem, and then finally self-actualization. Thus, if you can't achieve some goal, such as John not being able to study, consider the possibility that some more basic need still hasn't been met and must be satisfied first. For example, John may have to find love or feel secure and liked by his friends *before* he can study effectively and devote himself to a profession. While thinking in terms of a hierarchy of needs may sometimes help you figure out the real underlying problem, research has not supported the theory that *all* needs at a more primary level must be satisfied before you can move on to higher needs (just like you might not have to go in order through all six stages of Kohlberg's moral development, as discussed in the last chapter). So, go for self-actualization at 15 or 19 (long before Maslow said you were ready for it--see chapter 9), even if you lack confidence and a love relationship.

Also, remember if you make different assumptions about the basic nature of humans, you will surely find different underlying problems. Maslow would find unmet love or self-esteem needs; Freud would find unmet sexual-aggression needs; Adler would find feelings of inferiority to be overcome.

Maslow noted that learning theories (not the more recent Social Learning Theories or cognitive theories) were based largely on hunger, thirst, and pain (needs at levels 1 and 2) in animals, seldom dealing with the higher levels. Maslow's theories are based on the opposite end of the scale (needs at level 5). He studied the best historical specimens of our species he could find, including Abraham Lincoln, Thomas Jefferson, Albert Einstein, Jane Addams, Eleanor Roosevelt, Albert Schweitzer, and he interviewed the most outstanding living people available to him at the time. That's where his description of the self-actualized person came from. His was a valuable addition to our knowledge.

Secondly, according to theory, few of us ever achieve self-actualization to any significant degree. Maslow assumed it took the most able among us 30 to 40 years to develop self-actualization. Although Maslow believed we became more self-reliant on our own values and judgment as we met more of our needs, and less dependent on rewards and approval of others, he still emphasized the importance of the environment in determining our growth. He felt

families and schools and work should be respectful, nonjudgmental, and trusting, i.e. places where one can make his/her own decisions, gain esteem, and use his/her talents. Otherwise, our growth would be slowed or reversed...and we would have problems. Maslow had impact on Humanistic education and on business management. But, he left it to others to discover if it is possible to develop specific methods of speeding up the natural development of self-actualization, such as through self-help techniques. Maybe in 100 years we'll all be self-actualizing even as teenagers.

Positive addiction

Addiction to drugs, alcohol, food, smoking, etc. are instances of powerful motivation, but they sap our strength and zest for doing our best. William Glasser (1965) believes there are other addictive activities that give us strength: jogging, meditating, writing a diary, exercising, relaxing, and so on. These are called positive addictions.

Like Ellis and Knaus, Glasser focuses on the emotions underlying our behavior (level II). First, we all want to be loved and to feel worthwhile. When we don't get what we want, we either have the strength to try again or we don't. Thousands of us give up, according to Glasser, by saying, "Why try? I'd just fail" or "It's my parents' fault" or some other similar rationalization.

When giving up and giving excuses don't remove the pain (of not achieving love or worth), we may turn to psychiatric symptoms, such as depression, rebelling, going crazy, psychosomatic complaints, or addiction to drugs, alcohol, or food. Painful as these conditions are, they are less painful than facing the fact that we have failed and given up on obtaining love and self-worth. So, they are another self-con--they make it easier to give up and, at the same time, get some sympathy.

What is Glasser's solution? Positive addictions. It isn't an easy solution nor is it for everybody. It takes six months to a year of activity (jogging, meditating, etc.) one hour every day to develop a strength-giving addiction. The activity must usually be done alone, with no demands or striving for excellence or self-criticism. There are thousands of joggers, bikers, meditators, relaxers, journal writers, exercisers, and other users of positive addictions, along with Glasser, who claim great benefits. They claim to get more results than just feeling better and getting pleasure; they claim greater self-confidence, more energy, better imagination and ideas, more frustration tolerance and so on.

It is an interesting, indirect approach which does not concentrate on dedication to your major life goals. Committing an hour a day directly to loving someone or to studying could have powerful effects too. If I were John, I'd first try to build a real interest and motivation in my studies. There are too many good joggers who are poor students to confidently believe that jogging will make you an "A" student. More

research, not more testimonials, is needed to evaluate the effects of positive addictions and to investigate which positive addictions work best with what kind of people and with what problems. But it is an idea.

Popular how-to-be-the-greatest books and programs

Inspirational, confidence-building books sell by the million. None have ever been objectively evaluated to see the results, but people buy them, probably because they do motivate us, at least for a day or two. They are often written by successful business or sales people or by ministers. Psychologists write in areas related to motivation: assertiveness (chapters 8 & 13), self-acceptance (chapters 9 & 14), and self-direction or self-instruction (chapters 5, 11, and this one), but these writings deal with learning skills, not just getting inspiration.

The popular "success" books take four main approaches:

1. Confidence building. The common belief is that you can't sell a product or love someone else until you believe in yourself or love yourself (Amos & Amos, 1988; Zigler, 1987). So, these books essentially tell you to recognize your strong points and to tell yourself you are the greatest.
2. Setting goals and utilizing time effectively (Lee, 1978; Lakein, 1973). While these are important skills and have been discussed in this chapter and chapter 2, the goals need to be more than vague hopes and an occasional motivational speaker. Some seminars or longer programs about goal setting, however, involve lectures and tapes costing several hundred dollars (Meyer, 1988).
3. Inspirational. These books give many illustrations of exceptional people and unusual successes (Simonton, 1994; Ferguson, 1990; Waitley, 1983; Stone, 1962). Michael Jordan's *I Can't Accept Not Trying* is a good example. Other writers emphasize the "power of positive thinking" (Peale, 1952; Schuller, 1973). The techniques involve fantasizing about being successful (like in achievement training), modeling and rehearsal, repeating hopeful beliefs (called affirmations), giving your self pep talks, and so on. Of special psychological interest is Lillian Rubin's (1996) *Fall Down Seven Times, Get Up Eight* which tells stories of people overcoming horrible childhood experiences. I find the caring stories in Canfield & Hansen (1991, 1993, 1995, 1996) to be heart-warming; they make me value goodness and look for it in others; they help me be good.
4. Understanding human needs. Some of these books explain how to present products and ideas so that they meet people's needs and, thus, sell (Dichter, 1971). Many other books describe how to influence or motivate others--usually for *your* benefit (Carnegie, 1936).

These popular books are based on one person's experience or hunches, not on research. Don't neglect these books but read them with a lot of skepticism.

Methods for increasing motivation; references

In addition to the many methods already mentioned above, method #7 in chapter 14 summarizes several techniques for increasing your motivation. It should help too. For the serious student of motivation, Heckhausen (1991) provides an excellent review of the whole area, while Boggiano & Pittman (1993) concentrate on educational achievement. A highly regarded book by Daniels (1999) explains in simple detail how positive reinforcement can be used to both build good relationships and high motivation in a work setting. Bernard & DiGuiseppe (1993) and McCombs & Pope (1994) try to motivate adolescents in school and in relationships. Very bright, achieving women have special problems in the world of work (Walker & Mehr, 1993).

Also, the next three sections probe the causes of self-defeating behavior and procrastination. We must understand and overcome the barriers to achievement, if we are going to reach our potential.

Excellence can be attained if you...
care more than others think is wise.
risk more than others think is safe.
dream more than others think is practical.
expect more than others think is possible.
-Unknown Author

Managing Difficult Behavior

Why don't we do what we want to do? Why do we lose control? How can we manage difficult behavior? Methods for controlling strong habits

Thus far, we have said that when you don't know how to do something you want to do, you have to learn. We have discussed three kinds of learning and some of the complexities involved. Also, we said when you want to do something that you know how to do but you can't get going, you need to increase your motivation. We've discussed that too.

In this section, we will discuss various kinds of "blocks" that interfere with our doing what we would like to do or keep us from stopping unwanted behavior. All of us have "good intentions" which we don't achieve. Why not? There are many kinds of unwanted behavior, such as ordinary "bad habits," selfishness, sins, addictions, compulsions, obsessions, etc. we can't stop. Why? Some answers sound simple and easy: Why do we overeat? Tastes good & comforts us. Why eat fast food? Quick & easy. Smoke? Pleasurable habit. Party? Fun. Gamble or make risky investments? Adventure & occasionally win. Complain and get mad? Influence others & discharge feelings. Unprotected sex? Quick & no-brainer. Avoid meeting and talking to people? More comfortable. The easiest route is often not the best. Quick pleasures may cost dearly.

Why do we avoid good choices, like going to the doctor or dentist? Costly & painful. Why don't we save money? Want things now. Eat healthfully? More trouble. Exercise? Hard work. Protect against STD? Have to plan. Prevent psychological problems? Have to learn. Have another degree? Have to study. Have a better marriage? Have to read, discuss, & get counseling. Give more to church? Have to sacrifice. Good things often require work.

The more complete true answers to these "why" questions are surely complex and involve the concept of intentionality, our motivation for short-term vs. long-term goals, the use of mechanisms of self-control, the conditions that undermine our "will," emotional reactions that overpower our best intentions, strategies for intentional or unintentional self-deception and the development of false beliefs (such as the smoker who doesn't believe smoking will hurt him), unconscious motives, and many other irrational processes. There are also lengthy philosophical discussions about these matters and others, such as "what really is *self*-control?" (e.g. what if you are brainwashed by a friend into wanting to do something--are you still under self-control?).

There is clear evidence that we humans tend to "believe what we want to be true." We sometimes unwittingly generate our beliefs, e.g. we can select the data in a biased way or distort the collected data to believe what we want to believe. We can act in certain ways to confirm what we want to believe. We can persuade ourselves that our intention is one thing when objective observers would believe our motives are something else. All this is related to self-control. If you are interested, Mele (1987) provides a long philosophical discussion of these matters.

Behavioral blocks and getting unstuck

Lipson and Perkins (1990) have a book explaining why we don't do what we would like to do. How is our intended behavior "blocked," such as when we are constantly late, can't lose weight, don't exercise, don't do our best, etc.? First of all, they assume that all of our behavior is the result of many forces, including our will, pulling and pushing us in many directions. However, they don't use the concept of

reinforcement and they decry the idea of increasing our "will power." They point out, as I have, that much self-help advice is very simple and unquestionably correct: stop procrastinating by "planning your time," lose weight by "eating less," be successful by "studying more," etc. But such advice is often inane--useless--because it can't be followed, our will power just isn't strong enough to make the changes. Often, though, they say that if you understood the forces that block your good intentions, you could counter those forces and do what you want to do. This is a cognitive (insight) approach to self-control of your behavior. Let's see if it helps to describe *five different kinds of blocks*.

First, *a strong force in the environment* may block our intended or desired behavior; it overpowers our will. We often know exactly what these forces are; we recognize them as constant temptations, e.g. a strong attraction to desserts ruins our diet, a desire to have fun keeps us from getting our work done, an angry reaction to someone causes us to say things we shouldn't, an urge to buy clothes overdraws our account, etc. When these forces overwhelm our best intentions, we say, "I'm weak willed," "I'm lazy," "I'm selfish," etc. It may be neat in a way that there are so many strong forces in the world--things we want and enjoy, physical, hormonal, and genetic drives, social needs, compelling emotions, and on and on. But, these forces frequently crush our self-control, and that's not so neat.

This notion of blocks is obvious; however, it isn't easy to assess the strength of the blocks or your "will power." How successful do you feel your will power has been in overcoming the blocks (temptations and distractions)? These authors say will power is frequently weak, usually over-estimated and a false hope. Instead of "will," we have to use our brain--our knowledge of self-help--to devise ways of avoiding or containing these strong forces. There are lots of such methods; most are in this book.

Secondly, in contrast with the forces mentioned above that we are keenly aware of, Lipson and Perkins (1990) contend that *some strong forces are hidden from us* and, thus, since we can't combat them handily, they easily block our intentional behavior. We know the forces are there because we see the results. Examples: Our hot attraction to someone turns cold (we don't know why but perhaps he/she is coming on too strong or getting too dependent). Our grades in chemistry are D's and F's (we have the ability but maybe we fail because medicine is dad's choice, not ours). We have a short fuse with our spouse without sufficient reason and without knowing why (maybe because we feel taken for granted or got a lousy assignment at work). We don't want to turn cold, fail chemistry, or have a fight. But things like this happen to all of us; hidden forces are the cause. To understand these blocks, *we must seriously search for the reasons*, the hidden forces. When we think we have found the reasons, we must carefully question and critically assess the explanation (because we are prone to self-deception). Are the conjectured forces really there? Are they powerful enough to block our desired behavior? When we accurately see the

hidden forces (not easy), we have a better chance of getting back in control.

Thirdly, besides strong forces in the outside world (things we yearn for, fears, reactions of others, etc.), there are *strong forces generated by our own self-evaluations*. Examples: You may be only 5 or 6 pounds overweight but see yourself as embarrassingly chubby. During a conversation, you may panic thinking, "I don't know what to say, I'll look like a jerk." These thoughts and feelings about ourselves are powerful forces that frequently block us from doing what we would like to do. By observing our internal dialogue and self-appraisals, we can gain better control over these blocks. Examples: Some negative things about ourselves, e.g. 6 pounds or quietness, we can accept as okay, others we can "own," e.g. sarcasm or self-criticism, and take responsibility for changing. Likewise, some of your traits may initially be seen as positive, e.g. being a party animal and excessive drinking, but by recognizing their negative long-term consequences and "disapproving" of the destructive aspects of the traits, we can reduce these blocks to achieving our more important life goals.

Fourthly, many *activities can captivate or "enthrall" us*: eating, drinking, listening to music, watching TV, socializing, and even cleaning can capture our attention once we get started. Becoming preoccupied with these activities blocks us from doing other things. Enthralling activities may have a relatively weak initial "pull" for us but once we are absorbed in the activity the "grip" can hold us. All of us have wasted evenings watching worthless TV. If we had gotten off the couch and turned off the set for a minute, we almost certainly would have found something better to do. Ask yourself frequently, "What is the best use of my time right now?" Change your environment. Try to develop more fruitful "counter-thralls." Witkin (1988) has a book about controlling these urges.

Lastly, blocks occur when *a complex collage of forces* pushes us in certain directions, such as when a woman marries the same kind of jerk three times. Another example is the person who is so concerned about being liked that they try too hard to please. As a result, they are seen as weak, "an easy mark," and not respected, which pushes them to try even harder to please. This is called a *self-sealing system* and this vicious circle occurs in many situations: a person creates more problems drinking to avoid problems, an over-protective parent produces a more and more helpless child, an insecure and jealous lover increases his/her chances of being dumped. Obviously, complex but powerful and mostly hidden forces are pushing these people in disastrous directions. Such people must get an understanding of the complex forces shaping their lives, and then they have a better chance of coping. They need courage to self-explore--maybe in therapy.

This is a nice theoretical summary of blocks. But, removing your specific blocks is not easy. Washton and Boundy (1989) make the point that many of our self-help efforts are directed at the bad habit and not at the block or real underlying problem. For example, it is

common to see drinking or smoking or over eating or procrastination or TV addiction as the problem, while, in truth, the more basic problem is the hurt, anxiety, emptiness, frustration, shame, etc. (feelings and thoughts), which the drinking, eating, escaping behaviors attempt to relieve. These unwanted surface behaviors are not the real problems; they are attempted solutions! The underlying feelings are the problems! Having the will power to stop the unwanted habits is not enough. You must reduce the psychological pain inside which causes the bad habits, i.e. our dis-ease. (Chapter 2 made the same point.) Discovering this internal hurt may be easy; it may be hard even with therapy; it needs to be done (see chapters 14 and 15).

Sidney Simon (1988) describes another set of barriers to changing: (1) Having low self-esteem and feeling unable to change or undeserving of a better life (see chapter 14). (2) Failing to see alternatives or feeling you can't make or don't have good choices (see decision-making in chapter 13). (3) Being unsure of what you want and/or are simply going along with someone else's decisions about your life (see chapter 3 and assertiveness in chapter 13). (4) Finding lots of excuses for doing nothing or "Yes, but-ing" and, thus, reducing your motivation to change. (5) Being afraid to change (see chapter 5). (6) Feeling alone and unsupported or "I don't need anyone" or "I shouldn't have to ask for help." (Ask for help anyway!) (7) Demanding perfection. (8) Lacking the determination or "will" to get the job done.

When changing, *the first step is the killer*. If you haven't exercised in months or have smoked for years, the first day is toughest. You must use willpower (or, if you prefer, motivation or self-talk). You can strengthen a weak will. Simon suggests *building your willpower* by (a) practicing in more and more difficult self-control situations, (b) taking small successful steps followed by rewards, and (c) planning alternatives to use when major temptations threaten. Besides will power, you need lots of other skills. But the hardest part for many of us will be getting a handle on the underlying emotions causing the inner pain and creating the barriers. This kind of insight comes from gaining more and more knowledge about people and from honestly looking inside your self.

Once we have self-control why do we lose control over some behavior?

Baumeister, Heatherton & Tice (1994) do a good job of explaining our failures at self-control, e.g. giving up during the performance of a task, losing control over our thoughts or emotions, and letting some habit (eating, drinking, smoking, buying, etc.) get out of control. Unfortunately, these authors' work is of limited value because it doesn't tell us much about how to prevent the loss of self-control. However, by understanding the process by which we lose control, perhaps science can help us learn how to maintain self-control. You will recognize that "blocks," discussed above, have much in common with "loss of self-control."

Three steps are needed for us to be in self-control. First, we need "standards," i.e. to know what we want to do or should do. Second, we need to be aware if our behavior is failing to meet our standards. Third, we need to be able to correct our behavior when it becomes sub-standard (this is what the ordinary person would often call "will power"). Failure in any of the three steps will lead to poor self-control: if we don't know where we are going, if we don't pay attention to see if we are getting there, and if we don't know how (or don't have the strength--see blocks) to get back on track if we get lost.

Here are some of the more common ways we lose self-control: we set no goals or impossible goals; we lose control or don't pay attention to our goals or to our behavior; we quit because we get tired or stressed and weakened; we attend to our immediate situation and needs overlooking long-range goals; we misjudge what is important to do; we focus on calming our emotions but neglect doing our tasks or solving our problems; we become obsessed with protecting our egos and neglect getting the job done; we let the initial failure lead to a "snowballing" of many failures (see relapse prevention below); we believe in venting our feelings rather than in eliminating the emotions; we decide we are helpless or bad and stop trying in order to avoid further failure.

Solutions to losing self-control? Set goals, monitor your progress carefully, reward desired behavior, and practice self-control and in the process learn as much as possible about the self-help methods that work for you. As Baumeister, Heatherton & Tice explain, one barrier to gaining this self-knowledge is that most people don't really want to know a lot of accurate information about themselves. Our species prefers to be told positive things or, at most, be told negative things they already believe about themselves. We resolutely avoid accurate self-knowledge about our weaknesses. The more we can overcome this I-don't-want-to-know-the-truth trait, the better we can gain self-control.

Preventing unwanted behavior. Is it really within our powers?

Just as it is hard to start a new habit, it is hard to stop an old one. In fact, some behaviors are thought to be unpreventable, i.e. beyond our ability to control with "willpower" or self-help techniques. Many feel this way about drinking alcohol; some do about eating, smoking, and even procrastination. When we add an awareness that genetic, metabolic, physiological, unconscious, and environmental factors as well as underlying emotions affect our reaction to drinking, food, smoking, coffee, soft drinks, sugar, etc., it shakes our faith (rightly so) in self-control. There is evidence, for instance, that alcoholics chemically process alcohol differently from nonalcoholics (Heilman, film). Alcoholism is called a "disease," implying that it is an unstoppable physical disorder, treatable only by physicians or a Higher Power? For an extensive discussion and references, see the Addiction section and Stanton Peele's books (Peele & Brodsky, 1991). For the

specific steps to take when preventing relapse, go to Relapse Prevention.

Experienced people in Alcoholics Anonymous (AA), Overeaters Anonymous (OA), and Emotions Anonymous (EA) say the first step towards recovery is to admit you are powerless over alcohol, food, emotions, or whatever. Then, their 12-step program basically says, (l) abstain (totally in the case of alcohol) by asking for help from friends (in AA or OA or EA who have been in the same situation) and from a Higher Power, (2) admit your "defects of character" and the wrongs you've done, and (3) make amends. AA is often considered the best available treatment for alcoholism, so use it if you need it. Interestingly, AA has a reputation for being successful in spite of little or no outcome research. Unfortunately, AA opposes research (members aren't supposed to disclose what happens at AA meetings) and doesn't directly teach self-control methods. It is known that many people go to AA only a few times and others backslide after hundreds of AA sessions. One study of 90 addicts found that they had, on average, attended 586 AA sessions *before* relapsing (Chiauzzi, 1989). That is an amazing amount of "treatment" to be followed by failure. So, AA is not a perfect miracle cure. If AA added more self-control beliefs and procedures, especially relapse prevention, to its program, it might be more effective. Only research can tell us. See more references concerning alcoholism at the end of the chapter.

There is also evidence that overweight people adjust their metabolism as they reduce their intake of food so that they tend to stay about the same weight, called their "biological destiny" (Bennett & Gurin, l98?). If that is the case, losing weight may be very hard to do if you have a genetic tendency to be heavy or to crave sweets, etc. It is believed that weight loss efforts work best the first time you try to diet; thereafter, the body loses weight more slowly but gains it back much more rapidly. Also, over-weight people produce more insulin than thin people when they see food and that increases hunger pangs. Heavy people respond more to external cues--smells, sight of dessert, etc. All this (plus the emotions pushing us to eat) makes it hard to lose weight. As most people know, our metabolism is a function of our activity level, so losing weight without exercise is especially hard to do.

No matter what the physiological and emotional processes are and how difficult it is to reduce drinking or overeating, the addict still has the problem of how to stop a harmful habit. Should he/she get professional medical help, psychological help, give up trying to do the impossible alone and turn to God, join a self-help group, take antabuse or diet pills, go to a Mental Health Center or an addiction treatment center, talk to friends, read and try to help him/herself or what? My answer again is, "Try all kinds of treatment until something works."

Is it harder for some people to overcome bad habits than others? Since this is like the question "Do I see blue the same as you do?" we

will never know but old habits are hard for everybody to stop. How hard? There is very contradictory evidence. Some treatment programs claim a 90% success rate (during the treatment phase). In general, relapse *after* treatment of addictive behavior is very high, 50% to 90% (Brownell, Marlatt, Lichtenstein & Wilson, 1986). Two thirds to 3/4's of drug and alcohol abusers relapse *within three months* after treatment (Chiazzi, 1989). In one study, less than 10% of treated alcoholics abstained for two years (Armor, Polich, & Stambul, 1978). Researchers of weight loss projects also report disappointing results: few stay in treatment, and 80% of those that do, gain any weight loss back within a year. Smokers frequently quit, then relapse. Clients who stay in these treatment programs for various problems are successful (why else would they stay?), but thus far no program enables a high percentage of clients to maintain their gains. So, it is hopeful (we *can* change) but the final long-term results of today's "programs," even the expensive ones, are not good enough. On the other hand, note that about half of all *former* problem-drinkers have quit drinking "on their own" (no help from a MD or AA or any treatment). You are not powerless! But I'd recommend getting all the outside help you can, as well as self-helping.

Similarly, Stanley Schachter (1982) reported some interesting but controversial findings: almost 2/3's (63%) of people who tried to lose weight or stop smoking *on their own* (without professional help) were successful! And they kept it off for years! This implied that self-help was better than professionally run treatment programs. Subsequent studies (Cohen, et al, 1989) showed this was not true; self-quitters (smokers) did no better or no worse than clients in a stop smoking clinic. But over the years, we try to help ourselves a lot more often than we use professional programs. Thus, 85% of those trying to stop are on their own and only 15% join a stop-smoking program. About 1/3 of all smokers have tried to stop within the last year; most failed. Of those trying to stop sometime (or many times) between 1976 and 1986, 48% of the self-helpers and 24% of the treatment clients were successful. Altogether 40 million Americans have stopped smoking, so it is possible. 90% of the successful ones were on their own and most of them had tried again and again. 70-75 million are still smoking. There is no evidence that successful quitters used different behavior-change methods than the relapsers; they just motivated themselves more and kept on trying (maybe until they found an approach that worked for them). There is hope. Again, I'll remind you: self-administered programs (listening to a tape, reading a manual, watching a videotape) have been just as effective as therapist-administered programs (Scogin, Bynum, Stephens, & Calhoon, 1990). The keys seems to be learning to be motivated and maintaining your gains.

Relapse prevention for addictions

Marlatt and Parks (1982) and Marlatt and Gordon (1985) zero in on a crucial point--the relapse. This is the point, usually after successfully stopping smoking, drinking, avoiding studying, overeating, etc., at

which you give up your controlled behavior and fall back into the old behavior. (Untrained or unread self-helpers fail about 80% of the time, usually more near the start than after succeeding. But that is called a failure, not a relapse.) A slight slip is called a "lapse;" total, continuous, complete backsliding is called a "relapse." Why do between 50% and 90% of program successes eventually relapse? Probably because we don't focus enough on maintaining our gains, but research is starting to show us how to avoid relapsing.

First, Marlatt and others (Prochaska, Norcross & DiClemente, 1994) studied the circumstances in which people relapsed, called high-risk situations. About 35% of the relapses occurred *during periods of negative emotions*, such as depression, anger, stress, or boredom. An additional 16% relapsed while having the same kind of feelings but in a social situation--a conflict or argument with a spouse, relative, friend, or co-worker. A health crisis in the family is a common cause. Here again we find an important relationship between behavior and emotions. About 20% relapsed under social pressure, either being with people doing what you don't want to do (smoking a cigarette, using drugs, eating) or being verbally pressured to participate ("Come on, John, have a beer with us"). About 10% of the backsliders felt the forbidden urge or temptation when all alone. None of this is a surprise but it can help us search for the conditions that might reduce our self-control. We all have our "weak times." Old temptations may return months or years later.

Prochaske, et al, found that certain *mental mistakes* lead to relapse: (1) over-confidence ("I've got this drinking problem beat for sure"), (2) self-testing ("I'll keep a bottle...some candy...some cigarettes hidden in my desk just to prove I'm cured"), (3) self-blaming ("My smoking made my kids sick and caused by husband to start smoking again"). In short, some confidence is needed, but don't get too much of it, don't get cocky! By denying the risks and rationalizing one's risk-taking behavior, in effect the relapsing alcoholic sets him/herself up for another failure (which he/she doesn't feel responsible for). These cognitions must be attended to... and challenged by the addict.

Secondly, Marlatt and his colleagues recommend several methods for avoiding relapses. Learn to recognize your own high-risk situations by (a) considering the data above and in the following paragraphs, (b) self-monitoring (see chapter 11) what's going on when we are tempted or slip a little or relapse, (c) self-testing in fantasy how well you would handle several high-risk situations (imagine how would you respond if a good friend encouraged you to try cocaine?), and (d) observing your lapse and relapse fantasies or temptations, i.e. imagine how you might relapse. After identifying your dangerous situations, you can avoid some and learn to cope with others. Certainly take credit for avoiding the risky situations.

But, also admit that getting into high-risk situations are a result of a series of decisions *you* have made (without much awareness?),

seldom is it an accident or someone else's fault. No alcoholic gets seated at a table in a bar with drinking buddies (nor a philanderer with a tempting, attractive person) without making many choices leading to that high-risk environment. Identify those decisions or choice points; they are your means of staying out of trouble in the future. Monitor your thoughts carefully. Vigilantly guard against longing for "a cold beer on a hot day," "the taste of just one cigarette," "another night out in a topless bar with the boys," etc. Don't be seduced again. Remember the bad consequences of your old habit and the good aspects of you new lifestyle.

Chiauzzi (1989) identified several specific trouble spots that lead addicts back into abusing. Be especially careful if you have any of these personality traits: (a) *compulsiveness* --perfectionistic, unemotional, over-controlled--because they come unglued when they backslide, (b) *dependency*--indecisive, clinging--because they go back to drugs when others abandon them, (c) *passive-aggressiveness* -- resistive, procrastinating, blaming--because they drive others away and then can't handle their own anger, (d) *self-centeredness* -- egotistical, pushy--because they don't admit their problems, and (e) *rebelliousness* --impulsive, antisocial--because they resent anyone offering help.

Another ominous sign is replacing the old addiction with another addiction, e.g. compulsive alcoholics become workaholics, dependent eaters smoother someone, sex addicts turn to alcohol, smokers to food, etc. As John Bradshaw says, "They are still sick." The second addiction generates new problems. A third pitfall, according to Chiauzzi, is that 30% of relapsers believe all they have to do is abstain or attend AA. They disregard gaining self-awareness, self-help skills, intimacy, advancement at work, a philosophy of life, etc. They also forget to avoid bars, physical problems, loss of sleep, etc. Constant awareness of all these warning signs helps avoid relapse.

Self-help groups, like AA or Weight Loss groups or Assertiveness Training groups, help you stay on track. Ask friends to help: steer me away from temptations, challenge my over-confidence, support my new behaviors and interests, be sure I can say "no" clearly, come quickly to my rescue when I falter, and remember maintenance is forever.

Practice coping with the *unavoidable* high-risk situations. Think about what you could say and do when faced with the temptation. Get advice and watch others. Role play with friends the situation repeatedly until you are sure you can handle it (chapter 13). Learn a set of self-instructions that will guide you through the dangerous period (chapter 11). You might even test your coping skills in the actual high-risk-of-relapse situations: A smoker could interact with other smokers without smoking; John could go play sports or to the bars to see if he can return to his studies within one hour, a dieter could go out with friends having pizza and just have a light salad, etc.

Learn to make decisions carefully and stick with them (chapter 13). Marlatt points out that not only are the long-range effects overlooked (e.g. John's neglect of his future career) but the lure of the fantasized immediate result is intensified during the first several days of avoiding a strong habit. Examples: "If I could just have a smoke, I'd feel more relaxed" or "If I go out for a drink, I would get over this loneliness and might run into a hot woman." Sometimes the relapse specialists enable the client under controlled conditions to test out their expectations, i.e. have a cigarette or go to a bar and find out the results are not as fantastic as supposed (exactly when this is a wise approach is not known yet--see Brownell, et al, 1986). This is too risky to do on your own. The grass looks greener on the other side of the fence, but it is just as hard to mow!

Sometimes the therapist gives an abstaining-but-tempted drinker a cold beer and after he/she enjoys the wonderfully soothing release of inner tension that the drinker feels can only come from a beer, tells him/her that it is Near-Beer. This is an eye opening experience. In cases where abstaining isn't possible (such as food), and especially where the client just "can't stand the restrictions any more," Marlatt has tried "controlled cheating," i.e. scheduling a big binge for one meal a week. It helps some food addicts (but probably not drinkers, smokers, spenders, gamblers, etc.) stay under control.

Prepare in advance for a lapse (to avoid a relapse). Attempt to limit the loss of control and reduce the feeling that you are a hopeless total failure. Instead, if you slip, just admit that you have made a mistake. (a) *Make an agreement to limit the slip* (to one smoke, one dessert, one hour of TV, one drink) and/or call a helper when you have lost control. (b) Prepare and *carry a "reminder card*" that says something like this, "Slips do occur. They make us feel guilty, that's normal. But don't let these feelings of failure snowball right now into feelings of hopeless despair so that you continue to (smoke, eat, drink, procrastinate). One slip doesn't make a total failure. Stay calm. Learn from this experience. Learn your weaknesses and how to overcome them. Remember why you are abstaining. Recommit yourself. At this time, do this: *get out of the situation* (leave the bar, go back to studying, throw away the remaining cigarettes, cake, drugs, etc.). If necessary *call a friend* at number ____. Exercise or atone for a wrong or do something good. You'll feel better." (c) Later, *practice handling the high-risk situation with a supportive friend*. And, when alone, imagine handling similar situations well.

Any addicted person needs to reorganize his/her life. The needs driving the compulsion can be meet in better ways. The habit-breaker needs more satisfaction out of life, probably requiring a balance of some immediate pleasures and long-term, meaningful goals. Often, a more detached view of the urges and craving (not "ain't I awful" and "I'm a failure") is helpful; it helps the urges fade away. Marlatt and many other researchers (e.g. Brownell, et al.) recommend learning a broad range of self-help skills, much like what is offered by this book. This includes personal problem solving skills,

learning to get a balance between "shoulds" and "wants" in your life, getting exercise and some positive addiction (described by Glasser above), behavior control techniques, increased self-awareness (realizing our rationalizations and denial), and encouragement from friends or a self-help group to vigilantly guard against unwanted choices and actions.

Not all relapse prevention programs have been successful but the majority have been (Irvin, Bowers, Dunn & Wang, 1999). Relapse prevention works best with drugs, only fair with alcohol, and poorly, thus far, with smoking. If you do backslide, relapse prevention helps you recover from lapses (but the training may increase lapses). Some behaviors are very hard to maintain. Many people make the same New Year's resolutions for several years before they find the right "treatment plan." Smokers typically make 3, 4 or more attempts to stop before succeeding. Prochaska, DiClemente, & Norcross (1992) found that relapsers don't necessarily go back to "square one," sometimes they learn from their mistakes, think of a better approach, and build up their courage to try again. Try hard to avoid relapsing but if you do, *don't give up*. This is one of the "hot" areas in self-control, much research is being done.

Controlling simple habits

Nate Azrin and Greg Nunn (1977) offer *Habit Control in a Day*. It is a clinically tested method for stopping nail-biting, hair-pulling, tics, stuttering, thumb sucking, and other nervous habits. They obtained 90% reduction in the habit the first day and 95% reduction within the first week and 99% within a month (assuming you keep working on the problem as prescribed).

The method is simple: learn to *substitute an acceptable but incompatible action in place of the bad habit*. To do this you must observe the bad habit in minute detail. The substitute behavior should (1) interfere with the habit but not with other normal activities, (2) be unnoticeable by others but something you are very aware of, and (3) be a response you can easily do for 3 minutes or so.

Examples of behaviors useful in opposing bad habits are: grasping an object, like a pencil, or lightly clenching your fist. Either could be substituted for nail biting or hair pulling. Likewise, filing your nails or brushing your hair would also be incompatible with nail biting or hair pulling. Also, isometric contraction of muscles opposing the ticking muscles is another example. Consciously breathing in and out slowly and evenly is inconsistent with coughing or clearing your throat; drinking water is incompatible with the same habits.

Next, practice the new response 5-10 minutes every day for at least a week. In addition, mentally rehearse how and when you can use the new response. Once mastered, the new response must be used for *three* minutes *every time* (a) you catch yourself doing the old habit, (b) you feel the urge to do the old habit, (c) you enter a

situation where the old habit frequently occurred, and (d) you realize you are doing another habit that often precedes the bad habit. Examples of the latter would be face touching that almost always precedes nail biting or hair pulling, touching the finger nail before biting it, and feeling your face before picking it. More careful self-observation is needed to discover the situations, activities, and people in (c), and the associated habits in (d).

Azrin and Dunn's procedures also include relaxing in the habit-producing situations, daily practice of replacing the old habit with the new response in the four circumstances described above, asking friends for feedback, showing off your improvements (especially in situations you have been avoiding), and, of course, keeping daily records of progress.

Why is Behavior so Hard to Understand?

All of us, including psychologists, have difficulty understanding why people do the things they do. If behavioral control were simply a matter of immediate, external, observable reinforcement, we would not be so baffled (nor intrigued) by humans. There are several reasons why behavior and feelings are so mysterious.

Classical, operant, and social conditioning are all intermeshed

As mentioned above, everyday examples of pure operant or classical learning are hard to find. They operate together in complex ways. For instance, a stimulus (an insult or a nice body) may elicit an unobservable emotional response (anger or attraction). That's classical conditioning. But the overt response, which may or may not be consistent with the emotional reaction to the offending or appealing person, depends on many complicated factors, including needs, self-evaluation and confidence (that's Social Learning Theory), anticipated + and- consequences (that's social and operant conditioning), and other forces. What actually happens, including how the other person reacts, after we overtly respond influences how we feel (classical) and how we respond (classical, social, and operant) in similar situations later on. My simple point is: it's complicated. Yet, knowing the theories of learning, motivation, and self-control reduces some of the mystery.

The payoffs for a behavior are multiple and may change over time

Smoking is a good example. Like my coffee drinking mentioned above, one has to learn to like cigarettes. That means puffing on a cigarette must have been paired thousands of times with the satisfaction of powerful needs: peer approval? a sense of adventure or grown-upness? eating and drinking? relaxing? having a good time? Eventually cigarettes taste good. But at a later stage, after thousands

of more puffs, cigarettes do more than taste good; they help the smoker calm down; they become a handy tranquilizer; they become an important part of the smoker's life. How? Unwittingly the smoker pairs smoking with relaxation: after a meal, watching TV and having a beer, during a rest period, after sex (Oh, yes!), etc. Therefore, a relaxed response is conditioned to cigarettes. Naturally, an uptight smoker would then habitually use smoking as a way to relax. It's complex but more understandable why, in spite of the health hazards, awful breath, and wasted money, smokers continue to smoke and find it very hard to stop.

Just as the payoffs for smoking are multiple and change over time, the same is true for drinking or drugs. Another way of thinking about it is that the "causes" change. For example, at first we may drink to experiment or for excitement or to have fun with friends (see, I watch the commercials). Later, depending on our unique needs, one person may drink in order to socialize and to feel confident enough to approach the opposite sex. Another person may learn to feel powerful while drinking and become aggressive and argumentative; another may enjoy the closeness and caring intimacy with his/her own sex. Finally, a person may drink alone to deaden the pain of loneliness or old age or marital problems or illness. As time passes, drinking serves different purposes, probably several all mixed together. That makes it harder to understand.

Behaviors may continue without constant rewards

Indeed, the most persistent behavior is only occasionally rewarded, called partial or intermittent reinforcement (Ferster & Culbertson, 1982). That's easy to see. Consider two salespeople, one sells a product almost every time he/she approaches a customer, the other sells another product only occasionally, say every 20-25 customers. Which salesperson will continue trying to make a sale the longest without getting discouraged and giving up (assuming no one is buying)? The salesperson who has learned to expect a lot of rejections. Consider another situation: Who will nag or complain the longest? Person A who ordinarily gets his/her way as soon as he/she gets unhappy or person B who doesn't always get his/her way but has had to really get nasty and upset before the other person caves in? Obviously, person B. Person A has had little experience dealing with unresponsive individuals, whereas person B has been trained by some people to expect the other person to give in if he/she gets very obnoxious.

Many of our behaviors are only occasionally reinforced. Gambling and nagging are good examples. Being open and honest, bragging, being seductive and flirting, working extra without pay, reading a self-help article and so on, only occasionally yield a payoff. If these behaviors get partially reinforced often enough, the behavior may become remarkably persistent, as though it is a "part of you." On the other hand, when too much work is required for the payoffs, we

usually begin to lose interest and the behavior declines. But not always...read on.

Behavior that has at one time served a useful, obvious purpose and become well established may continue long after it is needed. Examples: a person just starting in business may need to "pinch pennies" and make shrewd deals to survive; thus, being a Scrooge is reasonable and rewarded. However, a rich person may continue to be a Scrooge when it isn't necessary. Spending money in a way that early in his/her career would have been reckless still creates anxiety in the wealthy person. Frugality continues because it still feels good to save and be shrewd. Likewise, a workaholic may put in 12 hour days for years after he/she has become successful. The hard work still reduces his/her anxiety. The effective rewards are still there, they are just internalized.

There are two implications: (l) if the reinforcement situation changes and you have to persevere longer than usual to reach the goal, you may not continue long enough to get rewarded. John, the procrastinator, may not have learned (or accepted reality) that more work is necessary at this level for a good grade. (2) If you unthinkingly continue an old behavior, you may neglect better alternatives. After being dumped, a lover may avoid loving anyone else for a long time. Keep considering your choices. The rejected person can love again, the workaholic can relax, the greedy can be generous. But only if they think about changing.

Reinforcement can be positive (adding rewards) or negative (removal of something unpleasant)

Everyone understands what rewards are--getting money, praise, pleasure, etc. The process of providing something pleasant--a reward--following a behavior in order to strengthen that behavior in the future is called "positive reinforcement." We discussed this under operant conditioning. There is a different procedure called "negative reinforcement." It involves taking away or escaping an *unpleasant* stimulus or situation. This escape is, of course, pleasant and reinforcing, i.e. it strengthens the behavior immediately preceding the escape of something unpleasant. Examples: if a whiny child becomes quiet after you threaten him, your use of threats is reinforced. If your friend's obvious irritation is reduced by your giving in to her/his wishes, your submissiveness is reinforced. If you feel more comfortable abiding by the rules, obeying laws, doing your homework, or following traditions, your "good" behavior is partly the result of negative reinforcement (escaping criticism or punishment or guilt).

Negative reinforcement is an important key to understanding human behavior. Any behavior that reduces an unpleasant feeling or threat is reinforced. Examples: anxiety may be reduced by obeying parents, doing homework, rationalizing, or escaping into TV. Sadness may be lessened by drinking, smoking pot, making up with someone,

or visiting friends. Annoying behavior may be stopped by threats, violence, giving in, requesting they stop, or leaving the situation.

This process of strengthening a prior behavior by removing something unpleasant is also important in the development of fears (chapter 5), procrastination, compulsions, dependency, obedience, and anger. Why is anger so well learned in so many people? Because it stops things we don't like (see chapter 7). The attacker's angry response is strengthened by getting his/her way. The attackee gives in to escape the attacker's anger and/or use of punishment (and learns to be submissive, as mentioned earlier).

Many people confuse negative reinforcement with punishment. Since negative reinforcement sounds like the opposite of positive reinforcement (or a reward), people wrongly assume it is punishment. Actually, punishment and negative reinforcement are opposites: punishment *causes pain,* negative reinforcement *avoids pain*. Thus, punishment and negative reinforcement have the opposite effect--negative reinforcement strengthens the previous behavior, punishment reduces or stops the preceding behavior (at least while the punisher is around). The terms will be clear if you realize there are two kinds of reinforcement and two kinds of punishment:

Concept Process

- positive reinforcement: giving or getting something pleasant, e.g. a weekly pay check or a compliment
- negative reinforcement: taking away or avoiding something unpleasant, e.g. avoiding stress by not trying for a position
- positive punishment: administering or receiving something unpleasant, e.g. being fired or spanked or getting an "F"
- negative punishment: taking away or being deprived of something pleasant, e.g. being denied TV or fun activity or the car

Reinforcement usually increases the likelihood that the preceding behavior will re-occur. Punishment usually reduces the chances the behavior will re-occur. Further confusion comes from the fact that negative reinforcement often involves escaping or removing the threat of punishment or obtaining relief from something else unpleasant, like anxiety or anger or guilt. For example, when we study hard for an exam, the threat of getting a "F" because we didn't study is removed. Not going to the dentist is a way of avoiding fears. All four concepts are important (see chapters 8 for passivity, 9 for punishing children, 11 for self-punishment and self-applied negative reinforcement). Much mysterious human behavior is the result of negative reinforcement.

Extrinsic and intrinsic motivation: when do rewards harm?

Extrinsic and intrinsic motivation

Most people understand the concept of intrinsic satisfaction or intrinsic motivation, i.e. when an activity is satisfying or pleasurable in and of itself. Naturally, these activities are things we like and want to do. For most of us, intrinsically enjoyable activities are things like eating, resting, laughing, playing games, winning, creating, seeing and hearing beautiful things and people, being held lovingly, having sex, and so on. To do these things we don't need to be paid, applauded, cheered, thanked, respected, or anything--commonly we do them for the good feelings we automatically and naturally get from the activity. Intrinsic rewards also involve pleasurable *internal* feelings or thoughts, like feeling proud or having a sense of mastery following studying hard and succeeding in a class.

Many, maybe most, activities are not intrinsically satisfying enough to get most of us to do them consistently, so extrinsic *motivation* needs to be applied in the form of rewards (positive reinforcements), incentives, or as a way to avoid some unpleasant condition ("negative reinforcement" or punishment). Examples: You work doing an ordinary job for pay. You study for good grades or to avoid failing or to prepare for a good future. You do housework to get a clean, organized house and/or a spouse's appreciation or to avoid her/his disapproval. A teenager comes home from a date on time in order to avoid being grounded. These are all activities that are commonly sustained by external pay offs, not because you love working, studying, cleaning, and coming home early.

Intrinsically and extrinsically motivated activities may look the same on the outside but they are quite different. For instance, studying primarily to get good grades or for someone's praise or to get admitted to graduate school is internally different--it feels different and our focus is different--from studying because learning fascinates you or makes you feel proud and confident. These activities are experienced differently and they occur under different conditions of reinforcement; however, both intrinsic and extrinsic rewards (reinforcements) are very important to every person... and complexly intermixed. It is usually easier to set up or arrange extrinsically motivating conditions than to increase one's intrinsic interest and satisfaction in some behavior. So, it isn't surprising that our culture attends more to providing social-economic pay offs than to increasing intrinsic satisfaction at work or in school.

A brief technical point: Behavior Analysts do not use the term "reward" because it is not precisely defined. They prefer the term "reinforcer" because, by definition, a reinforcer increases the frequency of some prior behavior. On the other hand, the term "reward" in everyday language usually means trying to support or strengthen some desired behavior by making that behavior pay off or pleasant. However, we do not know for sure the consequences of giving a reward. Therefore, it seems appropriate, in the context of imprecise real life, to use the word "rewards." As we will soon see, rewards do not always strengthen the previous behavior.

Extrinsic reinforcement has been discussed earlier in the chapter and the details about arranging rewards to increase the frequency of a desired behavior are given in chapter 11. As explained there, to be effective motivators the extrinsic rewards and intrinsic satisfactions have to be clearly "contingent" (closely following or associated with) or caused by the target behavior. There is also a short section in chapter 11 about increasing intrinsic satisfaction.

It is noteworthy that "addictions" seem to be intrinsically satisfying behaviors that have also acquired the additional capacity to reduce our anxiety level or meet some other emotional needs. This combination of intrinsic pleasure with pain reduction pushes the addictive behavior out of control. See the discussion of addictions near the end of this chapter.

The controversy about rewards and intrinsic satisfaction

There are many activities that are intrinsically satisfying to some people but not to other people. Consider how differently people feel about studying for class, reading scientific information, playing competitive games, watching sports, dancing, cleaning house, taking risks, and so on. This diversity certainly suggests that our past experiences can have a powerful influence on determining what is intrinsically satisfying to an individual. In many activities, intrinsically satisfying aspects combine with extrinsic pay offs, e.g. we intrinsically enjoy conversing and, at the same time, we get attention, praise, support and useful information. Or, if we are very lucky, we get great satisfaction out of our work *and we get paid*. In these cases where intrinsic and extrinsic motivations are mixed, one might suppose that over a period of time the accompanying extrinsic reinforcements gradually increase our intrinsic enjoyment of the activity... and perhaps vice versa. That is, a high salary may, in time, make the work seem more enjoyable. And highly satisfying work may help one feel okay about a low salary or even proud of doing important work for little pay.

It would be ideal, perhaps, if we intrinsically enjoyed all the activities we need to do, like study, work, clean out the garage, accurately keep our check book balance, etc., etc. Of course, there are some activities that have been made satisfying by our biology. Sexual stimulation is enjoyable innately. Achievement and mastery give most of us a good feeling. Loving and being loved are usually great joys. Believing that a powerful God is closely attending to us and will protect us might well be quite gratifying and reassuring. We don't have to set up these particular behavior-reinforcement contingencies; they are mostly pre-arranged by nature or our culture.

It seems likely, since we aren't born with a need to clean house or a resentment of that chore, that intrinsic satisfaction can be increased or decreased by our learning experiences, thought processes, and other reinforcers in the environment. Changing intrinsic satisfaction is very unexplored territory, even though there has been a big 20-year

controversy about whether or not giving extrinsic rewards, like money, reduces a person's interest in doing tasks that are already quite interesting.

The loudest voices during this argument have contended in many articles and books that providing a lucrative or intense incentive program to encourage high productivity is likely to actually reduce the employees' intrinsic interest in their work and, thus, would be, in the long run, counterproductive. Or, the classic contention in education is that giving extrinsic rewards, like money for "A's," for doing something that could or should be quite pleasurable, like studying, would reduce the intrinsic satisfaction obtained from studying and be problematic in the course of a life-time of learning. Intuitively, that notion sounded believable...and some research supported it... but the crux of that argument was that rewarding behavior makes the behavior less likely to occur. That is counter to the basic laws of learning. What are the facts (as of today)?

Recent research and the controversy

Cameron, Banko and Pierce (2001), spokespersons for one side of the debate, recently reviewed over 100 studies assessing the relationship between receiving rewards for some behavior and the subsequent intrinsic interest in that behavior and concluded:

(1) Considering the overall results, receiving rewards does *not*, under all conditions, reduce one's intrinsic motivation to carry out the task (later without a reward).

(2) Rewarding persons for carrying out tasks of low interest tends to increase the intrinsic pleasure one gets from doing the task. So, rewards are important in increasing intrinsic satisfaction with or motivation to do low-interest activities.

(3) Receiving verbal praise and positive feedback increases the intrinsic satisfaction derived from that activity. This is true while doing both high-interest or low-interest tasks.

(4) The effects of receiving tangible rewards while doing high interest activities depends on the specific conditions under which the rewards are given. If the rewards are tangible, announced ahead of time, and explicitly offered for completing a task or for doing well on the task, the intrinsic interest in doing these tasks is less during a later free-choice time period. (In other words, make the task like "work for pay" or like a job you are directed to do and people will lose some interest.) Likewise, rewarding each unit successfully completed or solved ("piece work") also reduced intrinsic interest (while often increasing productivity!). Moreover, not surprisingly, if the reward is dispensed in such a way as to imply that the performance was poor, that will also reduce intrinsic interest in the task. (People don't like to be pushed, controlled, or told they are failing.)

On the other hand, when rewards, such as praise, are based on performance standards that imply one is doing well and performing competently, then the intrinsic interest increases. (People like to be told they are doing well.) Indeed, in real life studies, Flora and Flora (1999) have reported that even paying or otherwise rewarding children for reading books did not have a negative effect on their reading or their intrinsic interest in reading in college.

In certain ways, both the Behaviorists (who lecture to us about the use of non-technical terms, such as rewards) and the Cognitive Evaluation theorists (who contend that giving extrinsic rewards to students kills their love of learning) seem to be right *part of the time*. Rewards sometimes reduce our interest in an activity and sometimes they stimulate our interest. You need to know when rewards help and when they harm. Some guidelines for deciding when and how to best use rewards are given above, but these decisions are often rather difficult. Let's see if we can understand the effects of rewards better.

Why and how external rewards sometimes reduce intrinsic satisfaction

Experiencing intrinsic satisfaction is something that rather automatically occurs inside us, it doesn't depend on conscious intention, anyone else doing anything, or even on the existence of a tangible reward. It is a feeling, not necessarily an action; it may not be detectable by others. We probably feel vaguely responsible for liking to read or paint or garden... but we may not be able to explain it. Ask someone why he/she likes to read history or work on cars, and they will say, "Oh, I just like to do it" or "I just find it interesting." It is a free, naturally occurring, and dependable pay off. Getting it arranged in the first place may be difficult.

On the other hand, extrinsic pay offs are pretty obvious--we get a pay check, grades, compliments, etc. Usually, there isn't anything subtle or vague about the connection between our behavior and the reinforcement; we know what the behavior leads to what consequences. It is quite clear that only a few rewards are arranged by us for us, i.e. for self-control, but most rewards come from others, including our economic and social systems. Indeed, many of us are well aware of life-long experiences with people--parents, caretakers, teachers, bosses, friends, spouses--trying to use extrinsic motivators to get us to do a million things that we don't really want to do. They try to motivate us with rewards, including money, criticism, grades and evaluations, promises or bribes, sweet talk and praise, pleas, threats of rejection or resentment, etc.--all are extrinsic motivators, several involve the use of power. Partly as a result of these experiences, most of us, since about age 3, harbor some *resistance to external control*. We would like to feel free and competent and "in control" or "I'm doing it my way." Of course, getting a reward which signifies that we are doing something valuable and/or doing it exceptionally well is certainly different from getting the same reward for "doing what I asked you to do" or for "living up to my standards."

So, it is not surprising that many of us resist external pressure (and, thus, some aspects of extrinsic motivation).

Also, note that if an extrinsic reward system has been designed to control one's actions and quickly produce some product or accomplish a very precise outcome, the required actions will very likely focus one's attention on each small precise step and on speed, like a robot. This concentration on efficiency results in little time to think about how to make improvements in the process, little motivation to be creative, and little intrinsic satisfaction in the activity. This concentration on performing well is also often true when we are competing and trying to win. In a similar way, when we strive to gain someone's praise or approval, that effort is likely to detract us from actually enjoying accomplishing the task (but we like the attention, if we get it). For a variety of reasons it frequently feels better doing what we want, how we want to do it, and at our own pace. Autonomy and freedom from demands is the preferred state for many of us...BUT without explicit directions and guidance will students learn what others think they should learn? Some will, some won't. Without clear guidelines and rewards for carrying out one's work will we be as efficient as others want us to be? Probably not, so some tension between "freedom" (intrinsic motivation) and control by others (extrinsic), often using rewards, continues. This isn't just a conflict within a person; it is a group or social argument. Since the joy of learning and of enjoying your skills at work are highly valuable reactions to have, teachers and employers naturally became concerned about the provision of incentive programs based on certain kinds of extrinsic rewards given under overly-controlling conditions.

Much, much more study is needed but it seems that rewards, in general, are highly beneficial and appropriate to use, except when people are engaged in activities that are already high-interest (and probably don't need additional motivation) or could be. This conflict between intrinsic and extrinsic motivation is important to understand both when we are simply trying to understand behavior and when we are trying to arrange optimal conditions for encouraging desired behaviors. Therefore, I will discuss several more situations that hopefully will shed more light on this unique behavior management problem.

Rewards and intrinsic satisfaction in conflict--a rare but real event

Sometimes, rewarding a behavior makes it *less* likely to occur in the future (Kohn, 1993; Cameron, Banko, & Pierce, 2001). Wow! That seems strange. It is contrary to everything else I'm telling you in this book. How could this happen? We will discuss several interesting circumstances, some based on research but others involve pure speculation:

(1) Some so-called "rewards" can have insulting implications, such as "Son, I'll give you a dollar to mow the lawn" or "Honey, I need

more sex; I'll give you $5.00 every time we make love." While these examples are rather silly, it isn't uncommon to hear someone say, "I'm not going to work for minimum wage." The poor pay ("reward") can be seen as demeaning.

Overly glowing praise can sometimes imply that you have limited ability, such as when people say to you, "It's great you did so well!" and it is clear that they didn't expect you to do nearly so well. If the basic message is that they think you have little ability, that is not rewarding.

(2) As the research summarized above shows, rewards may sometimes reduce the intrinsic satisfaction we get from an enjoyable activity. There is a wonderful baseball story that may illustrate this outcome, called the "over justification effect." An old man was bothered by kids playing ball and yelling every day in an empty lot next to his house. He knew he couldn't just chase them away. So, he offered each one of them 25 cents (this was years ago) to play and yell real loud. They always played there anyway and the addition of money was great, so they did. He did the same thing the next day and the day after that, urging them to make a lot of noise. The kids were delighted. On the fourth day, however, the old man told them he was sorry but he could only pay them 15 cents. They grumbled but did it anyhow. The fifth day, he told them he could only pay 5 cents. The kids left and never came back! Why did this happen? Remember attribution theory? Perhaps the old man had changed the kids' thinking from "I love to play ball here" to "I'm just playing here for the money (an over justification--an over emphasis on the money)." In this way, a little "reward" seemed to *reduce* the overall satisfaction the kids got from playing. Of course, the kids may still love playing somewhere else, just not for the old man. However, haven't you heard people say, "I just work for the money" or "I just study for the grade?" They are over justifying too and are depriving themselves of many satisfactions. It's not surprising that people lose interest in things they have been bribed to do (Kohn, 1993).

On the other hand, if the old man had wanted to *increase* the playing and noise level, he could have given them the money each day and never reduced or stopped it. I don't know this for sure but their love of the game would probably have increased with the addition of monetary rewards for just showing up (without the demands for more noise), especially among the kids who only marginally liked playing ball. So, it was likely the manipulative taking away of the money and the demands that caused the kids to stop playing, not the giving of extrinsic rewards.

Others believe there are other kinds of risks in using rewards. Adlerian psychologists oppose rewards because they emphasize the controlling or superior position of the rewarder and the dependent, inferior position of the rewardee. As mentioned above, many people resent reward systems; they feel they are being treated like a child or in a mechanical, impersonal, manipulative manner. Conversely, people

in power sometimes oppose giving rewards, e.g. to disadvantaged students for studying because "that is what students should be doing anyhow." (No one ever says, "Don't pay leaders or professors... that is what they should be doing anyhow.") In fact, 150 years ago New York City schools established a reward system (like today's "token economies") paying students for doing well. A few years later the experiment, which had been successful, was terminated because it "encouraged a mercenary spirit." All this opposition to rewards makes it hard to establish effective systems. By recognizing and balancing both extrinsic and intrinsic reinforcement perhaps we can get our motivational systems to work better.

For instance, suppose John (the case we discussed earlier) had decided to stop procrastinating for one semester. If his grades improved a lot, that would have reinforced studying. But grades are extrinsic (like the old man's 25 cents), and as long as his grades are good enough, he is okay. But, John has done nothing to increase his intrinsic satisfaction, such as saying to himself "this is interesting stuff" or "I'm proud of myself" or "I like learning useful information." If his grades don't go up and stay up, he may give up and resort to playing again. Thus, like the kids playing ball, John needs to be aware of and work on getting more extrinsic *and* intrinsic reinforcement for studying. It is a lesson for most of us. Many of us see our work as boring and meaningless, even though we are producing a wonderful product or service for someone. We have lost the intrinsic satisfaction (pride) the craftsman had in his work.

(3) Some rewards are used as bribes. This means they are usually offered after the other person has been resisting or procrastinating. Thus, the reward may reinforce resisting again in the future rather than doing the task without being reminded. Example: Suppose your 13-year-old has put off her chore of mowing the lawn for 3 or 4 days but you want it done before company comes this evening. So, you say, "Jane, besides getting the usual $20, you can spend the night at Nancy's, if you mow the lawn before seven." Does that reinforce mowing the lawn or procrastination? Clearly, procrastination... or maybe both (but what else can you do, if you want the lawn mowed!).

When children are "offered" a reward for reading, they tend to choose the easiest and shortest books, not the most interesting, informative, or provocative. Please note that the children are negotiating the smart "business-like" way, i.e. getting the most pay off for the least amount of work! The parents might be well advised to first discuss with their children how to wisely choose a book.

To the extent we do anything--work or play--for an external payoff, even for praise and admiration, we may start to feel controlled by the payoffs. For instance, focusing on what is called "ego involvement ," such as "am I doing better than others?" or "are they watching and thinking I'm doing a great job?", seems to reduce our "task involvement" and intrinsic satisfaction in actually performing the task. Thus, we might start to believe that *the task isn't worth*

doing unless others are impressed or unless someone is paying us to do the task.

(4) Rosen (1982) found that asking phobic subjects to reward themselves disrupted their progress in using another method (desensitization) to reduce fears. He suggested that compliance with instructions is greater with simple instructions. He felt that adding self-administered rewards complicated things too much. (Note, however, that Rosen's subjects were *told* to self-reward; they did not plan their own project and decide to do this on their own.)

(5) Both behavioral and cognitive-oriented researchers have reported that extrinsic rewards, like money or an award, may under several specific conditions harm the performance on interesting, creative tasks. Kohn (1993) documents this harm done by rewards in many instances. It is a serious concern. Here are a couple of examples of studies: young children lost some interest in their favorite art work if they were asked to "do good work for 2 weeks" to get a reward. Similar children just left alone did not lose interest. Of course, rewards are necessary with *uninteresting* tasks, like most service jobs and factory work. However, paying persons for doing interesting, satisfying tasks, such as tutoring young children, led to a poorer performance, less satisfaction, and more irritability. Offering $20.00 to give blood discourages some people from giving. John Condry called rewards "the enemy of exploration."

In many of the experiments in this area, the behavior linked with extrinsic rewards became somewhat (not radically) less likely to occur after the rewards ("bribes") are withdrawn. Perhaps, as in the case of the old man paying the boys playing ball, it is the withdrawal of former rewards that is problematic. The most believable explanation for these results, however, is that being paid off for doing something makes it seem more like work than fun. If a person were reading/studying without extrinsic reinforcement (not being paid or graded or looking for a job), he/she might say, "I must really find science and history intriguing; I read it so much." A task seems less enjoyable and less interesting when it is something you "have to do" in order to get a reward; you forget the good and satisfaction in doing the task. Interestingly, rewards in the form of praise for doing good work (and being able) seldom reduce interest and usually increase it.

Please note that almost all these "problems" with rewards occur only *when the reinforcement is controlled or manipulated by someone else*. Self-reinforcement (and even self-punishment) may be less problematic. When a person feels in control and doing something intrinsically satisfying, they feel positive, self-directed, and competent. The implications are that living according to your values is important (see chapter 3) and that one should find interest and satisfaction in his/her work and studies. It is a tragedy that learning in school is potentially fascinating but becomes dull and stressful, a place where we are controlled, threatened with bad grades, and forced to do meaningless assignments. Work, making something valuable for

another human being, becomes boring and selfish, i.e. done only for the money. How sad. We could change our view of the world and our explanations of our own behavior (see method #15 in chapter 11). Extrinsic rewards alone may produce an achieving society, but not necessarily a caring or happy society.

Don't jump to the silly conclusion, as some writers seem to suggest, that all extrinsic rewards are bad or ineffective. Rewards are vitally important, especially in self-control and with important tasks that are not highly interesting to us. Rewards given in an undemanding, encouraging, complimentary way even increase our intrinsic satisfaction doing tasks we have always liked to do. In this chapter and chapter 11, we will see the importance and power of rewards repeatedly. Rewards used wisely may be our most powerful tool for changing and maintaining behavior. But it may be a serious concern that our society is becoming so focused on the extrinsic and materialistic payoffs that, like the kids playing ball, we, as a society, are in danger of overlooking the many important intrinsic satisfactions in life. Intrinsic motivation can be engrossing for some people but for many of us it can easily be overpowered by commercialism and self-centered greed for trinkets and luxury. Our culture's increasing concentration on materialism, especially how much money we make, detracts us from the intrinsic pleasures of being caring, giving, just and fair, and just living morally with every living thing.

The conflict between intrinsic and extrinsic motives, viewed in a broad sense, seems to me to be neglected (see chapter 3). Maybe you can change that in your life. How both kinds of motivations are wisely used by a rational society is crucial to building a good life or a wise, empathic world community. Intrinsic interests can even improve one's self-care and health. For example, Curry, Wagner & Grothaus (1990) found that smokers were more likely to quit if they had intrinsic motives (better health, pride in self-control) than if they had extrinsic motives (save money, avoids disapproval of others). Researchers are also finding that intrinsic satisfaction in performing meaningful, important tasks is not only related to how much we *achieve*, but also to having high *self-esteem*, to *self-efficacy* or believing we are competent to handle work and problems, and to thinking of ourselves as being *self-directed*--in control of our lives.

Enjoying work and "getting into the flow" of the work

One of life's biggest decisions is what career to pursue. Learning to enjoy our work is a complex matter: (1) Intrinsic motivation to learn is complexly related to achievement. Examples: Intrinsic motivation, of course, leads to achievement, but achievement leads to more intrinsic motivation too. Why wouldn't a confident, contented, self-satisfied, self-motivated, self-controlled student or worker enjoy his/her studies and work more? But *intrinsically motivated* gifted students may see grades, college admission, and teacher evaluations, even praise, as unpleasant unwanted controls and pressures. These external pressures may be considered unimportant or be resented and resisted. On the

other hand, certain *extrinsically oriented* students may need parent, peer, and teacher evaluations, especially praise, but, at the same time, see little connection between their efforts and their grades; thus, average grades may be less threatening to their ego. Other extrinsically motivated students are in a panic about their grades. We are just beginning to explore these important areas. Life's joys are largely intrinsic; lots of material things don't always make us happy. Satisfaction is gained in different ways by different folks, and you can change your way if you want to.

(2) Intrinsic satisfaction in our work is critically important. We spend 40 years at work--almost 100,000 hours. Csikszentmihalyi (1990) describes a welder in Chicago who was the "master mechanic" in his shop. Yet, he refused promotions to management; he didn't want to be "the boss." Joe worked in the same shop for over 30 years; he knew every piece of equipment and was fascinated with how it worked. When there was a problem, Joe could fix it. Most surprisingly, he loved his work; he enjoyed any job assigned to him; each job was an interesting challenge. After work, Joe didn't go to a bar with buddies to "forget about work," he went home and worked in a beautiful garden. With this attitude, it isn't surprising that Joe was liked and admired by everyone. Csikszentmihalyi calls this "flow"--fascination, concentration, and contentment with the task at hand. What a gift! Over 2000 years ago, the Chinese called it "Yu"--the proper way to live, without concern for external rewards, with joy and total commitment. Wouldn't it be wonderful if we could all "flow" most of the time? The recipe for flow isn't figured out for sure yet--too complex (see chapter 14, however). But a few lucky people figure it out for themselves. I found it right here writing to you. It involves a positive attitude.

Unconscious motives and payoffs

If, as we have seen, we are unaware of motives, payoffs, and blocks in our behavior, naturally we won't understand ourselves, not entirely. Chapter 15 will deal with unconscious processes in great detail, but here let's clarify the notion of the unconscious. There are probably thousands of neural processes constantly going on in our heads. Our brain is not built in such a way that we know about most of these processes; we are only aware of the final product. Examples: We remember our high school but we don't know the process by which the brain remembers it. We get jealous but we don't know the mental-emotional process that generates the feeling. We come up with a good idea but we don't know the process by which the idea was created, it just occurred to us. Thus, this is one kind of unconscious--necessary mental processing you have no natural means of knowing about.

Another kind of unconscious, sometimes called "preconscious," is when you do something automatically, without thinking. We brush all our teeth without thinking about each detail. We walk, dress, eat, smile, and even ride a bike or drive a car without much conscious thought. We could tune into these events and some of the thought

processes involved *if* we chose to do so. This is mostly a beneficial unconscious process.

A third semi-conscious process involves the defenses, wishful thinking, and excuses used to allay our own guilt and anxiety. Often we quickly "go for" the immediate reward and overlook the long-range consequences--we eat the fatty meat and forget our health. Or we overlook problems in our marriage until our spouse files for divorce. Or our motives are so numerous (and rationalized) that we deny some of them--we have several reasons for accepting a certain job but neglect our attraction to someone we will be working with. Or we are convinced we must have a new car and don't even consider the economic advantages of an older, smaller car. Gaining self-awareness, which isn't too hard in some of these cases, involves getting a clearer view of these motives and payoffs (chapters 9 & 15). Perhaps some distortions of reality help us cope, e.g. avoiding thinking about our unavoidable death or thinking of heaven may be helpful.

Lastly, some psychologists believe that the unconscious primarily contains repressed urges and thoughts. Repression supposedly occurs because the thought is too awful, too serious (not just an excuse to buy a new car), too psychologically painful, to admit to ourselves consciously. If an idea were not shame or guilt-producing, you could supposedly think of it consciously with a little effort. Some ideas are very hard to face; in suicide people kill themselves to avoid painful ideas. According to the Freudians, we are selfish and driven by sexual and aggressive urges that we can not stand to think about, things like the desire for forbidden sexual activity, the urge to harm ourselves or others, the wish to dominate others, and so on. It would be possible for unseen parts of our brain to have these urges, other parts could detect these urges and develop some defenses against the urges, defenses that seem irrational and look neurotic or psychotic. Experts disagree about how much these "terrible" repressed motives affect our daily lives. You can decide for yourself, but surely these unacceptable thoughts and feelings are inside us sometimes and they would surely affect our behavior.

Experts also disagree about the importance of understanding your history and internal dynamics in order to figure out how to change. Behaviorists contend that this information isn't necessary; they think all one needs is a change is the environment so that the desired behavior is more reinforced than the unwanted behavior. Most other psychologists would disagree. I agree with the behaviorist in the sense that simple behavioral self-help (or therapy) methods *may* change very complex, poorly understood aspects of our lives, but we can't count on these simple methods always working. However, if I had my choice, I'd rather that we all were omnipotent and understood all our life-history, the laws of behavior (conscious and unconscious), the dynamics and methods of changing--everything!

A little experience with self-help shows the importance of keeping an open mind about causes and methods. Several years ago a bright

student in my class was having difficulty studying because she wanted to party, relax, and socialize. She diligently tried rewarding studying by socializing afterwards (which works for many students). It didn't work for her; she partied all the time. In the meantime, she became interested in Transactional Analysis (see chapter 9) as a means of gaining self-understanding. After recognizing her "child's" need to play and socialize, she started to have fun first (satisfying the "child"), then she could study (satisfying the "adult"). For most students it works better to say, "work first, then play." For this unique student, and contrary to learning theory (on the surface), it needed to be turned around--play first, then work. Or another way to say it is that she needed to attend more to her emotions (levels II and V) than to her behavior. Or, Maslow would say she needed to take care of her social needs before self-actualizing as a student. Few of our behaviors are simple.

Procrastination

In this chapter, we first looked at how-to-change, i.e. learning new behaviors or increasing our motivation to act differently. Then, we considered why behavior is so hard to understand. Now, we will attempt to apply some of this information to understanding a common problem--procrastination, i.e. putting off doing something important. Solomon and Rothblum (1984) found that 65% of college students want to learn to stop putting off writing term papers, 62% feel the need to study for exams more promptly, and 55% hope to read their assignments earlier. Most of us procrastinate some. What are other signs of procrastination besides waiting until the last minute to do something? Try these on for size: being reluctant to take risks or try something new, staying at home or in the same old job, getting sick when faced with an unpleasant job, avoiding confrontations or decisions, blaming others or the situation ("it's boring") for your unhappiness or to avoid doing something, making big plans but never carrying them out, and/or having such a busy social-recreational calendar that it is hard to get important work done.

This list of symptoms suggests that procrastination, which at first sounds like a simple behavior, is, in fact, quite complex. It involves emotions, skills, thoughts or attitudes, and factors we are unaware of. Furthermore, the causes and dynamics of putting off an important but unpleasant task vary from person to person and from task to task for the same person. For instance, you may delay doing your math assignment but fill out an application for school immediately. Hopefully, understanding how and why we procrastinate will help us change it. We may even learn more about what is commonly called "will power."

Procrastination is a strange phenomenon. Its purpose seems to be to make our life more pleasant but instead it almost always adds stress, disorganization, and frequently failure. Ellis and Knaus (1977) and Burka and Yuen (1983) describe the process: (1) You want to achieve some outcome, usually something you and others value and respect--"I've got to start." (2) You delay, briefly thinking of real and imagined advantages of starting to change later--"I'll do it tomorrow when I don't have much to do." (3) You delay more, becoming self-critical--"I should have started sooner"--and/or self-excusing--"I really couldn't have left the party early last night, my best friends were there." You may hide or pretend to be busy; you may even lie about having other obligations. (4) You delay still more, until finally the task has to be done, usually hastily--"Just get it done any old way"--or you just don't have time--"I can't do this!" (5) You berate yourself--"There is something wrong with me"--and swear never to procrastinate again and/or you discount the importance of the task--"It doesn't matter." (6) You repeat the process almost immediately on other important tasks, as if it were an addiction or compulsion.

The wisest course of action, most of the time, would be to simply do the unpleasant task as soon as practical, while we have enough time to do the job right and get it over with, not prolonging our agony. But we put it off. Why? There are many possible reasons: (1) we feel good about setting goals and declaring that we are going to change or succeed "sometime," (2) by procrastinating we shorten the time we actually have to work on the task, and (3) much of the time we avoid the unpleasant task altogether. Research has shown that 70% of New Year's resolutions are abandoned by February 1.

Discipline is... 1. Do what has to be done; 2. When it has to be done; 3. As well as it can be done; and 4. Do it that way every time.
-Bobby Knight

In recent years, most psychologists have come to believe that the act of procrastinating can best be understood by identifying the *emotions* associated with or underlying the behavior. Actually, procrastination is an attempt to cope with our emotional reactions. What are these emotions? Fear of failure or success is the most likely emotion (this includes panic when we set impossible goals). Anger is another possible emotion (this includes rebellion against control). Dislike of the work that needs to be done is another. Obviously, depression can slow us down (and failing due to procrastination can depress us). Seeking pleasure is another disruptive motive. So the task for the procrastinator becomes (1) correctly identifying your form(s) of procrastination and (2) finding a solution for your specific emotional reaction. Not an easy job.

Types of procrastinators

It may help to think in terms of *two fundamental kinds* of procrastinators: one tense and the other relaxed. The tense type often feels both an intense pressure to succeed and a fear of failure; the relaxed type often feels negatively toward his/her work and blows it off--forgets it--by playing (Solomon and Rothblum, 1984). John, described early in this chapter, is the relaxed type; he neglected his school work but not his socializing. This denial-based type of procrastinator avoids as much stress as possible by dismissing his/her work or disregarding more challenging tasks *and* concentrating on "having fun" or some other distracting activity; if their defense mechanisms work effectively, they actually have what seems like "a happy life" for the moment. More about this type later.

The tense-afraid type of procrastinator is described by Fiore (1989) as feeling overwhelmed by pressures, unrealistic about time, uncertain about goals, dissatisfied with accomplishments, indecisive, blaming of others or circumstances for his/her failures, lacking in confidence and, sometimes, perfectionistic. Thus, the underlying fears are of failing, lacking ability, being imperfect, and falling short of overly demanding goals. This type thinks his/her worth is determined by what he/she does, which reflects his/her level of ability. He/she is afraid of being judged and found wanting. Thus, this kind of procrastinator will get over-stressed and over-worked until he/she escapes the pressure temporarily by trying to relax but any enjoyment gives rise to guilt and more apprehension.

Procrastination is the fear of success... Because success is heavy, it carries a responsibility with it, it is much easier to procrastinate and live on the "someday I'll" philosophy.
-Denis Waitley

The tense-afraid type of procrastinator comes in five forms, as described by Burka and Yuen (1984) and Ellis and Knaus (1977):

The *fear of successful achievement* in school leading to underachievement has already been described in great detail in the last section on motivation. (1) Such a student may avoid trying in school for fear of doing well...and then being expected to continue to achieve, be responsible, leave home or friends, and be mature. That is so scary that they hide their ambition, act like they don't care, and may really want to do poorly. (2) Likewise, other students may avoid being successful for fear they will lose friends or become a threat to others. It is commonly thought that "men don't like women who are too smart...or can beat them in tennis." Some conservative people

may also be uncomfortable if a woman were successful in a masculine role--executive, pilot, priest--or if a man were successful in a feminine role--nurse, hair stylist, homemaker. (3) Others refuse to give up procrastinating and refuse to strive for success for fear of becoming a workaholic...or of becoming arrogant, competitive, demanding, or boring and isolated socially. They may feel that work is endless, that it will never be done. (4) A few procrastinators may fear success because they'd feel guilty, as though they didn't deserve it...or "I'd be an entirely different person, I'd have to admit I'm capable, I'd lose my identity."

A second version of the anxiety-based procrastinator is *afraid of failing*. (1) Of course, if we are self-critical and feel inferior, we will avoid doing many things, especially competitive activities. Not trying is a form of failure but not as painful as actually trying and failing. (2) If you have set very high or impossible goals--like a perfectionist, you are likely to feel overwhelmed. Perhaps that is why, strange as it seems, perfectionistic procrastinators often have low confidence in their ability. By procrastinating, such a person avoids, for the moment, the dreaded expected failure (and guarantees doing poorly in the long run). (3) If you dread finding out just how able you are (and having others find out too!), it might seem wiser to put off putting yourself to the test than to run the risk of trying one's best and only being average. This is especially crucial if you believe a person is more worthwhile and lovable if he/she is real smart or talented. Procrastination, in this special case, may enable us to believe we are superior in ability (while another part of us fears being inferior), regardless of our performance. So, as you can see, procrastination may strengthen a person's feelings of inferiority or superiority.

Better to remain silent and appear a fool, than to open your mouth and remove all doubt.
-Abraham Lincoln

The Rational-Emotive therapists (see method #3 in chapter 14; Ellis & Knaus, 1977) claim that the *self-critical and perfectionistic type* of procrastinator has these kinds of irrational beliefs: "I must always be on time and do well." "Others must like and approve of me." "I'm a no-good! How could a no-good do anything well?" Of course, one can't always be perfect, so such a person will fail, leading to thinking things are awful, feeling pessimistic, and expecting that work will be hard, no fun, boring--something to avoid. Such a person needs to build his/her self-esteem (see chapter 14).

A third form of anxiety-based procrastinator *needs to feel in control and/or to resist control by someone else* ("You can't make me do it."). Ellis and Knaus refer to this type as the *"angry defiant*

procrastinator." Such a person holds the irrational beliefs that "everyone must treat me kindly and do what I want them to do, and, if not, I have a right to get mad and hate them (including refusing to do what parents, teachers, and bosses want me to do)." Naturally, everyone is asked to do things they don't want to do; some accept that reality, others don't.

To determine if control and anger are factors in your procrastination, ask yourself: "Is anyone bothered or inconvenienced by my taking my time or my being late?" "Do I often question and/or rebel against rules?" "Do I frequently feel like telling someone to get off my back"? If you answered yes to any of these questions, you may be in a *battle for control!* Passive-aggressiveness is a very powerful expression of resentment (see chapter 8). Being your own person, doing your own thing, etc., may seem to prove you are powerful and independent, but what if you spend a life-time slavishly proving you are "free" (rather than doing what would be best for you)? Such people often say, "Gosh, if I changed, I'd have to start being on time, following rules, getting into a routine...that would mean they won. Besides, it would be boring and too easy." If anger is part of your problem, look over chapter 7.

The fourth and fifth forms of anxiety-based procrastination are *designed to keep someone you need close to you or to keep a frightening relationship at a distance*. Overcoming procrastination and becoming more independent, successful, decisive, and confident might remove one from a dependent relationship (see chapter 8) as well as propel one into an intimate relationship. Ask yourself, "Am I lonely and uncomfortable if I'm not with someone?" "Do I seek lots of advice and still hesitate to make a decision on my own?" Or: "Am I hesitating to get more deeply involved with someone by being indecisive or by not doing well?" If interpersonal concerns underlie your procrastinating, see chapters 8, 9 and 10.

More recently, Sapadin and Maguire (1997) have also classified procrastinators into types: the "perfectionist" who dreads doing anything that is less than perfect, the "dreamer" who has great ideas but hates doing the details, the "worrier" who doesn't think things are right but fears that changes will make them worse, the "defier" who resists doing anything suggested or expected by someone else, the "crisis-maker" who manages to find or make a big problem in any project (often by starting too late), and the "over-doer" who takes on way too many tasks. These authors focus more on family characteristics and personality traits. If you see a description here that fits you, read about it. Another book that helps you assess your personal style of procrastination is Roberts (1995).

Now back to the relaxed, pleasure seeking procrastinator. This personality seems, at first, to be less complicated, but careful observation of their thoughts and emotions suggests differently. Solomon and Rothblum (1984) found this type to be *much more common among college students* than the tense-afraid type. Ellis and

Knaus (1977) call this the easily-frustrated, self-indulgent procrastinator. As suggested by Maslow, these procrastinators may be addicted to people or preoccupied with meeting their more basic emotional needs, e.g. for attention and approval by peers, love, or self-esteem. For some students, these other needs make studying almost impossible.

In addition to emotional needs, the relaxed procrastinator's thoughts may push him/her away from his work or studies. For instance, their basic belief system may center around thinking that "my long-range goals require too much hard unpleasant work." To such a person the gain is not worth the pain, especially since the necessary work is seen by them as so distasteful or boring or stupid that they just can't do it. A quick-starter, on the other hand, knows he/she can handle the drudgery. This relaxed procrastinator gets to the point of saying very irrational things to him/herself, such as: "I have to have something going on--I can't stand being bored" or "I must feel like studying before I can get started" or "I hate taking tests so much, I can't enjoy anything about studying" or "I hate math and I can't stand the teacher" or "If I don't like to do something, I shouldn't have to do it" or "Since teachers make me do things I hate to do, I hate them" or "Since I hate teachers and school, I won't do any more than I have to do--and I'll look for shortcuts, including cheating, whenever I can" or "Studying is so terrible and useless, it makes sense not to do it." So, they procrastinate by finding something fun to do and, then, rationalize their behavior.

So, what causes procrastination? Basically, it is fears, but each procrastinator develops and responds to his/her own specific fears. In varying degrees we are all afraid of facing reality--life's challenges, the hard work and frustrations ahead of us. You can either deny reality or face it, i.e. say there is "no problem" or admit (maybe even exaggerate) the problems. Thus, there are relaxed, fun-loving procrastinators and tense-worried procrastinators. From a behavioral viewpoint, negative reinforcement plays a major role in the development of procrastination, i.e. behaviors (watching TV) and thoughts (rationalizations or excuses) enable students to avoid unpleasant work. Escape from something unpleasant is reinforcing. Procrastination is an escape.

How to stop procrastinating

If we begin with the notion that procrastination is not the basic "problem" but rather an attempted "cure" for fears, self-doubts, and dislike of work, then it is obvious that most procrastinators will have to focus on the real problems--underlying fears, attitudes and irrational ideas--in order to overcome the procrastinating behavior. After accepting this idea, the next step is to figure out what the "real" underlying problem is for you. Start by asking, "Am I a relaxed or a tense procrastinator?" Tense procrastinators suffer from strong, sometimes mean, internal critics (see chapter 14); relaxed procrastinators have bamboozled their self-critic by denying reality.

From this point, each procrastinator must deal with his/her own unique emotions, skills, thoughts, and unconscious motives. Below are some self-help procedures that should be of help to relaxed and tense procrastinators.

But it is possible that you have never learned to organize your time or simply have been rewarded for putting things off, e.g. someone else "let you quit assignments" or did your work for you. In this case, if you want to change, simply stopping the rewards should solve the procrastination problem. You might want to try this easy approach first, so I will mention some simple behavioral methods for reducing this problem. If these methods don't work or don't appeal to you, then make use of methods given below for the tense or relaxed procrastinators.

Methods for a quick, simple behavioral approach

For perhaps a third of all student procrastinators, a To-Be-Done List, a daily schedule (chapter 13), and a simple record-keeping and reward procedure (chapter 11) will do wonders. Changes may occur immediately; often they start going to the library or some special place to study with a new friend. I've seen hundreds of students become more serious and responsible about studying. They experience relief just going to class more often and being prepared for exams; some even start to find the material interesting and challenging; they start working for "A's;" a few actually decide to become dedicated students. I love to see a good brain be used. Like dieters, though, many find it hard to maintain their new study habits and backslide within two or three weeks.

Most people have to overcome procrastination gradually. Studying, like drinking, is usually in binges. Almost no one has trouble studying (a little) the night before a big exam. But without the pressure of an exam, many students find it easy to forget studying. I'd suggest breaking big jobs down into manageable tasks and working on "getting started," perhaps by tricking yourself by saying "I'll just do five minutes" and then finding out you don't mind working longer than five minutes. This is called the "five minute plan." The key is to learn the habit of getting started on a task early, i.e. the procrastinator needs to learn to initiate well in advance studying and preparing for papers and exams. Practice starting studying several times every day. As with exercising, getting in control of starting and making it a routine are the secrets.

Some students also find it helpful to keep a journal in which they record in detail their thoughts and feelings associated with studying. This helps them see how their fears, excuses, competing needs, and habits divert attention from studying. Based on this insight they can devise their own self-talk (will power) to take on scary tasks and do them promptly. Others ask friends to nag and push them, maybe even fine them a dollar if they aren't on their way to the library by 7:00

P.M. More techniques are given at the end of this chapter and in chapter 11. Also see McWilliams & McWilliams (1991).

Many procrastinators, however, resist these methods. As one student told me, "I can easily ignore schedules and reminders. Rewards and penalties are the worst of all--I just take the reward without doing the work and I forget to punish myself." A truly dedicated "relaxed" procrastinator will need more internal motivation, maybe a new philosophy of life (chapter 3) or simply more worry and tension, i.e. a much stronger self-critic.

Behaviorally, the role of negative reinforcement in procrastination is easy to see, i.e. some behavior or thought enables a person to escape some unpleasant but necessary work. That escape--procrastination--is reinforced. (Besides, the pleasure from playing, partying, and watching TV could easily overwhelm the pleasure from studying.) Each procrastinator develops his/her own unique combination of escape mechanisms, such as emotions (fears, resentment, social needs), thoughts (irrational ideas, cognitive strategies, self-cons), skills and lack of skills, and unconscious motives, perhaps. Remember, we anticipated this complexity in chapter 2.

Helping the relaxed procrastinator

The work-avoiding, pleasure-seeking, reasonably comfortable type of procrastinator will not feel much pressure to change, unless he/she is confronted with reality by some event (such as, flunking out of school) or by serious thoughts about where his/her life is headed (as with an alcoholic, denial usually keeps this from happening). In short, this type of procrastinator needs a crisis. The question is: Can the relaxed procrastinator provide the pressure he/she needs to straighten out his/her life? (See "closing the crap-gap" in the motivated underachiever section above.)

Both types of procrastinators dislike the chores they are avoiding. How does "work" become so disliked? Ellis and Knaus (1977) and Knaus (1979) suggest that, as procrastinators, we create much of our own misery in the first place by telling ourselves the task is really awful ("I hate all this reading") or by putting ourselves down ("I'll do a terrible job") or by telling ourselves something is very unfair ("The exams are ridiculous, I can't stand that instructor") or by setting impossible goals ("I've got to get all A's"). Then we procrastinate to avoid our own self-created emotional dislike of the job at hand.

One solution, of course, is to reduce our dislike for and anxiety about the work we need to do, for instance by building self-esteem (method #1, chapter 14) or by using Rational-Emotional imagery (chapter 12). We might simply ask ourselves when did we get a guarantee that life would always be easy and fun? Or, who said hard work is terrible or that you must get an A? Or, do you know for certain that you can't stand to be bored? Or, what is your scientific proof that

a 10-page paper with 10 references is outrageous? We can change our thinking--our views of things (method #3, chapter 14) so that we like our work better.

As a relaxed, fun-loving procrastinator, we need to see clearly how pleasure seeking may, in the long run, lead to unhappiness, rather than to our ideal life. Procrastination occurs because we are able to fool ourselves into believing it is okay to have fun now and put off our work. Exactly how do we do this? Very much like the underachiever uses excuses. Procrastination is a well-learned habit; it happens without much awareness. When we procrastinate, we quickly shift our attention away from the work that needs to be done in such an automatic and slick way that we feel good about avoiding the work--until later. That's a self-con! It's denial. Facing reality is the only solution. We have to see what is happening moment by moment, and stop fooling ourselves. Eventually, the procrastinator can face the facts, namely, that in most situations a take-it-easy, live-for-today, let's-have-fun philosophy will usually not get him/her what he/she wants out of life (if you often start projects but fail to follow through, see Levinson & Greider, 1998). Don't buy the old I'm-not-in-control saying, "The future will take care of itself." That's crap. You have to take a lot of responsibility for *your* future. Think realistically about your future...all the time. What are the procrastinators' favorite self-illusions (and, thus, self-harms in the long run)?

Knaus (1979) describes three kinds of common diversions, i.e. ways of avoiding the tasks that need to be done:

1. Action cop-outs. This is doing something that isn't a priority. Examples: Watching TV, eating, playing, sleeping, or even cleaning. Once we are engrossed in the diversion, we block out the anxiety, self-doubts, anger, or boredom associated with the work we are putting off but should be doing.
2. Mental excuses. There are three main types: (a) "I'll do it tomorrow" or "I do my best work late at night, I'll do it then." Since you have promised yourself that you will be good, you can escape work and enjoy guilt-free play. (b) "I'll go shopping now so I can study all evening" or "I'll call them just as soon as I think of something clever to say" or "I'll fix up my apartment, then I'll make friends." Some unimportant activity takes priority over the main but unpleasant or scary event. (c) "I want an 'A' in statistics but Dr. Mean would never give me one" or "I want to go out with Brian/Barb (who is handsome/beautiful) but he/she would never look twice at me." This is a Catch 22 situation. It's impossible, so why should I try? In fact, a person with this defeatist attitude might never take any action.
3. Emotional diversions. Taking drugs, listening to music, reading novels, and even getting involved in friendships, love, flirtations, or religion could, at times, serve as an escape from unpleasant but important tasks. Sometimes *worrying* about a speech or some other activity is an excuse ("I worried so much

about it!") and a poor substitute for working on the important task.

Ask yourself if you do any of these things. If so, don't let yourself get away with it.

In summary, what can the pleasure-seeking procrastinator do? (1) Stop turning little inconvenient mole hills (like having to do something unpleasant) into giant "ain't-it-awful" mountains, (2) be on the look out for any self-con or cop out by which we deny the need to work right now, (3) start to think more rationally--you don't have to go to every party, you can get interested in a textbook, (4) make detailed, realistic plans for achieving your long-range goals, and (5) don't avoid work, DO IT NOW! Use the behavioral techniques mentioned above. See McWilliams & McWilliams, 1991.

I'm afraid this kind of advice to a procrastinator will do little good if he/she continues to effectively use the self-cons mentioned above and remains relaxed and self-satisfied. It is like a doctor telling an obese person to lose weight or a smoker to stop. Ordinarily, such advice doesn't help, unless the person has just had a terrifying heart attack! Likewise, with the procrastinator, perhaps in a sober moment, he/she will think, "Oh, my God! I've tricked myself into this stupid self-defeating behavior--just like a drunkard or a fat person or a smoker. That scares the hell out of me and makes me mad! I'm going to get in better control of my life, starting at this moment!" I suspect these kinds of remarkable changes in our life style will only occur when there are powerful and sustained emotional forces inside our gut (like a life threatening heart attack) to provide the motivation to persevere in becoming a different person. This fear of the future must surely be created by the procrastinator him/herself--others have probably tried many times and failed ("Clean up your room, you'll grow up to be a total slob" or "You have to study, you'll never get into college.") Good luck in changing, but even if you continue to procrastinate, I hope you have the happy life you are trying for.

We act as though comfort and luxury were the chief requirements of life, when all that we need to make us happy is something to be enthusiastic about.
-Charles Kingsley

Helping the anxiety-based procrastinator

According to Fiore (1989), if the work pressure is already too great, exhorting the tense procrastinator to "try harder," "get yourself organized," "this is a tough job, so don't put it off," or "no friends and no fun until this work is done" is counterproductive. Such typical

advice only increases the pressure and unpleasant feelings about the task to be done. This kind of procrastinator has to reduce the unpleasantness of the task and then he/she will get it done.

Specifically, Fiore recommends that

1. The procrastinator should *reduce his/her fear of failing* by (a) seeing that his/her worth is not totally determined by an assignment at work or by a term paper grade, (b) having alternate plans B and C for succeeding, in case plan A doesn't work, and (c) using self-talk, such as "If I fail, it won't be awful; I can handle it." See Roberts (1989).
2. The procrastinator should *keep a record of his/her avoidance* of important tasks: What excuses were used? What thoughts and feelings did he/she have? What was done instead of the work? What was the outcome (including thoughts and feelings)? See the five types of anxious procrastinators described above to understand yourself.
3. The procrastinator can *change procrastinating ways of thinking* to productive ways:

Procrastinating	Productive
I must...(or) have to...(OR something awful will happen)	I'd like to...(or) choose to...
I've gotta finish...	When can I get started on...
Oh, God, this assignment is enormous.	Where is the best place to start?
I *must* do well (fantastic, perfect).	I'll do okay; I'll give it time.
I have no time to play.	It is important to play one hour.
I see life and work as a grind.	Life and work can be fun.
I can't succeed.	I have a better chance of succeeding if I...

4. By changing these thoughts and habits, you are reducing the dread of work and taking responsibility for directing your life. You are saying "I can enjoy hard, responsible work. It is part of a good life."
5. For the over-achiever, the workaholic, the ambitious perfectionist, *avoid the tendency to live entirely in the future* -- "it will be wonderful when I am a doctor... a millionaire... on the honor roll... in the big leagues..." They aren't living in the now; they are working *or* feeling guilty because they aren't working. Such people can learn to love each day if they have a mission in life (see chapter 3). What a lucky person who can say "I love my work." Part of this process for most people

involves setting aside time each day to play, to socialize, to exercise, and to have free time for relaxation. Charles Garfield (1989) in *Peak Performance* says productive people need to take vacations and play (without guilt)! Insist on your fun.

6. *Turn worries and self-doubts into assets* by asking (a) What is the worst possible outcome? (b) What would I do if the worst happened? How would I carry on? (c) What strengths and skills do I have that would help me cope? How will I forgive myself for messing up? (d) What alternative plans could I develop for having a good life? (e) Can I do things now to help avoid this awful outcome I fear? (f) Having prepared for the worst, how can I use my worries to prepare to become stronger and more capable? This kind of planning helps us face the inevitable risks that lurk ahead for all of us.
7. Fiore suggests *a unique scheduling system*. Schedule your fixed hours (classes, meetings, meals, etc.) *and* your play time. That's all, no work! Make the playing mandatory, not the work. Focus only on starting to work, not on putting in hour after hour each day. If you start a project and concentrate on it for 30 minutes, record this on your schedule... and give yourself a reward. Start as many 30 minute work periods as you can. The idea is to build the habit of frequently getting to work and to build the desire to work. Work becomes more enjoyable when it isn't seen as hard, boring, endless chores that have to be done.
8. Other methods are prescribed: a calendar based on when projects are due, a set of realistic goals, an approach to work in a relaxed state of concentration, and a quick, optimistic response to setbacks. In the final analysis being motivated and productive is a result of liking yourself. Thus, building confidence and self-respect is at the heart of this program.

A couple of other self-help books focus on overcoming serious self-doubt and fears that lead to procrastinating or blocking (Sykes, 1997; Boice, 1996). Blocking often involves delay and panic and is especially likely to happen when the finished product involves an evaluation or public scrutiny, such as a term paper or a book.

A different approach to escaping the unpleasant internal critic is taken by White (1988), who says that a behavioral approach, such as teaching time management or study skills to this kind of procrastinator, often increases his/her resistance to work rather than helps. White helps her students understand the unconscious mental struggles that often underlie *perfectionistic procrastination*. She asks them to *imagine certain internal parts* (common in children from perfectionistic families), such as "the NAG," "the CRITIC," and "the CHILD." The nag constantly reminds you of what must be done. The critic tells you that you'll mess it up or look foolish or be rejected. The child tries to get you to avoid the threatening, unpleasant work ("I don't want to. You can't make me!") by seeking fun ("Let's party! Turn on the music and where's the beer?"). As the child runs away, the nag shouts orders, and the critic attacks even more. A miserable existence! Sometimes, the perfectionistic procrastinator is pretty successful even

though miserable. Occasionally, he/she is traumatized ("If I can't be perfect, I won't do anything but be upset").

Getting in touch with the interactions among these inner characters is designed to shed light on the purposes and intentions of each character. Each is trying to help us: to get us motivated (Nag), to get things done right (Critic), to get some peace (Child). After getting to know these parts well (listen carefully to the internal voices for a week or so), the idea is to learn (several more weeks) to use each part so we can be rational in our planning, highly motivated to achieve our values, and still able to enjoy our life. Examples: Orders ("You must...") are turned into "I want to accomplish (some goal) in this way..." Attacks ("You are so stupid") are converted into helpful suggestions and an urge to be original or creative. Your frightened child is cuddled and protected and reassured by your "adult" who can see the world more realistically (see chapter 15). Make friends with each part, name them, visualize them, value them, help them help you, and interact with them. White is a therapist but the students do the fantasies on their own. You could too, if this approach appeals to you.

Sometimes, you need to go deeper than time management, self talk, and rewards. White's use of fantasy is a good illustration of a different kind of self-help method. It is designed to give us insight into our internal dynamics, emotions, cognitions, and unconscious factors. Even with insight, you will probably need a To-Be-Done List, a daily schedule, and a system of rewards until the intrinsic satisfaction in the work is a sufficient motivator. Recent publications are Bruno (1997), who has several small books about self-help, and Woodring (1994).

Finally, brief mention should be made of books that address the educational process and the increasing of students' incentive to learn and confidence in their learning ability. A textbook by Bandura (1997) presents his theories and research about self-efficacy ("I can do it") followed by many suggestions for changes in education, business, and health care. Other psychologists have specialized in helping students overcome failure (Covington & Teel, 1996) and in developing confident, self-regulated learners (Zimmerman, Bonner & Kovach, 1996). These are mostly classroom strategies for teachers.

Planning Behavioral Changes

Develop a treatment plan for changing behavior

In chapter 2 the stages involved in making a change in your personal life are described: (1) not thinking about changing, (2) starting to think about possibly changing, (3) preparing to change, (4) taking some action, and (5) maintaining the changes made. Some

suggestions are given in that chapter for overcoming resistance to change at several stages, but most of chapter 2 deals with stage (3) or preparing to change, i.e. how to develop a self-help plan. It is important to remember that a part of every self-help plan involves selecting techniques that will keep you motivated to change as well as selecting self-change methods that will enable you to make the changes you want. This chapter primarily summarizes a number of behavior-change methods (also see chapters 2 and 11) but also a few motivation techniques (also see chapters 2 and 14).

Thus far, in this chapter we have reviewed basic theories of learning and motivation as applied in real life situations. We have looked at what blocks our desired behavior and why our behavior is sometimes hard to understand. Then we focused on overcoming self-defeating behaviors, especially addictions and procrastination. Now we are ready to review all the self-help methods for changing behavior. From these methods the self-helper will probably choose only 2 or 3 methods that seem the best for his/her purposes; otherwise, your self-help plan will be too complex.

Earlier in this chapter it was pointed out that behavior occurs in a sequence or in a
context. Here are some examples:

A. Antecedents--stimuli in the environment before the "target" behavior occurs,
such as:

- circumstances and events that catch your attention,
- thoughts and plans that you have,
- emotional responses that are occurring, etc.

These stimuli, combined with your physical needs and physiology (including genes) and your past experience in the form of conscious and unconscious motives and learned response tendencies (habits), produce your behavior. Antecedents may be unconditioned or conditioned stimuli in classical conditioning; antecedents may also be environmental stimuli, including social models, that guide voluntary responses by providing cues that certain behavior will probably lead to wanted or unwanted consequences.

B. Behavior--actions you take, habits you have, thoughts you have, feelings you have, and your physiological reactions, like stress responses, headaches, high blood pressure, etc. Some self-help methods can be applied while the "target" behavior is occurring.

C. Consequences--changes in the environment resulting from the "target" behavior, such as

- reinforcers (rewards) provided by yourself, others, or naturally,
- punishment from self, others, or as a natural outcome,
- escape from unpleasant stimuli or situations (negative reinforcement),
- reactions of others (positive, negative, or neutral),
- self-evaluation of the behavior (pride or shame),
- no reaction at all (extinction).

Overview of self-help methods for changing your own behavior

Part I: (see below for applications with eating, drinking, and smoking problems; see chapter 11 for step by step instructions about how to use each method) If behavior occurs in this A-B-C sequence, the methods for changing behavior must fit into the same sequence:

A. Methods used prior to the "target" behavior:

1. Change or avoid the environment leading to the unwanted "target" behavior; provide cues to prompt new desired behavior (goals, schedules and plans) or provide warning signs. Break behavior chains early. This is called "antecedent stimulus control."

2. Consider alternatives and learn new behavior from models or by reading; practice, role-play, covert rehearsal; develop self-instructions to reach goals; develop helpful competing responses (walk instead of eat) or eliminate unwanted competing responses (like watching TV instead of studying).

3. Use a "controlled" response, e.g. buy only low-fat foods, no sweets. Use a "conditioned" response or build a stimulus-response connection, e.g. eat or study in only one place.

4. Practice relapse prevention and temptation resistance training (overt and mental process), including "cue exposure" without permitting a habitual unwanted response.

5. Motivation training; increase confidence in self-control and realize importance of task. Focus on long-range consequences, both positive and negative ones.

6. Take care of your basic needs, learn to relax, and develop a positive addiction.

7. Monitor your own decision-making and recognize diversions (taking the easy way out), self-defeating actions, and rationalizations (self-serving, inconsiderate

choices). Make new plans, different intentions (see chapter 3 and reframing in chapter 15).

B. Methods used concurrent with or during the target behavior:

8. Observe and record frequency or intensity of target behavior. Self-observation, goal-setting (one small step at a time), and self-evaluation.

9. Observe and record antecedents and consequences of target behavior for a "behavioral analysis."

10. Disrupt unwanted habit. Distractions, delays, thought stopping.

11. Substitute a new response (see #2 above). Azrin's habit-stopping method.

12. Satiate old unwanted response; paradoxical intention. Negative practice. Flooding, venting.

13. Challenge attitudes of helplessness, low self-concept, self-criticalness, and resistance to change. Stop trying too hard, let yourself go full speed, without constant criticism (Gallwey, 1974).

14. Develop positive expectations of change. "Self-efficacy" and "self-fulfilling prophecy."

15. Increase intrinsic satisfaction; focus on positive aspects of task. Focus on your own improvement, not on how you are doing compared to others.

C. Methods of changing behavior that follow the target behavior.

16. Positive reinforcement: Write a contract for rewarding the desired behavior, at first use immediate and continuous reinforcement, then reduce to intermittent, then to naturally occurring payoffs. Gradually shape your behavior.

17. Negative reinforcement, acting in a way that removes an unpleasant stimulus.

18. Self-punishment, providing something unpleasant or removing something pleasant (time out). Correction or overcorrection involves an agreement to make up for breaking the rules in your self-improvement plan. Aversive conditioning.

19. Mental processes: covert sensitization=temptation---} unpleasant fantasy; self-criticism and self-coaching to do better next time; covert rewards=self-praise, intrinsic interest, pleasure, pride.

20. Extinction--no reaction, no payoffs following the behavior.

Note: More detailed descriptions of each method and explicit instructions about how to carry out each of the above methods are given in chapter 11.

Review of Methods for Controlling Behaviors

Developing a treatment plan for changing behavior

Whether you want to increase some desired behavior or decrease some unwanted behavior, the 20 methods above must be considered. Many of these self-help methods have already been discussed in this chapter. However, we will review the methods and provide examples for coping with consumatory responses--eating, smoking, and drinking. The self-control methods for all three problems are very similar. If none of these three areas is a problem for you, the description of the methods could still help you devise a plan for changing any behavior (or you can move on to a more relevant chapter).

The major intent in this section is to give you a brief description of each of the 20 self-change methods. More details about how to apply these methods are given in chapter 11. Also, more information is given below about the frequency, causes, effectiveness of treatment programs, and best available books and Web sites for these three problems: Addictions and Alcoholism, Eating Disorders, and Smoking.

First, let's consider the big picture of what goes in our mouth. Concerning food, about 25%-30% of adults in the US are overweight, another 12% are severely overweight (Brownell & Rodin, 1994). These Americans are obese in spite of health risks and a national preoccupation with dieting. Almost 40% of adult males and 50% of adult females *feel* they are overweight; 25% of males and 40% of females are dieting right now. Even in my college classes, close to 75% of 18 to 22-year-olds want to lose some weight or to tone up. Fat tends to be a long-term problem; 70% of over-weight teens become over-weight adults. One in 5 children are over-weight; 50% of 4th grade girls have already dieted. Fat costs insurance companies $130 billion in medical expenses every year. Look at all the magazine

articles and books about dieting; yet, it is simply eating more than we burn up.

Considering cigarettes, over 45 million Americans still smoke cigarettes although about as many have stopped smoking (mostly on their own). 80% of smokers would like to quit, 35% try each year but only 2-3% succeed. Nicotine is highly addictive, so there are many relapses. It usually takes several tries before the habit can kicked (Curry, 1993). We smoke in spite of proven health hazards to ourselves and others, including cancer, heart disease and 6-8 fewer years to live.

Now, adding in alcohol and drugs, about 1/2 of all Americans have had experience with an alcohol problem in the family; 17 million of us are severely dependent on alcohol and millions more young people are "preparing for the role." There are 3 to 7 times as many "problem drinkers" as "serious alcoholics." Even moderate alcohol intake may hurt our health, our job performance, our driving record, and our relationships. Alcohol is involved in 30%-45% of all suicides, in 50% of all emergency room admissions, and in 50% of all physical assaults on others. More than half of all Americans have used illegal drugs or prescription drugs sometime in their lives for pleasure, 15% during the last year and 2% are addicted to drugs. And, drug use is increasing--over 40% of all high school seniors used some illegal drugs just during the last year. Still more millions of us are "hooked" on coffee, soft drinks, sugar, salt, sweets, fat-laden red meat, junk food, and on and on. In summary, we, the "haves," put an incredible amount of unnecessary--even harmful and costly--things in our mouths, while 1,500,000,000 people on earth are hungry. Think about the 42,000 malnourished children who die *every day*!

These eating, smoking, and drinking habits have usually developed over a period of years, often when we were young and unaware. But, we now want to change the habits instantly and quickly lose the accumulations of the old habits, such as fat. Sorry, it can't be done. It is easy to gain seven pounds a year by doing 20 minutes *less* light work or play per day. It takes 3500 calories to make one small pound; that's starving for two days if you are on a 1700-calorie a day diet! Don't think you can easily work it off either: you have to jog for 6 hours at 5 1/2 miles per hour to lose 1 pound! This is no piece of cake, you must persist. The behavioral methods help you persevere and make it as easy as possible.

It used to be thought that over-weight people didn't eat any more than a thin person (that's what fat people tell us) but it isn't true. They "forget" or underestimate how much they eat. Also, they tend to be binge eaters and don't exercise (Brownell & Wadden, 1992). It is true that weight distribution and number of fat cells may be inherited, but the fat has to go into the body before it accumulates under our skin. Dieting may be risky, e.g. some claim repeated dieting--yo-yo dieting--causes problems and increases the chances of relapse. This hasn't

been proven (Brownell & Rodin, 1994). However, being seriously overweight is clearly unhealthy.

If consumption is a personal concern for you as it is for me (I'm on a 100-year diet), the task is to *permanently* modify your eating *and* exercise habits. Caution: Some researchers (Foreyt, 1994) believe it is unethical to suggest any diet plan because "diets just don't work." It's true that crash diets, diet pills, fasting, short-term exercise programs help you lose weight but the effects are often only temporary. No diet has been developed that is dependably effective over a long period of time. When the controlled diet is over, gradually our cravings for sweets, fatty food, large helpings, etc. overpower our will power (unless we watch it very vigilantly). Most participants, at least 95%, are back to their original weights one to three years after terminating a commercial weight loss program. But, *often it isn't the diet plan that fails, it is the maintenance plan*. So, after working hard to reduce your weight or drinking or smoking, you must be just as diligent to maintain your gains (see chapter 2 and "relapse prevention" above).

Actually, there may be more hope than previously thought. Recently, low-calorie-diet programs providing intensive education (emphasizing some of the self-control methods described below) are getting good *long-term* results (Brownell & Rodin, 1994; Masters, Burish, Hollon & Rimm, 1987). Most encouraging, however, has been a finding by *Consumer Reports* that 25% of 90,000 readers reported losing weight on their own and keeping it off! The successful dieters probably made many attempts to lose weight. Nevertheless, these results are almost 5 times better than the weight loss outcomes reported by weight loss programs. Don't give up.

Here is a review of the behavioral methods for changing behavior. The illustrations used here focus on altering your "oral" habits, but *all these methods can be applied to all behaviors*:

1. Change your environment: Buy only limited amounts of wholesome food, no sweets, soft drinks, alcohol, or high-fat food. This is easier if you never shop when you are very hungry and limit yourself to exactly what is on your shopping list, no matter how cheap the ice cream is. Avoid situations where you will be pressured to eat, drink, swallow, or smoke something you don't really want, such as bars, parties, dinners, certain friends or relatives, etc., at least until you are under good control. (Some people are in better control when they are with people, so arrange that.)

Warning signs can be very effective. Place a picture of a fat person on the refrigerator or a picture of lung cancer on each cigarette pack. Write a reminder on each cigarette in the pack, e.g. "bad breath," "heart attack," "cough," "cancer," "early death," "8 years," and the names of people who will miss you when you die 8 years before you would have without cigarettes!

Prepare your plate with the accurate amounts; don't put out bowls of food. Keep fattening food out of the house or, at least, in a inconvenient form or in a hidden place or perhaps frozen so it can't be eaten impulsively.

Ask your friends to help you change--at least not encourage you to keep on harming yourself. Friends supporting and praising your self-control are powerful. Someone nagging you, however, will probably harm, not help.

Note: don't forget to look up the detailed instructions for each of these methods in chapter 11.

2. Develop new behavior: Set up an exercise program (for weight loss or smoking--and maybe drinking). You are 54% less likely to have a heart attack if you walk 21 miles a week. Develop a set of self-instructions that will control your eating: Before eating--"I will record the calories." While eating--"I'll notice how good and filling each bite is." Forget about "clean up your plate," in fact tell yourself--"Leave some every time." When one stops eating as planned--"I'll immediately put the money I saved in a jar for my foster child in Mexico." When tempted to snack--"I feel so good and look so much better when I don't overeat. I won't eat; I'll *(walk?)* instead."

Develop competing, incompatible responses to hunger, e.g. talk to a friend on the phone, exercise, write in your diary, drink water or a large glass of high fiber, low calorie drink for regularity (see #11).

Overindulging can be prevented (and a new response learned) by calling on friends when tempted, such as done by members of AA or Overeaters Anonymous. You could have someone with you constantly to guard against cigarettes or eating or drinking (see compulsions in chapter 5).

3. Controlled or conditioned responses: A "controlled" response is one early in the chain and easier to control (such as deciding not to buy a cake in the store) than a response later in the eating-sweets chain (when you have already accepted a piece of cake at a party and asked for a big scoop of ice cream on it, it is too late). If you limited eating to one chair and only sat there while eating moderately (No TV! No talking! No reading!), good eating habits would become conditioned to that one place. Urges to eat other places would gradually extinguish. It is an especially good idea to work or study in one place and only study there.

4. Relapse prevention: We tend to think of relapses occurring sometime after a self-improvement project is done. That certainly happens--frequently with weight loss and drinking--but the most common time to relapse is early in the project. Over half of New Year resolutions are broken by February. Bad habits are strongest right after you stop them: one puff or one drink and you are at risk of being a smoker or drunk again. It is important to know your high-risk situations and avoid them or practice handling them (see earlier discussion in this chapter). You need to create a new life style. Dieters must permanently change how they eat, their food environment, and how they exercise.

Cue exposure or temptation resistance training is when, for example, a person who loves ice cream makes their favorite hot fudge sundae with nuts and then looks at it, sniffs it, takes a tiny taste but *leaves it alone* until it looks yucky, and then triumphantly throws it away. During this experience, the person says, "I'm certainly strong enough to control myself, it would be stupid to be dominated by these childish, disgusting, fattening urges to eat unhealthy food. I'm in control." They could also practice distracting themselves from the tempting food.

A similar procedure has been done with budding alcoholics; after being given one drink, they were urged to practice refusing more drinks. This seemed to reduce the craving for more alcohol in that setting. They also were gradually exposed to high-risk settings, so they could learn better self-control. It is simply practice at self-control. It is critical to stop a little lapse as soon as possible before it becomes a serious relapse (see Method #4 in chapter 11).

5. Motivation Training: Spend 5 minutes each day thinking about how you will look and feel after you lose weight. At the end of each meal give thanks for having the strength to control your eating and remind yourself how important it is. See motivational methods in chapter 14.

Horan (1971) used Homme's "ultimate consequences" technique. This consists of repeating and imagining a positive and a negative consequence of eating behavior, e.g. "look better" and "shortened life," every time some frequent behavior occurs, such as sitting in a favorite chair or drinking something. This keeps the long-range consequences in mind. Likewise, Prochaska, Norcross & DiClemente (1994) recommend motivating yourself by thinking about the dire consequences of your habit, such as a smoker who has lung cancer or an alcoholic with cirrhosis of the liver, as well as remembering all the other health and social reasons for changing. Throw yourself into becoming more healthy and wholesome.

6. Basic needs: If a person overeats as a way of reducing anxiety about a love relationship, the relationship can be worked on, perhaps by talking, getting counseling, or joining a marriage enrichment group. If stress, loneliness, or anger is a problem, work on the emotion

underlying hunger. Attend to your physical and safety needs, your self-esteem and need for friends, and your need for love. Without these needs being met, you will find it hard to pursue higher missions in life.

Positive addiction was discussed earlier; did you know that people who exercise (a little sweat please) at least 4 or 5 times a week lose weight three times faster than people who only exercise 3 times a week?

7. Guard against self-deception: Some people do not realize how overweight (or underweight) they are; believe your scales and the weight charts. Don't excuse your fat by saying "Oh, I'm big boned." Many smokers don't think they are addicted, but if you smoke within 30 minutes of awakening or if you smoke 20 cigarettes a day, you are addicted to nicotine. Fishbein (1980) found that smokers acknowledged that smoking was harmful to other people's health but didn't believe their smoking would hurt their health. This is a self-con; it's living a lie. Smoking contributes to 18 or 20 serious, often deadly, diseases. Confront yourself with the facts--the health hazards of smoking, drinking, overweight or drugs, the unsightly roll of fat around your waist or on your thighs, the importance of vigorous exercise every day, etc. Get angry at the cigarette, alcohol, and food industries that harm your health. You were probably enticed into your habit as a young person; of course, you have to take some responsibility but so do the merchants of death.

Self-help methods, continued

8. Observe and record Behavior: Every problem can be measured. Count the frequency or duration of a behavior; rate the intensity of an emotion. Record the number of calories, beers, cigarettes, minutes of exercise, or whatever concerns you. Also, rate from 1-to-10 the intensity of your sadness or anger. Do this every day and make a big chart of your progress. Self-monitoring leads to self-evaluation which is necessary before self-praise or self-reinforcement.

As mentioned in chapter 2, after making the changes you want (say lose 15 pounds) it is very important to monitor your weight every week. As soon as you gain just a pound or two, immediately go back to the weight loss program that worked for you. Losing one pound is fairly easy; losing 10 is hard.

9. Record circumstances: Note and record the antecedents, especially how you feel before overeating, drinking, or having a cigarette. Also, note the time, prompting cues, and general situation you are in. This will help you identify your high-risk situations and the basic needs or emotions that need to be taken care of by some means other than eating, smoking, or drinking. This is very important (see # 11); remember, the environmental cues control much of our behavior.

For instance, the circumstances that prompt smokers to puff on a lethal, nasty cigarette are: stress and to handle a social situation, other emotions (anger, depression, boredom), nicotine craving, a strong habit, and a desire to make a certain impression on others. You need to ask "why?" you smoke each cigarette.

Also, observe the competing responses and their short-term payoffs (a relaxing beer or cigarette) that override the desired long-range objectives (health). Note other payoffs of the unwanted behavior, e.g. lots of comfortable talk about food, getting attention while consuming, being able to express yourself, etc..

Recording the consequences of the lapses is also helpful, e.g. what did you eat and drink? What were the payoffs of the overeating, e.g. did you get to socialize? Did you get people to laugh and joke about bingeing and partying? Did you go into depression and withdraw? Did you have an upset stomach? Did anyone express concern, support, sympathy or offer help? All this information will increase your self-awareness and understanding.

10. Disrupt old habits: Chew your food twice as many times as usual. Take out small helpings on a small plate or leave half of the food on your plate. Eat one food item at a time. Stop eating for 2-3 minutes during each meal, just to learn you can stop anytime. Carry your cigarettes in another pocket; smoke them with the other hand, etc.

11. Substitute a new behavior: Exercise during the lunch hour instead of eating. Drink diet cola and have sugarless gum for dessert. Have sugarless candy instead of a smoke. Eat salads or a low-calorie soup instead of fattening food. If you eat because of loneliness, anxiety, or boredom, call up a friend or get involved in some activity instead of eating. Most urges are temporary surges, i.e. there is a strong compulsion to do some habit, but if you resist, the urgent need fades away. So, you sometimes you can wait it out... or replace the habit with a healthy, desirable reaction.

Many families use food as a way of showing affection: "Mom made cookies for you, wasn't that nice?" or "Oh, take some more of my pasta, I made a lot for you." We are taught that you must have food or "you'll get sick." "You've got to have your protein...milk...vegetables..." There are powerful connections between food and emotions. We must break the unhealthy connections, replacing food with healthy, reasonable ways of handling the emotions: "You know I love your pies, Mother, but my health is more important right now. I know you love me and I love you, even without pie."

12. Satiate behavior; paradoxical intention: Smoking has been treated by having the smoker smoke continuously inside a box (maybe a small closet) until he/she got sick; that's satiation (see # 18). Using paradoxical intention would involve changing the rules about how you

respond to an urge to eat dessert. Instead of saying, "I'll just have a moderate sized piece of cake," one might say, "OK, you nagging appetite, so you want goodies! How about half this cake? You have to eat it all, right now!" (Obviously, not a good idea if you are prone to bingeing.)

13. Challenge defeatist attitudes: If you say, "I've always been fat, I can't lose weight." Put that idea to a test: try eating less than usual for one meal, try exercising a little more than ordinary. If successful, challenge the idea that you are helpless and test your self-control again the next meal.

Question your beliefs about eating, drinking or smoking being the only way to relax or be sociable. The old idea among "recovering" alcoholics that they are always just "one drink away from being a drunk" could help you avoid the first drink or smoke or dessert. But the same saying could become a self-fulfilling prophesy after the first drink and, thus, cause a binge instead of a slight slip.

Many of us rationalize our bad behaviors: "Oh, I'd gain weight and be a blimp, if I stopped smoking." Research has shown that men gain only 6 pounds and women 8 pounds after stopping smoking. Furthermore, smokers weigh less to start with, so they end up about the same as non-smokers after a year of not smoking. There is only a 10% chance of a person quitting smoking gaining 30 pounds, but obviously this 10% need both a stop smoking and a weight maintenance program.

14. Expectations of success: If you think you can't quit smoking "cold turkey," set a reasonable, even an easy goal of 2 or 3 fewer cigarettes each day. Some initial success leads to more hopeful attitudes and to more success. Individuals who create positive mental pictures of the outcome of their self-help efforts actually change faster and the improvements last longer (Lazarus, 1984), if they have these fantasies of success several times a day. For example, a smoker might imagine being free of the fear of harming his/her health, free of feeling hooked by a drug, free of social criticism, free of smelly ash trays and bad breath, free of dead taste buds and stained teeth, and so on. When these things happen, self-praise can be a powerful reinforcer (# 16).

15. Build intrinsic satisfaction: In self-help projects involving oral habits, one may become engrossed with self-control and the satisfaction of sticking to a diet, holding down on the beers or cigarettes, and so on. Focus your attention on these accomplishments, take pride in them, they should not go unnoticed. And the result--a healthy, attractive body--is a source of great and lasting satisfaction too. In some situations you can find activities to substitute for consuming something which can become very gratifying, e.g. if you work, exercise, socialize, do volunteer services, etc. more and consume less, the pleasure from these other activities can gradually replace for the pleasure you get from eating, drinking or smoking.

16. Reward desirable behavior: *It is vital that new habits be immediately reinforced* almost every time. So, reward your self-control (if any) after every meal and "snack time." Alcoholics Anonymous has a reward system that also serves as a warning sign against buying booze. At your first AA meeting, you may pick up a red chip and carry it with your "booze" money, so it will be felt and seen before any alcohol is bought. In fact, in some AA groups, they have a rule that you must break and throw away the chip before taking your first drink. After one month of abstinence, the red chip is traded for a white one, three months later you get a blue one, and, finally, a silver dollar at your anniversary celebration. Every year is celebrated by drilling a hole in your silver dollar. What a great reward system! Design something like this for yourself.

See the section on reinforcement earlier in this chapter and see Method #16 in chapter 11, which provides detailed information about how to use reinforcers to change behavior. This is a complex area, but science has explored this area thoroughly and knowledge is available for you to use every hour of every day.

Many oral habits will need to be changed gradually; it may be too hard to go from 3000 calories to 1200 per day or from 2 packs of cigarettes to 6-8 per day or from 12 drinks to two per night. This changing in small steps is called "shaping." For instance, a smoker might move from 40 per day to 36 and hardly notice the difference. After staying at 36 for a week then reduce it to 32 or so for another week. When the smoker gets to 12-15 per day, the reduction each week may need to be less, perhaps changing from 12 per day for one week to 10 per day the next week. However, when one is down to 4 to 6 cigarettes per day, many people report it is easy to quit, presumably because most cigarettes are being smoked while stressed, i.e. paired only with unpleasantness. Smoking can be gradually reduced in two other ways: increase the time between smokes or smoke less of each cigarette (by marking with a felt pen where to stop). Each meal or each day you achieve your easy-to-reach goal you should be rewarded, but reward the behavior (eating < 400 calories for dinner) rather than the effects (losing 1/2 lb. today). You control your eating; the weight will take care of itself (especially if you exercise).

Warning: Sometimes this gradual reduction is just an excuse to continue a bad habit (or worse--a way to cheat and keep the habit). Most experts in the areas of smoking and drinking say that going "cold turkey" is best. It is hard but the tension and cravings are over in a couple of weeks. If you use the gradual method, the tension of reducing your intake can go on for months.

17. Negative reinforcement: If one were highly conscious of the unwanted consequences of overeating, smoking, or drinking, such as a fat body, early death, cancer, unattractiveness, self-centered greed, and so on, and thought of these stressful things every time one lost control, then avoiding these unpleasant thoughts (by not consuming unneeded stuff) would provide negative reinforcement. The warning

signs in #1, if they turn you away from temptation, yield negative reinforcement, i.e. they stimulate behavior that reduces your worry about overeating, smoking, etc. Recognizing the bad consequences not only punishes the bad habit but reduction of these thoughts reinforces good self-control (however, excessive dwelling on food and how terribly delicious, sumptuous, and tantalizing food can be for you, may very well build the urge to eat).

Remember most people deny how disgusting and dangerous smoking or drinking or over-eating is. If you are lying and telling yourself, "Oh, I carry my weight well," there is no payoff for eating less.

18. Self-punishment: A dieter could decide to run an extra mile every time he/she ate more than the allotted calories; that's called correction. And he/she could agree to show a group of friends or a class an unattractive photo of him/herself in a skimpy outfit if he/she doesn't lose five pounds a month; that's punishment! Nailbiters can force themselves to show their nails to a class every week. Smokers could flip their wrists with a strong rubber band when they have a urge to smoke and twice during every cigarette.

Or you can de-condition yourself: sit before a mirror and indulge yourself (stuff in food, eat your favorite candy, bite your nails...), until you are very uncomfortable and disgusted, then do it 5 more minutes (Freidman, l975). Likewise, a fairly successful aversive conditioning method is "rapid smoking"--the smoker is required to take a drag every 5 or 6 seconds while doing something unpleasant, like cleaning dirty toilet bowls, or while thinking about an unpleasant experience, like being hurt or failing or looking foolish. The rapid smoking has to be done until you feel you can't take it anymore, maybe 8 to 10 minutes. After doing this, almost 40-45% stopped smoking for at least six months (Masters, et al, 1987).

The effects of punishment are being researched (Matson & DiLorenzo, 1993). One person punishing another frequently causes hostility; self-punishment may work better, but little research has been done on this topic. My experience is that people quickly "forget" to administer the self-punishment (like flipping your wrist). Yet, support groups can effectively pressure the self-helper to report his/her progress and confront him/her about relapses.

19. Mental processes: Unwanted behaviors and temptations, like a cold beer, can be made less attractive by imagining them paired with something unpleasant, like imagining vomiting into the beer. This is a mental process using classical conditioning or aversive conditioning, and usually called "covert sensitization." Homme (1970) suggested an operant approach using a series of thoughts: think of the unwanted behavior or the temptation--} think of the awful consequences--} think of resisting and being "good"--} think of good long-range consequences and something pleasant--} think of something to do right now, like play tennis, read, or go shopping.

20. Extinction: This process involves the removal of all reinforcement for an unwanted behavior. But since the pleasures and unconscious payoffs of consuming things are naturally pleasurable or conditioned and automatically present, there is no way to instantly turn off these reinforcers. That is, food, drink, and cigarettes will still taste good to the user. The oral habits of eating and drinking have been paired with need-satisfying situations thousands of times. Even unconscious purposes may be served, such as getting fat to make you less sexy, drinking to help you feel more sociable or powerful, becoming out of control so someone will help you, not eating to run the risk of death, etc. These unconscious consequences can't all be eliminated but some can be counterbalanced with realistic self-awareness and self-criticism. Many other undesirable outcomes can be avoided. Examples: the drinker can ask friends, in advance, to refuse to clean up your clothes or vomit; if asked maybe they will avoid laughing at how much you drink or eat (if not, avoid them); you can ask your friends to tell you if they prefer that you not smoke (to counter your pleasure); you can avoid fishing for compliments and comments about not looking overweight, etc. You can take away some of the reinforcements from consuming but not all. The reinforcement of other unwanted behaviors may be easier to eliminate.

Completing Your Self-Help Plan

What other self-help methods can be used within other non-behavioral parts of the problem?

The 20 methods above are all directed towards changing our behavior, not our emotions or skills or attitudes or unconscious motives. In every problem situation, something is probably happening in all five parts of the problem (see chapter 2). Ask yourself: What is going on at other levels? What can be done?

Part II: The conscious emotions

As you probably realized long ago, and as I have repeatedly emphasized, oral habits--eating, drinking, smoking--are often intimately tied with emotions. The emotions may not be obvious to you; it may just seem like a habit to overeat or overdrink or smoke. There is no way of knowing for sure all the causes for your unwanted habits. However, if some bad habit seems especially hard to change, certainly consider the possibility that the behavior satisfies a basic need, avoids something unpleasant, or is in some way associated with an emotion.

The questions you should ask yourself are: What needs and emotions are connected with this habit? How can I take care of those needs (without continuing the unwanted behavior)? Should these

needs and feelings be reduced or handled some other way? If yes, how?

Overeating frequently allays anxiety and loneliness or sadness; drinking may reduce stress or depression and give courage and "good times;" cigarettes help us relax and, according to new evidence, may reduce our depression. Between 30% and 60% of smokers are depressed. Those emotions are discussed in chapters 5, 6, and 9, which give many suggestions for handling those needs and feelings. Over-eating, like most other problems related to feelings, can probably benefit from self-help groups which give encouragement and focus on reducing the stresses of life. Once you have dealt with the unwanted emotions, your unwanted oral habits may be easier to change.

A caution: experienced weight loss experts tell me that perhaps 50% of over-weight people simply lack knowledge about nutrition and metabolic functions. When told what they need to eat and do (exercise), many will do it and lose weight. In such cases, there is no need for therapy for emotions; indeed, the excess weight may cause emotions, rather than emotions causing weight.

Part III: Skills

Besides knowing how to change yourself, a dieter needs knowledge about (1) good nutrition and eating habits, (2) how to count calories and fat calories, and (3) how to organize a good exercise program. A lot of books provide this information. In addition, you need to recognize overindulging and its serious consequences. Many books are useful for overeating (Mahoney & Mahoney, 1976), drinking (*Alcohol and Health*, 1971), smoking (*The Health Consequences of Smoking*, 1973), and drugs (Kornetsky, 1976). See recent books about low-fat diets.

You can learn new ways to meet your needs: new social skills could reduce loneliness better than eating. New assertiveness could handle stress and anger better than alcohol. Deep muscle relaxation or meditation might calm you much more than cigarettes. New values, goals, study, and decision-making skills might make the future look brighter than drugs or alcohol or cigarettes ever could (see chapter 13).

Part IV: Self-concept, expectations, attitudes, motivation, values

Factors at this level are likely to be major contributors to overindulging. Examples of self-defeating expectations: "I've always been fat...and I always will be." "I really like my cigarettes, I can't give them up." "I can handle my alcohol." "I need a couple (really 4 or 5 and increasing) of drinks after work; there's nothing wrong with that." If you see yourself as overweight by nature, as addicted to coffee or cigarettes and too weak to overcome the habit, as born to be a nervous person who needs to drink, and so on, it's going to be hard to

change your behavior without changing the self-concept of helplessness first (see chapter 14). As mentioned before, if you deny that the behavior is a problem, obviously it makes no sense to struggle with something that's "no problem," right? (See methods #7, #13, & #14 above.)

Many of these unwanted habits are costly as well as harmful. I recently talked with a budding alcoholic who estimated drinking 8 to 10 beers a day and smoking 2 packs of cigarettes. That totals to more than $10 per day or $3650 per year or over $200,000 in a life-time (assuming it doesn't get worse and there is no inflation). You can easily estimate the cost of your unwanted habits. Could it be better spent? Also, what about the value of your time spent this way rather than doing something more helpful to you, your loved ones, or needy others? A moral person will surely consider these factors (see chapter 3).

Part V: Unconscious motives

Can fat meet unconscious needs? Could fat be a barrier to intimacy? Could it be less stressful if you were sexually unattractive and not approached by the opposite sex? Could lots of fat be a way of rebelling against nagging parents or spouses (even dead and divorced ones)? Could fat be a way to express resentment towards a "loved one" (actually a resented one)? Could bigness give a feeling of strength and power to a person who feels inadequate? Could overeating be a form of self-punishment in some people (Orbach, 1987)? Could drinking be a way to forget our troubles? Could alcohol be an excuse for becoming belligerent or sexually aggressive? Could drinking be a way to get attention, become dependent and inept, to fail and feel bad, and to get sympathy and be taken care of (Steiner, 1971)?

Insight into "what makes us tick" can be both helpful and fascinating. Don't run away from considering all the possibilities (see chapter 15).

Pulling it all together into a treatment plan

You may be thinking that I have made the simple act of overeating delicious food much too complicated. You may be right. However, it is to your advantage to know many of the possible causes of your unwanted habit and many of the possible self-help methods, even though you may need only 2 or 3 methods with this problem. (Actually, most people have to try several methods before succeeding. So, you are likely to need several methods.) Our oral habits are good illustrations of the five different levels to each problem.

This chapter helps you understand behavior, but to change your behavior, you need to follow the guidelines in chapter 2, consider your values (chapter 3), and know how to apply the above self-control

methods (this is described in chapter 11). This sounds a little complicated--but don't let it scare you.

You have just been exposed to many self-help methods. All might work for you, but the best plan is probably a simple one. (It is your *plan* that needs to be simple, not your *mind* or your knowledge of self-help!) So, develop an easy-to-use approach by looking over the list of 20 behavioral change methods above and see which ones seem most likely to work with the problem you are working on. Keep in mind, *the generally most dependable, most usable methods for most people are*: (1) change the environment to increase your chances of carrying out the desired behavior, (2) observe the antecedents and consequences of the "target" behavior, keeping accurate records of your progress, and (3) do everything possible to reinforce the desired behavior when it occurs. Rather quickly put together a "treatment plan;" the idea is to try something and see if it works. As explained in chapter 2, however, once you have decided to try a particular method, then be very careful to apply the method correctly. Refer to chapter 11 for detailed directions for each method. Try it out and see what happens.

If your first plan doesn't work, figure out what you might be overlooking, perhaps some emotion or an attitude or a skill, and modify your plan. There are hundreds of possible ways to change--and, in most cases, you can find a workable approach better than anyone else.

References and Methods for Unwanted Behaviors and Thoughts

A few books discuss "habit control" in general: Wexler (1991), Miller (1978), Martin & Poland (1980), Birkedahl (1991), and Prochaska, DiClemente, & Norcross (1994) are among the best.

Abuse--physical, sexual, psychological--must be dealt with immediately and requires professional help. Suspected physical and sexual abuse of children (under 18) *must be reported to Children and Family Services authorities* who will investigate and arrange for treatment. See chapter 7 for physical abuse. See chapters 7 and 9 for sexual abuse (chapter 10 for date rape). If you fear you might hurt someone, get help immediately by calling your Mental Health Center or going to a hospital Emergency Room.

Addictions

Addictions, in general, were once thought to be the result of overwhelmingly powerful drugs or innately defective personalities (e.g. inherited or moral weakness). Today, the understanding of addictions

is becoming very complex... to the point it may seem very confusing. There are valid arguments for genetic, biochemical, personality (emotional), family, peer, and community/cultural influences, all affecting the use of drugs and alcohol. Behavior is complex. Moreover, addictions are often accompanied by other serious disorders. For instance, about one third of substance addicted persons are also mentally ill. This is called a dual diagnosis. Looked at another way, about half of the mentally ill are substance abusers (and more would be if they could afford it). They are self-medicating. Interestingly, certain depressed persons consume coffee and cigarettes at a very high rate (10 to 15 cups per day) and this seems dependent on specific genes being present.

Other life events are associated with addictive behavior; there was pain in the early lives of many addicts. Teens living with a single mother are 30% more likely to use drugs than teens in homes with two supportive parents. Bad relationships with father markedly increase the risk of drug use. Perhaps half of substance abusers have been victimized and about one third are diagnosable as Post Traumatic Stress Disorder. Likewise, half of all teenaged alcohol abusers have been physically or sexually abused, suffered the loss of a parent, or witnessed hostile, violent parents. Moreover, research has shown that Antisocial Personalities quickly become dependent on drugs, especially marijuana.

In the area of drug and alcohol use, it is well to keep in mind that we are a drug using culture (Kuhn, et al, 1998). Indeed, about 95% of American adults consume some psychoactive substance every week. Yes, every week! This, of course, includes prescribed and alternative drugs, coffee, tea, cigarettes, and alcohol as well as illegal recreational drugs. Nevertheless, if you add in America's other compulsions of eating, making money, gambling, shopping, materialism, etc., one has to take seriously Bill Moyer's (Moyers on Addiction, WNET, 3/29/98) observation that we are a "culture of addiction" that demonizes some addicts and embraces others.

One way to de-demonize addiction is to believe the addict is a powerless victim of some drug. Another way is to believe that addiction is a disease, something physical and totally beyond the addict's control. There are new books, The Selfish Brain (DuPont, 1997) and The Craving Brain (Ruden, 1997), which seek to prove that addictions are a brain disease. Their treatment is, of course, more drugs to affect the dopamine and serotonin levels and/or tough-love and AA approaches to strip away the addict's denial of a problem. Other studies have suggested that certain genes increase alcoholism and that addictions are 50% inherited. These physiological factors must be acknowledged, but thus far their import is unclear.

There is evidence that men and women differ in their proneness to addiction, in their preference for a specific addiction, and in how they respond to treatment. In rats, at least, estrogen enhances the effects of certain drugs, such as cocaine. Women tend to use cocaine to self-

medicate depression; men use cocaine when they feel OK but want to feel better. Women tend to smoke cigarettes to control their mood and appetite; men smoke to reduce aggression and stress. Nicotine replacement treatment works better with men; anti-depressants and support groups help women more.

The psychological view (Peele, 1998), opposing the disease model, is that addictions are behavioral adaptations to one's environment. This doesn't deny the possible long-term physical addictive qualities of substances, like cocaine, nicotine or alcohol, but the emphasis is on this being a behavior that is acquired and changed like other habits, not a disease, like cancer, or a brain disorder, like schizophrenia. From this perspective, it is believed by many therapists that an addictive habit often serves the purpose of relieving pain or distracting the victim from some stressful emotion, such as feeling inadequate, being depressed, being consumed with anger, shame, or guilt, etc. In short, addictions try to help us cope with and cover up emotions that trigger the addiction. So, the solution for many therapists is to get your emotions under control. See Clancy (1997), Dodes (2002)--powerlessness & anger, Santoro & Cohen (1997)--anger, Black (1998)--shame, Birkedahl (1991)--better habits, Ellis (1998)--upsetting thoughts, Hirschmann & Munter (1995)--poor body image, Twerski, (1997)--self-deception, and Washton & Boundy (1989)--self-misunderstanding, who take this approach.

Addictions are commonly broken into several types, such as alcohol, drugs, eating, gambling, sex, internet and so on. Then when books, therapists, treatment centers, self-help groups, and book chapters (including this one) are organized into these specific addictions, it gives the impression that an addict usually has only one particular need or "fix." That is misleading. Experienced counselors, such as Julian Taber (http://www.thecheers.org/) believe that addicts have tendencies towards several addictions, often in the form of an addictive personality. So, if and when one addiction is stopped, another addiction soon replaces it. Thinking of the disorder in this way leads to the notion of a generalized "Addictive Response Syndrome" which probably results from basic personality weaknesses and coping skills deficiencies, not just from an overriding need to drink, eat, gamble or whatever. New research also supports the general addictive personality notion (Holden, 2001; Helmath, 2001). This goes counter to the common belief that just stopping the addict's one troublesome behavior will automatically result in a normal, wholesome adjustment. Adequate treatment or self-help will almost certainly involve more than just curtailing one out-of-control habit.

The disease oriented approach, i.e. Alcoholic Anonymous (AA), has been essentially the only treatment available since the 1930's until this decade. Even now, AA is the treatment commonly recommended, especially by medical institutions. AA and the 12-step programs have, indeed, helped millions, but there are a lot of people they don't help (Kasl, 1992). The relapse rate of AA members is over 70%. Recently, many specialists in the area of addiction have come to believe that lots

of ordinary experiences can become addictive, such as work, sex, exercise, eating, making money, shopping, socializing, etc., and anyone can, under the right circumstances, become addicted. This leads many experts to question the old notion that alcoholism is primarily an inherited disease and that the victim is powerless against it without God's help and a life-long 12-step program for guidance.

Actually, giving up the traditional disease concept helps many alcohol treatment centers accept new treatment approaches, such as various new drugs as well as aversion treatment, behavioral shaping, family therapy, motivation interviewing, and many other forms of psychological treatment (Rodgers, 1994). And giving up the disease concept helps some people, who reject the I'm helpless and religious ideas, seek help (to control a bad habit). There is still much we don't know in this area, including such things as how many Vietnam veterans could just leave their heroin addictions behind them when they returned to the states. Also, why do 95% of the people who quit smoking do it on their own but, according to some, only 20% of drinkers stop without outside help (at the same time, 90% of smokers are considered "addicted" but a much lower percentage of drinkers considered themselves addicted)? The wholesome questioning and doubts about the causes and treatment of addictions should lead to a lot of change, experimentation, and controversy in the area of addiction treatment during the next decade.

Addiction therapists with new and different orientations have recently made great contributions to our society, not just in the form of treatment methods, such as relapse prevention, but also by focusing on the effects of an alcoholic family member on other members (codependents, abused children), clarifying the role of shame, and highlighting the need to take care of the hurt inner child (see codependency and children of alcoholics below).

Illegal drugs are used (1) because they help us feel good, (2) reduce or avoid unpleasant feelings, (3) aid our socializing, and/or (4) because we are physically addicted. Drug treatment needs to be tailored to fit the addict and his/her needs. Severe cocaine addictions require inpatient treatment for 90 days or more. Moderate cocaine users can benefit from outpatient drug-free programs. In general, however, all forms of treatment have many failures, e.g. at one year follow-up 25% are still regular cocaine users (Simpson, Joe, Fletcher, Hubbard & Anglin, 1999). For good general references about drugs see Weil & Rosen (1993), Marlatt & VanderBos (1997), and Easterly & Neely (1997). For quick references about drug abuse click to Yahoo! Substance Abuse (http://dir.yahoo.com/Health/Diseases_and_Conditions/Substance_Abuse/organizations/), PREVLINE (http://ncadi.samhsa.gov/), National Institute of Drug Abuse (http://www.nida.nih.gov/drugpages.html/), Web of Addictions (http://www.well.com/user/woa/), or Marijuana Anonymous World Services (http://www.marijuana-anonymous.org/).

For a listing of local drug and alcohol treatment centers, go to: The Substance Abuse and Mental Health Services Administration (http://www.samhsa.gov/).

Alcoholism

Alcoholism is wide spread. It is a very serious personal and social problem (Milgram, 1993). Today, it is estimated that 10% to 15% of men and 3% to 6% of women are dependent on alcohol. Alcoholism rates vary by ethnic groups: 12% of whites, 15% of African-Americans, 23% of Mexican-Americans are problem drinkers. It is estimated that 25% of the people who turn to alcohol do so to deal with stress. In 10 years, it is believed that alcoholism and depression will become our most costly health problems, overtaking cancer. Excessive alcohol can damage many organs of the body. 100,000 die each year from alcohol related diseases and traumatic deaths. 40% of all industrial fatalities are alcohol related. Alcohol is also a factor in 45% of all fatal auto crashes (almost 17,700 deaths in 1992). Non-alcoholic men, aged 45-59, earn $24,000 per year, but alcoholic men only earn $16,000 and 33% have work attendance problems. About one-third of people with drug or alcohol problems are also depressed. And, 30% of suicides (46% of teen suicides) involve alcohol. Indeed, drug and alcohol addictions are thought to be dangerous ways of attempting to cope with emotional and interpersonal problems, such as shame, guilt, loneliness, resentment, fear, etc. Yet, families wait an average of seven years to seek help.

Teenage alcohol and drug use increased in the 90's. Remember, one in five children live with an addict. Children of alcoholics have more ADHD, more conduct disorders, and more anxiety than children of non-alcoholics (see comments under Codependency). Moreover, a parent who is a heavy user of alcohol increases the chances that his/her child will start using early. 43% of sons of alcoholics become dependent. The younger one starts, the more likely one is to become alcoholic, e.g. 40% of those starting before 15 will develop an addiction (starting even younger, increases the risk further). Other factors that increase the use of alcohol by teens are: Being socially needy, having friends who push alcohol, being shy and insecure, lacking self-confidence in school, having poor self-control and sometimes psychological problems, such as depression, anxiety, self-doubts, and feeling antisocial or controlled by others (Scheier, Botvin & Baker, 1997).

Total drug and alcohol consumption declined among U.S. college students between 1980 and 1992, but the pattern of drinking has changed. The amount of alcohol consumed in each separate drinking session increased. That is, college students are moving towards more binge drinking (defined as 5 or more drinks in a row for men and 4 for women). "Frequent" binge drinking is 3 or more times in two weeks. A large national study (Wechsler, Dowdall, Davenport & DeJong, 1993) found that 44% of college students had binged during the prior two weeks (50% of men and 39% of women). About half of the binge

drinkers were frequent binge drinkers. Among the latter group, 70% of the men and 55% of the women were intoxicated 3 or more times in the last month. They drank to get drunk. Few think they have a drinking problem. As a consequence, college students are experiencing more blackouts, arrests, loss of friends, assaults, sexual harassment, and so on. Among frequent binge drinkers, 62% of the men and 49% of the women had driven after drinking.

One doesn't have to be an alcoholic, however, to have serious problems with alcohol. 80% of drunk drivers in fatal accidents and 67% of persons arrested for drunk driving are not alcoholics. One doesn't have to be poor to have an alcohol problem, among women over 55 who make more than $40,000 a year, 23% have an alcohol problem. Only 8% of women this age, who make less than $40,000 a year, have alcohol problems.

Alcoholism remains very resistive to treatment. Peele describes the effectiveness of treatment this way: Most American alcoholics don't seek treatment; most of those that do enter treatment don't respond to it favorably; most of those who complete treatment relapse later! As mentioned above, there has been a heated controversy between (a) "alcoholism is a disease" (AA groups) which supposedly can only be controlled by total abstinence and (b) "alcoholism is a learned behavior" which can, in less severe cases, be unlearned, controlled, and done in moderation (Miller & Berg, 1995; Miller & Munoz, 1976; Miller, 1978; Marlatt & Parks, 1982; Vogler & Bartz, 1985; Peele & Brodsky, 1991; Peele, 1998). Current evidence suggests both views may be partly right. For instance, there are very few ex-smokers who can occasionally light up and not get addicted to cigarettes again. This supports AA's position that total abstinence from an extreme addiction is required (although the cigarette habit is different from the drinking habit). Most psychologists would probably suggest that persons with *serious, long-term* drinking problems are not good candidates for controlled drinking experiments; it is believed that they need to abstain and probably get intensive professional treatment for alcoholism and any underlying emotional-personality problems.

There are many treatment programs, some very expensive and with national reputations, but only 1 in 7 clients complete these programs. After a few weeks of treatment (depending on the insurance available), typically the clients are urged to attend AA. On the other hand, there are many millions of people who have been moderate to heavy drinkers and want to continue drinking moderately and reasonably; they are often able to get and keep the habit under control. All drinkers are not doomed to life-long AA meetings and total abstinence may not be necessary, but all potential addictions are a serious concern. Since controlled drinking is a new approach, we know little and there is much to be learned. Certainly there is a flood of new books and programs being offered for sale (see below).

Cooper (1994) explains alcohol use in terms of reinforcement: internal positive reinforcement (feeling more relaxed, more assured,

more powerful...), internal negative reinforcement (avoiding unpleasant feelings, such as loneliness, depression, anxiety...), external positive reinforcement (being accepted, being praised, making friends...), external negative reinforcement (avoiding unpleasant experiences, such as rejection or failure--because you never tried). This theory suggests drinking can be changed by changing the reinforcement one gets from drinking or not drinking. Surely to some extent, drinking follows the same laws of learning as all other behaviors.

College students often believe that (1) learning to refuse unwanted drinks, (2) setting time limits on drinking, and (3) avoiding heavy drinking buddies can help you control your drinking, if you are not yet addicted. Sounds reasonable but, as we have seen, there is good reason to question just how well college students actually control alcohol consumption, e.g. college students consume an *average* of 34 gallons of alcohol (mostly beer) per person per year. That's drinking more alcohol than soft drinks. Yet, despite this fling into alcohol and drugs when young, millions of the potential addicts in college become sober parents who vigilantly try to guard their children against drugs and the fruit of the vine.

An interesting social control method has developed as part of an effort to reduce bingeing in college. It is called the "social norms method." Basically, it is getting out the truth, e.g. most students think other students drink more than they actually do, which seems to encourage others to drink more. However, if it is well (and accurately) publicized that "only 27% of our students have 5 or more drinks while partying" (while students erroneously believe over half are having more than five drinks on a binge), the overall rate of bingeing goes down. The media can be powerful, although the old scare tactics didn't work.

Alcoholic women are more likely to be depressed and anxious; alcoholic men are more likely to have anger and an antisocial personality disorder. Social pressure to drink is more common among men; women drink alone more often than men. Among adolescents, problem drinking is associated with delinquency, violence, and lower grades. Alcohol may increase blood pressure or pulse rate and, thus, may be associated with strokes. Alcohol certainly is a serious threat to a developing fetus; please, *never drink when pregnant*.

In temperance cultures (where alcohol is viewed as a dangerous addiction from which you must totally abstain), drinkers tend to *binge to get drunk*, rather than drink beer or wine with meals every day. In cultures where drinking is accepted as a daily part of life, people seldom get drunk, and when they do have health problems from drinking, the family simply helps them get back on a healthy diet. "Demon alcohol" is not blamed and a religious solution, like AA, is not prescribed.

Men are more likely than women to become addicted to alcohol. The slippery slope of alcoholism is pretty predictable for men: by mid to late 20's, there are binges, morning drinking, and job problems; by early to mid 30's, blackouts, shakes, car accidents, DUI arrests, poor eating habits, terminations at work, and divorces; by late 30's to early 40's, there are serious medical problems, such as vomiting blood, hepatitis, hallucinations, convulsions, hospitalizations, and life in general is a wreck. *The earlier you get off the slope, the better*. It can be a slow suicide, with your only "friend" in the end being a bottle. If you have any reason to believe you may be in trouble, DO SOMETHING, NOW! DENIAL IS THE GREATEST RISK.

Do you think you may have a problem? The World Health Organization defines having over 28 (men) or 18 (women) drinks per week as "hazardous drinking." Fifteen drinks are more than consumed by 80% of Americans; 40 drinks per week are more than 95% of Americans drink. If you only occasionally binge but have 6-8 or more drinks at a time, you may have a problem. Mayfield, McLeod & Hall (1974) used four brief questions, called the CAGE questionnaire: (1) Have you ever felt you should Cut down on your drinking? (2) Have people ever Annoyed you by criticizing your drinking? (3) Have you ever felt bad or Guilty about your drinking? (4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)? Two "yes" answers are considered a sign of possible problems (two yeses accurately identifies 80% of alcoholics).

Peele (1998) suggests asking yourself "How much do I get out of drinking?" and compare this to "How much is drinking hurting me?" If you conclude "I'd be better off if I drank less," then you have a self-improvement project to work on. Westermeyer offers a Self-scoring Alcohol Check-up on http://www.habitsmart.com/chkup.html/, his HabitSmart Site (http://www.habitsmart.com/). One of the nice features of this questionnaire is that it will help you identify some of your reasons for drinking. That information may help you know where to focus your self-help efforts to reduce your need to drink. Another evaluation of the seriousness of drinking is used by the World Health Organization (http://www.selfhelpmagazine.com/articles/atd/alcques.html). A very similar test is at Screening Test (http://www.alcoholscreening.org/) but it also provides a quick interpretation and some information about changing.

Watson and Sher (1998) reviewed all previous studies of people who changed their drinking habits by themselves, without treatment. Note: they say 75% of the people who successfully resolve their alcohol problems do so without treatment (others give a much lower estimate). It is important to study the self-help methods they used. The researchers found eight useful self-change processes: (1) Consciousness raising, learning more about alcoholism, being confronted by friends, spouse, or employer, being warned by a physician, etc. (2) Self-evaluation, realizing "I have a problem," weighing pros and cons of drinking, "hitting bottom," etc. (3)

Situation-evaluation, seeing effects of drinking on the environment, work, or relationships, etc. (4) Committing to making a change, "I've got to quit," "That is the last time I get drunk," deciding to tough it out, etc. (5) Replacing drinking with another activity, drinking soft drinks, playing sports instead of stopping at the bar, becoming a good student, etc. (6) Changing the environment, getting beer out of the house, refusing invitations to "go out," avoiding drinking friends, etc. (7) Rewarding quitting, taking pride in accomplishments, accepting praise from others, using saved money and time in enjoyable ways, etc. (8) Getting support from others, building contacts with spouse and children, getting appreciation from co-workers, etc.

All of these self-help procedures are described in this book, mostly in this chapter or chapter 11. Note: self-treatment doesn't have to be complex. For instance, Linda Sobell and her colleagues at Nova Southeastern University (June, 2002) studied the effects of bibliotherapy, much like the information given here, on drinking behavior. These researchers merely sent (a) written material about the effects of alcohol, (b) suggestions concerning self-monitoring, (c) ideas about lowering the risks of drinking and (d) motivational material to people who answered an ad saying "I want to do something on my own about a drinking problem." Following up one year later, they found these subjects were consuming 20% fewer drinks, binging 33% less often, and having 58% fewer negative consequences from drinking. By the way, some of these subjects, who had never sought treatment before, did after trying to change themselves. The implications are that a public health/psychosocial educational approach could economically help many problem drinkers who wouldn't seek the usual "clinical" approach, namely, waiting in denial until you deteriorate to the point of needing expensive residential treatment for alcoholism followed by a life-time of AA groups. (Note: this study did not measure how much self-change would have occurred if no information at all had been sent these subjects.)

If you are very addicted, however, you may need to go to detox, then get into a residential treatment program, followed up by individual talking therapy and also an AA, Rational Recovery, or other support group listed below. You would be wise, even though some stop drinking on their own, to be in both therapy and a group because you may need the group to stop or curtail your drinking and you may need the therapy to learn new constructive behaviors, attitudes, emotions, relationships, and self-concepts. Keep your motivation high (Methods #5 and #14 in chapter 11; Method #14 in chapter 14). Constantly remind yourself of your reasons for drinking less--health, money, greater effectiveness, better relationships, etc. Keep a record of your behavior (Methods #8 & #9 in chapter 11). Specifically use role playing to rehearse how to handle invitations to "have a beer" or "come party with us" (Method #2 in chapter 11; Method #1 in chapter 13). Practice handling tempting situations, e.g. when someone you are with orders a drink. Practice repeatedly exposing yourself to a favorite drink for 30 minutes without drinking any of it, learning you can control this habit, and then throw it away (Sitharthan, Sitharthan,

Hough & Kavanagh, 1997). Most importantly, prepare carefully and in detail for possible lapses (this chapter and Method #4 in chapter 11). Always reward your progress and be proud of your developing self-control, it's a tough undertaking (Methods #16 and #19 in chapter 11).

It is important to realize that relapse rates are quite high even among addicts who have completed a professional treatment program (remember 6 out of 7 drop out of such programs) and have received Relapse Prevention Treatment (plus perhaps attending AA). It is very hard to maintain your gains (as with weight, once "clean" we may "slack off" too much). However, Dimeff and Marlatt (1998) found that relapse prevention training doesn't prevent "slips" but reduces the harmful consequences of relapsing, enabling the addict to get back on his/her feet faster. They also recommend two more things to help prevent relapse: (1) maintain occasional contact with your addiction therapist, and (2) take very seriously the idea that other mental health problems may need to be dealt with in order to maintain your therapeutic or self-help produced gains.

For hundreds of books about alcoholism and 12-step (AA) programs write or link to Hazelden (http://www.hazelden.org/), Box 11, Center City, MN 55012. Yoder (1990) lists many recovery resources. Even the almost 60-year-old AA "bible," which has helped millions, has been updated (J, 1996). Most of the Hazelton books focus on chronic drinkers, but actually more people are "problem drinkers," i.e. have some problems due to drinking (arguments with spouse or friends, late to work, hangovers, etc.) but are not totally dependent on alcohol, yet. With that idea in the air, there is now an impressive stack of learning or cognitive-behavioral based self-help books on the market. Sobell & Sobell (1993), Fanning & O'Neill (1996), Miller & Berg (1995), Trimpey (1996), Dorsman (1998), Kishline (1995), Sanchez-Craig (1995), and Miller (1998) have developed *self-management programs* (sometimes administered in cooperation with therapists) for problem drinkers who haven't become addicted, yet. Other researchers (Hester & Delaney, 1997) have developed and tested a Program for Windows (http://www.moderation.org/software/BSCPWIN.shtml), a computer program which teaches self-control methods for problem drinkers. Although research is rare in self-help, the effectiveness of some of these books and programs have actually been published, e.g. Sobell & Sobell, Sanchez-Craig, Miller and Hester. If anger seems to be an important part of your addiction and precedes your relapses, see Clancy (1997) or Santoro & Cohen (1997). The books above are your best sources of advice if you are hoping to curtail your own drinking.

Some of the treatment manuals might serve as excellent guides for the self-helper, e.g. Higgins & Silverman (1999), *Motivating Behavior Change Among Illicit-Drug Abusers*, Kadden, et al. (nd), *Cognitive-Behavioral Coping Skills Therapy Manual*, from the NIAAA and also Monti, Abrams, Kadden & Cooney (1989). Alan Marlatt (1998) has recently coined a phrase, *Harm Reduction*, describing a therapy that helps the user understand the risks involved in his/her habit and then

helps them make the health and mental health changes they want to make. A group of psychologists at the University of Washington has produced a manual for applying the Harm Reduction approach (Dimeff, Baer, Kivlahan & Marlott, 1999). In a well controlled study of college students, this method, using questionnaires and 45-minute interviews every 6 months, reduced drinking and associated behavior (fighting, DUI, missing class, unprotected sex) substantially. Recently, a couple of studies have combined several sessions of cognitive-behavioral treatment (aimed at controlling drinking) with a new drug, naltrexone, which supposedly reduces the craving for alcohol. One investigator, Raymond Anton at Medical University of South Carolina), reported the initial results as being more abstinence, fewer drinks, and fewer relapses (American Journal of Psychiatry, 1999, 156, 1758-1764). Even a cable TV network in California, Recovery Network, has been devoted to education and overcoming addictions. Things are changing (in response to the huge anticipated drug and alcohol problems).

Everyone seems to agree that support from an understanding group is helpful (although Trimpey says it's not good to hang out with former drunks). Kishline (1995) has started *a self-help group for problem-but-not-chronic drinkers*; the emphasis is on moderation, not on life-long disease and total abstinence (see her book for help in finding a non-AA group). Several other alternatives groups, quite different from AA, have sprung up in the last 15-20 years. They can be found at Rational Recovery Systems (http://www.rational.org/), Women in Recovery (http://core-n02.dmoz.aol.com:30080/Society/People/Women/Issues/Women_in_Recovery/) Moderation Management (MM) (http://www.moderation.org/), S.M.A.R.T. Recovery (http://www.smartrecovery.org/) and LifeRing Press (http://www.unhooked.com/index.htm) has put the book, *Sobriety Handbook: The SOS Way*, online. On LISTSERV@MAELSTROM.STJOHNS.EDU one can subscribe to a Controlled-drinking/drug use discussion group (just type SUBSCRIBE CD then your name as the message).

In the last couple of years many big alcohol and drug abuse Web sites have blossomed, including National Institute on Alcohol Abuse and Alcoholism (http://www.niaaa.nih.gov/), PREVLINE (http://ncadi.samhsa.gov/), Substance Abuse and Mental Health Services Administration (http://www.samhsa.gov/), Food and Drug Administration (http://www.fda.gov/), SoberRecovery (http://soberrecovery.com/), Yahoo! Alcoholism (http://dir.yahoo.com/Health/Diseases_and_Conditions/Alcoholism/), Web of Addictions (http://www.well.com/user/woa/), Online AA Recovery Resources (http://www.recovery.org/aa/), Habit Smart (http://www.habitsmart.com/), and Addiction Resource Guide (http://addictionresourceguide.com/).

Professional psychologists (Santrock, Minnett, & Campbell, 1994) in the early 90's considered *Twelve Steps and Twelve Traditions* (1990) by Alcoholics Anonymous World Services

(http://www.alcoholics-anonymous.org/) to be one of the best self-help books available, although the AA approach was considered highly religious and almost "cultish" by many. (AA still helps far more than any other single method.) Psychologists also approve of approaches very critical of AA, such as *The Truth about Addiction and Recovery* (1991) by Stanton Peele & Archie Brodsky, *When AA Doesn't Work for You: Rational Steps to Quitting Alcohol* (1992) by Albert Ellis & Emmett Velton, and *Alcohol: How to Give It Up and Be Glad You Did* (1994) by Philip Tate.

For personal help and treatment, call your local Drug and Alcohol Abuse Treatment Center or seek individual therapy (see white and Yellow Pages). Remember: if addicted, you may need detox first, then treatment. For referrals to 12-step programs, call Alcoholics Anonymous (212-647-1680). For general information, local treatment programs, and referral to AA call the Nat. Inst. on Drug Abuse and Alcoholism (800-662-HELP or 800-622-2255 or 301-468-2600). Social support clearly helps prevent relapse. However, even if you are in AA, it is important to think in terms of going beyond abstinence into learning better self-esteem, control of emotions, ways of thinking, interpersonal skills, and new areas of interest (O., 1998).

Spouses and children of alcoholics should know about Al-Anon and Alateen (http://www.al-anon-alateen.org/) which help relatives of alcoholics (also see White or Yellow Pages for local numbers). Children of alcoholics should also know about NACoA (http://www.nacoa.org). For parents of alcoholics, see *Our Children are Alcoholics*, from Islewest Publishing (800-557-9867). There are many kinds of reactions to living in an addictive family; thus, in addition to behavioral approaches, there are personal growth and insight approaches (see Black, 1987; Bradshaw, 1988, 1989; Gravitz & Bowen, 1986; Woititz, 1983). Professional psychologists consider Claudia Black's (1981) *It Will Never Happen to Me* to be the best self-help book for children and spouses of alcoholics (Santrock, Minnett, & Campbell, 1994). Obviously, there is an enormous amount of information and helpful resources for dealing with addictions and potential addictions.

Lack of Assertiveness is discussed in detail in chapters 8 and 13 (Alberti & Emmons, 1986).

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder *(ADD or ADHD)* is, according to a leader in this specialty, Russell Barkley (1997), not intentionally defiant inattentiveness but rather a genetic, biologically determined (1) lack of a sense of time, (2) lack of problem-solving ability, and (3) the inability to use information to achieve purposeful goals, e.g. to control their own emotions or to stay on task when a more interesting option appears. According to this theory, ADHD sufferers are unable to anticipate future consequences or pitfalls, as most of us do, so they stumble along from one frustration to another. Their behavior often looks to others to be restless, “spacey,”

distractible, willful, irritable, irresponsible, forgetful, undependable, impulsive, uncontrollable or random (basically I'm-not-paying-attention-to-what-you-say). Therefore, ADHD children have been shamed, punished, and called stupid or rotten. But since they lack hindsight and foresight--due to a physiological disorder--they can hardly be held fully responsible for their short attention span, disregard for the rules, and inability to follow directions.

Therefore, ADHD is not considered primarily a psychological disorder, although behavioral principles can certainly be used to provide structure for controlling impulsive or inattentive behavior. Traditionally, there have been two types of ADHD: (1) inattentive (ADD) and (2) inattentive with hyperactivity (ADHD). However, recent authoritative texts (Incorvaia, Mark-Goldstein & Tessmer, 1998) suggest three or maybe five or six sub-types: (1) quiet, (2) overactive, and (3) overfocused or those three plus (4) depressive, (5) anxiety, and (6) explosive types. They contend each type needs a different complex treatment and that Ritalin or longer-lasting Adderall is not the complete treatment for all types (actually, not for any type). According to these authors, careful diagnosis is crucial because a stimulant may be actually harmful when given to inappropriate types. (Why a stimulant slows an ADHD child is not known.) Anti-depressants or other medication might work better in some cases, they say. An estimated 70% to 75% of 5-year-olds to teenagers with ADD or ADHD benefit from Ritalin/Allerall. The new drug, Allerall, has been on the market for a year or so. Of interest to parents, Allerall can be taken in one pill in the morning before school; Ritalin requires a second pill during the day. Also, it is claimed that Allerall works with some children who do not benefit from Ritalin. Stimulants are not a total cure and have side-effects but usually they help (for the down side, see deGrandpre, 1998). This means that an ADD patient must see an informed MD. But with or without medication, most people with this diagnosis need psychological treatment, behavioral control training, and, as children, special teaching-parenting methods.

It may not be surprising that 90% of children and adolescents who are given the rare diagnosis of bipolar are also diagnosed as ADHD. ADHD is a much more common diagnosis than bipolar at that age, so the classification as ADHD is not a good predictor of becoming bipolar as an adult. Only very aggressive, anxious or depressed ADHD children are more likely to become bipolar as adults. Half or more of ADHD children are also diagnosed Oppositional Defiant Disorder (with the subtle implication that there is more than a brain disorder here) or Conduct Disorder. Follow-ups as adults confirm that ADHD in childhood is somewhat associated with a diagnosis of Antisocial Personality or Substance Abuse as an adult (but the connection is not so high that parents should despair). Moreover, learning problems are found in 15% to 30% of children and teens with ADHD, so tests for learning disorders are needed. In the other direction, however, about 50% of learning disabled children have ADHD. All of this indicates that this diagnosis is very complex, requiring very sophisticated investigation of several areas, both biological and psychological. ADHD and ADD certainly vary in severity--some are "out of control," others are only

moderately inattentive. So, experts and tests are needed; it is not a quick-observation-in-the-classroom or a do-it-all-by-yourself area. Therefore, my brief focus here will be more on self-help steps for adults with ADHD than on treating childhood disorders.

ADHD and Attention Deficit Disorder (ADD) are much more commonly diagnosed among pre-teen boys than girls (4 to 9 times as often), although some doctors think the same number of girls as boys tend to be ADD and (1) active tomboys, (2) withdrawn daydreamers, or (3) constant talkers. All three types are likely to be disorganized, undisciplined, and inattentive. Girls are not as likely as boys to be over-active, impulsive and rebellious or "difficult". About 50% of people suffering from ADHD or ADD seem to get some relief at puberty, the other 50% retain some symptoms all their lives. This notion of adult ADD has only been emphasized recently; several books and Web sites for adults will be cited later. Some studies estimate as high as 20% of adults have this handicap; others say it is more like 5 or 10%. Studies have shown that 4% of adults can't organize their activities, can't focus on a task for long, and jump from one stimulus to another. There seems to be a genetic factor. Medication and cognitive-behavioral therapy are helpful with adults too. The psychotherapy and skills training mostly provide the client with self-awareness of the disorder (it is relieving to know what is wrong and that you aren't just stupid, crazy, or mean) and with ways of developing a structure or some guidelines for accomplishing important tasks (Hollowell, 1997).

Barkley, Hollowell, Incorvaia, and others make the point that structure must be given the ADHD person in real life settings (not just in a therapy or training session) and under supervision. Barkley's example is that a training session for being on time will probably not work with a person who has no sense of time...and a poor memory. The structure must be in the immediate environment (not in their head which is jumping from place to place), i.e. provide children with supervision and very simple external prompts to staying on the right path, cues to and reminders of what to do NOW, etc. Likewise, adults frequently need To-Be-Done lists, appointment books, watches with alarms, well rehearsed self-instructions, an everything-in-its-place lifestyle (keys always left by the door), very simple filing systems or someone to maintain their files, if possible a coach on hand to encourage them and keep them on track, etc. A schedule for exercising with a buddy or for meditating would be beneficial. The ADHD must arrange the environment to make up for his/her lack of a sense of time and distractibility. And, medication may be a life-long necessity; stimulants, like Ritalin, are safe (only if used properly) and non-addictive; it doesn't give you a "high." ADHD is treatable, but not easily. You need expert help.

Just because ADD and ADHD are thought by many to be biological disorders, it would be a mistake to dismiss the many psychological and interpersonal aspects of this problem. The behaviors involved in ADHD (inattentive, forgetful, impulsive, sometimes defiant and aggressive)

arouse emotional reactions in most others, regardless of whether the causes of the behaviors are thought to be organic or psychogenic. Relationship problems arise. Also, it is common for the ADHD child/teens to deny any behavioral problems, so the “encouragement” of structure and/or self-control may be strongly resented and resisted. These are tough situations for parents, teachers, and other caregivers. These power struggles should be minimized as much as practical, but most parents (and safety considerations) have their limits. If the ADHD victim can at an early age recognize his/her own behavioral problems, that awareness can lessen their opposition to controlling cues and structure in the environment or by others. Remember, rewards for desired behavior work much better than authoritative control with most children. Also, tied in with their denial of problems is the mixed self-esteem often associated with this disorder, namely, people often believe the ADHD child or teen has low self-esteem but the child/teen frequently considers him/herself superior to others (even after repeated failures), both in terms of likeability and performance skills. Often there is also a hard-to-handle “I’m OK, it’s your fault” attitude. Research has shown that praise reduces the ADHD's need to exaggerate their superiority (Diener & Milich, 1997). We need to acknowledge that the genes, hormones, and brain structure don’t disengage the psychological/learning/interpersonal aspects of a disorder.

Also, remember, ADHD is not all bad--Dr. Hollowell, who has this diagnosis and likes it, values his creativity, energy, and exciting unpredictability which he attributes to the “disorder.”

The sources already cited are excellent: Barkley (1997), Hollowell (1997), Hollowell & Ratey (1994), and Incorvaia, Mark-Goldstein & Tessmer (1998). These books are for both practitioners and patients. Books written explicitly for the ADHD adult include: Roberts & Jansen (1997), Shapiro & Rich (1998), Kelly & Ramundo (1996), Nadeau (1996, 1997), and Adamec & Esther (2000) which is specifically for "Moms with ADD." Several books seek to help parents cope with ADHD children: Barkley (1995), Jacobs (1998), Flick (1998), Killcarr & Quinn (1997), and Taylor (1994). See Greene (1998) for dealing with the angry child, and deGrandpre (1998) for thoughts about medication. High school students should consult Quinn (1994, 1995). Theories about self-regulation in ADHD can be found in Milich & Nietzel (1994).

An email newsletter about ADHD can be obtained at ADDGazette@onelist.com. Some of the better Web sites in this area are: NIMH ADHD Publications (http://www.nimh.nih.gov/healthinformation/adhdmenu.cfm), National ADD Assoc. (http://www.add.org/), PsyCom.Net Book Service (http://www.psycom.net/bookstore.add.html), ADD Warehouse (http://www.addwarehouse.com/), CHADD: Children & Adults with ADHD (http://www.chadd.org/) (they also provide a toll-free information center at 800-233-4050), ADD Born to Explore (http://borntoexplore.org), MentalHelp.Net: ADD (http://mentalhelp.net/poc/center_index.php/id/3), and especially for

women and girls, ADDvance (http://www.addvance.com/). Also one can search for ADD or ADHD on any search engine, such as Yahoo or Alta Vista, and get several sites.

Bedwetting can usually be controlled with an apparatus that signals the first drop of urine. Eventually, the person learns to detect bladder tension and wakes up (Yates, 1970; see Sears catalog for bedwetting alarm). There are medications to help and even a self-help picture book for children with this problem (Mack, 1989).

Codependency is the action of a person who becomes addicted to an addict and in the process devotes her/his life, without success, to supporting, tolerating abuse, caring for, and attempting to "save" the addict. Anyone caught in this trap should get help (see Beattie, 1987, 1989; Norwood, 1986). It is confusing, but the same term, codependence, is also sometimes used to describe a group of symptoms Adult Children of Alcoholics (ACOA's) are supposed to have: fear of intimacy, indecisiveness, discomfort with feelings, and problems maintaining friendships or love relationships. The evidence is very slim that ACOA's actually have these problems more than others (George, La Marr, Barrett, & McKinnon, 1999). On the other hand, there is some evidence that ACOA's, especially women, have higher drug and alcohol use and somewhat poorer psychosocial adjustment (Jacob, Windle, Seilhamer & Bost, 1999).

Coffee drinking is primarily an attraction to caffeine, according to Morris and Charney (1983)--so why do I only drink decaffeinated? This attraction to caffeine is probably true if you drink a lot of brewed coffee. Gradually switch to instant coffee (it has 1/3 the caffeine), then to decaffeinated, then reduce the number of cups, then drink orange juice.

Compulsiveness is a result of insecurity. All of us are faced with our limitations; we fear making mistakes. If we are secure within ourselves, we can handle our weaknesses and errors (but we may be quite orderly and careful). The insecure person is likely to excessively compensate for his/her real or imagined limitations by becoming overly compulsive. Thus, many mild compulsions are beneficial; some serious ones are terrible handicaps (most addicts are compulsive); others are merely bad "habits" which can be dropped with a little conscious effort. Obsessive-Compulsive disorders are dealt with in chapter 5.

Compulsive spending or overspending

Compulsive spending, impulse buying, and over-spending to the point of financial disaster are good, fun habits gone awry. The interesting, exciting activities of shopping have become an obsessional escape and/or an irrational way to handle emotions. The compulsive shopper buys things they want at the moment even if they don't have the money to pay for them. Often this is done to cheer themselves up or to reward themselves during down times, even though their own

history has been of feeling guilty and sad after overspending. The compulsive shopper feels upset, angry and terribly deprived if they can't buy (e.g. insufficient funds) what they want. Unfortunately, after the momentary gratification of buying, they soon feel guilt, sadness, or resentment of the habit, until the urge reappears in a few days. They are willing (compelled is more accurate) to go into debt with no idea how to pay for the purchase. Several studies have found 5% to 10% of the American population are compulsive buyers and another 15% or so are overspenders. Indeed, that's about 60 million struggling with overspending and only 1/3 of Americans are saving anything for retirement. We'd rather buy a new car now than save for our children's education, even though we'd agree that an education is much more important than driving a new car (those long-range goals are easily forgotten).

Depression tends to be high among compulsive shoppers; thus, antidepressant medication is sometimes helpful... and shopping may serve the addict as a self-medication for sadness. Also, because compulsive shoppers often buy things that enhance their image (e.g. clothes or jewelry for the woman or sports equipment, a car, or a motorcycle for the guy), it is thought that buying is often intended to build our sagging self-esteem. It also seems obvious, but I don't know of research supporting this, that over-spending might be a way to "get something from" an unsupportive partner's bank account or to "get back at" a resented partner. What research does show is that habitual shoppers also have higher rates of anxiety, eating disorders, substance abuse, and poor impulse control. Overspending disorders are described in detail by Mellan (1997), Arenson (1991), Coleman & Hull-Mast (1995), and others.

The urge to go shopping tends to occur every few days or every week or so. The urge only lasts for about an hour but, in an addict, the urge can be resisted only about one fourth of the time. Usually the compulsive shopper has no shopping list prepared in advance, only an awareness of their favorite departments. Some, however, are bargain shoppers. The fact is though that, about half the time, they never use their purchase, leaving it packaged, returning it, or disposing of it. What is accumulated are large debts, often several thousand dollars on credit cards. It is not unusual for an addicted spender to spend half the total family income on these shopping sprees.

Clearly an out of control spender needs therapy; they can't stop themselves, but what kind of therapy is best is still unknown (one small study suggests insight therapy is not very effective). For some, anti-depressive medication will be helpful (McElroy, 1998). There are also 12-Step programs available (400 Debtors Anonymous (http://www.debtorsanonymous.org/) groups in the US). Another Web site also provides a DA bibliography and more information about getting out of debt: Debtors Anonymous Information (http://www.debtorsanonymous.org/literature/literature.htm/).

The books cited above give self-help suggestions for controlling compulsive spending and/or debt reduction. There are a couple of others: Catalano & Sonenberg (1993) about controlling your emotions and Mundis (1988) about controlling your budget. It is easy to recommend sensible budgeting or money management methods, like establishing three bank accounts: (1) for day-to-day spending, (2) for essential regular bills, and (3) for saving, depositing the amount needed for (2) and planned for (3) as soon as you get your pay check. By carefully setting (1) to include only a small amount for optional "spending" and by considering (2) and (3) sacred, one might control the over-spending. Any reasonable spending plan would work with most people, but, by the very nature of a serious addiction, this kind of rational decision-making probably won't work. Perhaps it would work if there is a firm commitment to the plan. In many cases, however, initially the compulsive buyer may have to turn money management over to someone else who is willing to totally control the money for all purposes, only allowing the over-spender a small amount each week of account (1) for non-essential shopping. While spending is being controlled by someone else for several months, the addict should concentrate on reducing his/her depression, building self-esteem, and, most importantly, developing truly gratifying constructive activities that demand their time. A person with a lesser addiction may just have to avoid stores. Keep in mind, the urge to shop weakens if you can restrain yourself an hour or so. Some moderately impulsive people can go shopping without money or credit cards (it is possible to have a great time shopping with a friend without buying anything, you know). If a real buy is found, you can impose on yourself a one-day waiting period, then consult with your partner about the appropriateness of the purchase before going back and buying. Several systems like this have worked for many people.

Disorganization is a handicap but you have your own unique style, so you need solutions tailored to your personality (see Schlenger & Roesch, 1990). Gleeson (1995) helps you become efficient at work.

More Specific Problems

Eating disorders

Eating disorders or just overeating--see discussion and examples of 20 Methods for Controlling Behavior given above (mostly for overeating). It is estimated that 55% to 70% of us Americans are overweight, about 25%-35% of us are just plain obese (20% or more over-weight), while another 12% are classified severely overweight. An estimated 44% of us go on a diet sometime during each year, explaining the enormous amount spent on diet books. Fat, especially in our upper body, endangers our health. In women, the risk of heart disease increases with the addition of only 10 or 12 pounds above your ideal weight or your weight at 18. The obese have 3 to 5 times the risk

of heart disease, 4 to 5 times the risk of diabetes, more back trouble and, in general, a lower quality of life for a shorter while. Note: being obese or even just a little over-weight is regarded negatively in our culture (Moyer calls it "demonized"). Remember, being over-weight may have physiological causes and over-eating often becomes a powerful habit that is almost impossible to conquer. Large people deserve our sympathy, not our disdain and rejection.

Just a brief note about the prejudice against fat people: It is one of our culture's more unfair discriminations. About 16% of American parents-to-be would abort an untreatably fat child if it could be predicted, that's about the same as a retarded child. Fat people scare many children by age 3 or 4 because they look different. In grade school, children often describe their over-weight peers as dirty, lazy, ugly, stupid, sloppy, etc. Teenagers sometimes cruelly tease and insult them, often avoiding them. One study showed that college students would rather marry an embezzler, a drug user, a shoplifter, or a blind person than a obese person. The very over-weight are often denied jobs and health insurance; they earn 24% less than others; they frequently have few friends. Obesity (and the way other people react to them) often leads to low self-esteem and deep depression. (Most of this information comes from Carey Goldberg's New York Times article on 11/5/00.) As a culture, we need to find ways to control our weight *and* ways to curb our prejudice.

There is clear evidence that obesity is correlated with many more medical problems and expenses than smoking or drinking, but this relationship may not be causal or as simple as it seems. Dr. Glen Gaesser (2002) reports that today's popular health literature implies that being over-weight is responsible for 300,000 deaths a year. He believes fat may not be the main villain because several other unhealthy characteristics are often associated with being over-weight, such as poor diet, lack of exercise, poor fitness, bad dieting habits, inadequate health care, and so on. Providing some confirmation of this notion, Dallas's Cooper Institute has found that the high mortality rates among the obese was explained by activity levels, not weight. Those researchers suggest that a brisk 1/2 hour walk every day will result in the same mortality rates as thin people have. Books for weight-control may be over-emphasized while books about exercise are under-emphasized. See exercise.

Ordinary, simple overeating is very common but there are several types of quite serious eating disorders. Overeating can develop into frequent recurrent overeating episodes called Binge Eating Disorder. There is a chance that bingeing and/or very strict dieting can develop into Bulimia or Anorexia. Bulimia involves impulsive binge eating followed by harmful self-induced vomiting, laxative or diuretics use, and compulsive exercise. Anorexia involves seeing one's self as fat when in reality you are very thin; this is a dangerous disorder because anorexics may refuse to eat, eventually starving themselves to death (1 in 10 die from a related cause). About 10 million American women have an eating disorder, although it is adolescent and young women

who account for 90% of the disorders--50,000 will die as a result. About 15% of teenage girls have some kind of eating disorder but only 1/3 seek help (some are embarrassed, others do not realize they have a serious problem). Bulimics often remain normal in weight, so no one else knows, but between 1% and 3% of young women suffer this disorder. Men are as over-weight as women but they do not have anorexia and bulimia nearly as often.

Although often left untreated, eating disorders can devastate the body and the mind (depression, anxiety, addictions). I won't give details, but believe me, this is a serious matter. Eating disorders and/or being obese (say, 50+ pounds overweight) should usually be treated by professionals--these are deeply ingrained addictions and often not responsive to self-help. Ideally a team is needed: psychologist, physician, and nutritionist. Ordinary overeating or moderate overweight may be a self-help problem. But when your weight creates a physical problem or a serious psychological problem or if your self-help efforts just aren't working any more, get professional help. Some sources of information and professional treatment for eating disorders are given below, but the self-help methods and references mentioned here are for toning up and shedding up to 20-30 pounds over many weeks or months.

Losing weight requires either taking in less or burning off more. The research strongly suggests that both a restricted diet (fewer calories, less fat, more fruit and vegetables, less snacking, avoiding rich foods) and an exercise program (burning 1000+ calories per week) are necessary for most overweight people. Indeed, some studies have indicated that for some people weight loss may only come with vigorous (90% of maximum) exercise for months, not light exercise. Hard exercise seldom makes you feel tired, to the contrary, exercise usually gives you energy (although you may go to sleep earlier). There are people, however, who find hard exercise so unpleasant that they would stop trying to lose weight if they had to exercise. So, adjust to your needs. Feeling tired is often actually caused by the lack of exercise, called "sedentary inertia." So, a demanding exercise program is for some a must, for others moderate exercise and a restricted diet will work. Several Web sites discuss exercise: APA Help Center (http://helping.apa.org/) and CNET: Downloads (http://www.download.com/?st.dl.subcat32.tbbot.dl) contain 50 or more software programs to aid weight loss via exercise. Many search engines will generate a few thousand weight loss and exercise sites.

It has been demonstrated that many women are in a bad mood (more depression, insecurity, and anger) after viewing pictures of fashion models. Some therapists think the combination of envying thin models and a negative self-critical mood prompts women to binge and then purge. Note: eating disorders increased 5 fold in teenaged girls soon after TV came to Fiji. There can be no doubt that Americans are unhappy with how they look, about 65% of women are dissatisfied with their weight. How dissatisfied? *Psychology Today* (Jan, 1997) did

a survey that showed that 24% of women and 17% of men would sacrifice three years of their life to be their desired weight. It becomes an unhealthy cycle: body loathing causes emotional distress which increases the disgust with the body. Psychology Today's suggestions for accepting and feeling better about your body are: Stop looking at fashion magazines or ads anywhere. Realize your self-concept must be much broader than looks; weight isn't what makes you a good or bad person. Appreciate all the uses, abilities, and uniqueness of your body just as it is. Do things that make you feel good about your body--exercise, dress well, have good sex, etc. Change or get out of negative relationships. Develop positive self-talk about your looks to replace the criticism. Learn people skills, especially empathy, "I" statements, and assertiveness (ch. 13), so you are more caring and likeable (counterbalancing the prejudices people have against overweight people).

Clearly one of the questions facing every overweight person is this: Is the problem my habitual overeating or some underlying emotions that drive me to eat? The answer is not easy. Being over-eating may upset us and emotions may cause over-eating. For example, overweight 9 and 10-year-olds do not suffer low-esteem but by 13 or 14 they do! On the other hand, people dieting, who have a history of depression, are at risk of becoming depressed again (the same is true of people stopping smoking). So, the answer is "well, for some people it is just family customs or habits of loving beer and pizza" and for other people the answer is worry about body image, depression, marital stress, conflicts at work, workaholism, or hundreds of other possibilities. You may need to figure it out in your case.

Capaldi (1996) tries to help us understand how eating patterns are based on life experiences and how to change those patterns. Thompson (1996) explains more about the connections between body image and eating. A good book to help you start exploring the emotional possibilities underlying eating is Abramson (1998). To consider the more psychoanalytic reasons for overeating, such as an unconscious desire to be fat or a fear of being thin and sexy, read Levine (1997). There is probably no way to determine with any certainty the role of emotions in driving your food/drink intake except by (a) keeping a diary of the events in your life, your emotional reactions and your food intake, (b) openmindedly reading therapy cases and asking yourself "Could this be true of me?" or (c) getting therapy.

Keep in mind that although a lot of research is being done and much is thought to be known, we are still pretty ignorant about all three--weight, emotions, and changing our bodies. Many studies are small, say with 20 subjects or so, and result in conflicting "findings," other studies are suspect because they were supported by companies selling a product or people pushing a diet, and some pronouncements just aren't true. For instance, a recent study (Anderson, 1999) reported that very over-weight dieters who went on a very low calorie diet (500-800 calories per day) and lost weight quickly had kept more

pounds off seven years later compared to slow losers. That is in conflict with the standard expert recommendations, like Weight Watchers, of a slow loss of weight by learning new eating habits. Likewise, it is popular to pronounce that losing weight (e.g. 5% or 10% of your weight) doesn't prolong life but exercising does. Yet, there are new findings (Scientific American Frontiers, Public Television, Jan 25, 1999) suggesting that a very low calorie but nutritious diet improves health and prolongs life by a very significant amount, at least in mice. Let's not get too certain of what we "know." One thing everyone agrees on however: consult with a doctor if you are considering an extreme diet (which may cause gallstones and perhaps other problems).

Important health concerns and our excessive obsession with thinness result in the brisk sale of diet, cook, and weight loss books. The hundreds of new diet books every year mainly repeat each other. And nutritional theory changes like fashions from a high carbohydrate diet to high protein diet to low fat, back to a Mediterranean diet (with olive oil), and we will go to something new next year. Pritikin (1998) says there are three ways to lose weight: (1) a restricted diet (but many are always hungry), (2) high protein, low carbohydrate diet (not healthy and still hungry), and (3) low fat, high fiber diet (his diet=veggies, fruit, grain, low-fat animal foods). In any case, the food intake has to be well controlled to lose weight, so it is important to be nutritionally well informed. See Wills (1999), *The Food Bible*, and Food and Drug Administration (http://www.fda.gov/, NIDDK Health Information (http://www.niddk.nih.gov/health/nutrit/nutrit.htm), or Dietary Guidelines (http://www.health.gov/dietaryguidelines/).

Another critical skill is behavioral self-control as spelled out in the American Dietetic Assoc. (http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/index.html/), Cyberdiet.com (http://www.cyberdiet.com/reg/index.html), S-H & PSY, Cyberguide to Stop Overeating http://www.selfhelpmagazine.com/articles/eating/index.html), About Weight Loss (http://weightloss.about.com) National Eating Disorders (http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=294), Overeaters Recovery (http://www.therecoverygroup.org/), Growth Central (http://growthgroups.com/BingeEating.htm), which offers individual and group programs, and Obesity & Weight Control (http://www.weight.com/) which is mostly about drugs for losing weight. Like the weight loss books, the Web sites are very redundant. Two or three should be enough.

Local diet and exercise centers are also available almost everywhere. Remember before investing money that most diet programs produce weight loss but 95% fail eventually, usually within one to five years. However, the better your general coping skills, as described in the Methods section of this book or in the books cited above, the more likely you will take it off. And if you focus on relapse prevention and maintenance, you can keep the weight off. It is probably fair to say that the people who maintain their weight loss also

exercise for life, have social support, understand behavioral self-control methods, and confront their personal-emotional-interpersonal problems directly.

The strength and tenacity of bad eating habits is shown by Perri's (1998) review of the effectiveness of weight loss programs with obese patients. Most programs take off some weight and some programs continue the maintenance of weight loss by extending the treatment and using phone calls as follow up. But, as Perri says, maintenance effectiveness tends to dissolve after termination. That means that you have to pay as much attention to relapse prevention as to weight loss. See Relapse Prevention in chapter 11 to control your impulse eating and re-start the weight loss plan as soon as you regain two pounds!

Opinions differ about dieting. The professionals who work with anorexics and bulimics caution against diets because severe dieting is seen so often in their clients' history (they favor exercise rather than diets). To prove their point a recent study found that the 8%-10% of teenage girls who dieted severely were eighteen times more likely to develop an eating disorder than girls who had not dieted. (It shouldn't surprise anyone that diets are the first step but the study underscores that severe dieting may serve as a warning sign.) Another group of professionals simply say all diets are bad because they don't work in the long run. On the other hand, professionals dealing with very overweight clients consider diets to be a main solution to serious health problems. The facts are: obesity is certainly a health risk; weight loss is usually beneficial but can increase certain risks, e.g. yo-yo dieting year after year is associated with certain chronic diseases; diets do work (maintenance often fails); learning how to maintain weight loss is badly needed (Brownell & Rodin, 1994).

Many diet centers and hospitals offer classes for extremely overweight people which provide detailed knowledge about how the body uses food, the role of fiber and fat, how to prepare better meals, and how much exercise is needed. Many (indeed, most) people don't know these things about nutrition, but once they know exactly how their diet and exercise program needs to be changed, they will often do it. I urge you to get that knowledge. Two of the better current books about fat and nutrition are by Bailey (1991, 1999) and Ornish (1993). Bailey also has four PBS videos (1-800-645-4PBS). It is commonly thought that very strict diets will be so unpleasant that people will not stick with them, but research has shown that stricter diets are actually more effective. Strict diets tend to be simpler and easier to follow.

Losing weight may require attention to your feelings and interpersonal relationships. Obviously, if overeating is a misguided attempt to handle some emotional pain, the emotions need to be dealt with. See Abramson (1993) for ordinary "emotional eating" and Sandbeck (1993) for the shame, guilt and low self-esteem that often underlie bulimia or anorexia. Virtue (1989) and LeBlanc (1992) also

address this specific situation. Farrell's Lost for Words (http://human-nature.com/farrell/contents.html) a psychoanalytic view, is online. Empty lives can cause cravings for food; unhappy spouses gain two to three times the weight that happy spouses do! For the various unhealthy psychological uses of fat in a marriage, see Stuart & Jacobson (1987). Therapists report that over-eaters often need unusual attention, nurturance, and warmth. Roth (1989, 1993), a good writer, and Greeson (1994) have written that food is used to replace the love that is missing. It has been reported that depression may increase while dieting but people are usually happier after the fat is gone (Brownell & Rodin, 1994). Interestingly, interpersonal therapy focusing on relationships and attitudes toward weight has been just as effective as cognitive-behavioral therapy focusing on eating habits. Self-help groups are often helpful, too (Weiner, 1999). To find a support group online: Mental Earth Community (http://www.mentalearth.com/), PsychCentral's Forums (http://forums.psychcentral.com/), Support-Groups (http://psychcentral.com/resources/Other/Support_Groups/), Support Path (http://www.supportpath.com/), Eating Disorder Recovery Online (http://eatingdisordersonline.com/), and a newsgroup at alt.support.eating-disordFAQ. Another resource you should consider seriously is Overeaters Anonymous, a world-wide organization. To find a local group see Overeaters Anonymous in your White or Yellow Pages or email overeatr@technet.nm.org for information. There are two OA Web sites: Recovery (http://www.therecoverygroup.org//) and Overeaters Anonymous (http://www.oa.org/index.htm). Keep in mind that 12-step programs, like OA and AA, need to be supplemented with nutritional information and cognitive-behavioral self-help methods. A caution: it has been reported that some anorexics become more anorexic after interacting with fellow anorexics in support groups or chat groups.

Since most people try to lose weight on their own, it is to be expected that self-help programs and methods will appear. Fairburn (1995) has developed a science based self-help program for overcoming the binge eating. Crisp, Joughin, Halek & Bowyer (1997) offer self-help to anorexics. Schmidt & Treasure (1994) describe self-help methods for bulimics. Remember, serious eating disorders need professional help too. Peterson, et al (1998) found that a structured group self-help approach was as effective with binge eaters as therapist lead psycho-educational and discussion groups. Burnett, Taylor & Agras (1985) and, more recently, Personal Improvement Computers (http://www.lifesignusa.com/) have developed small hand-held computers that assist moderately overweight patients to control and monitor their food intake.

Web sites providing information for losing weight were given above but even more sites are offered for understanding the more serious eating disorders: Eating Disorders (http://weightloss.about.com/ (see "Best on the Net"), MHN-Eating Disorders (http://mentalhelp.net/poc/center_index.php/id/46), ivillage diet (http://diet.ivillage.com/), Eating Disorders (http://www.mirror-mirror.org/eatdis.htm), Futter's Eating Disorders

(http://home.comcast.net/~j.futter/anorexia.htm), Healthy Women (http://www.healthywomen.org/healthtopics/eatingdisorders), Find Counseling.com (http://www.findcounseling.com/national/eat.html), Surgeon General (http://www.cdc.gov/), Assoc. of Anorexia Nervosa & Associated Disorders (http://www.anad.org/site/anadweb/), Something Fishy's Eating Disorders (http://www.something-fishy.org//), and, lastly, a list of treatment programs for serious eating conditions, Binge Eating Treatment (http://win.niddk.nih.gov/publications/binge.htm). Bulimics and anorexics usually have additional psychological and interpersonal problems beyond the abnormal eating. They often have poor social skills and are frequently in conflict with family members. Young bulimic women tend to be dependent and have trouble separating from their mothers. Judi Hollis (1994) says she has never met a starving or bingeing woman who wasn't raging inside, usually at her mother. Serious eating disorders require professional treatment.

People with eating disorders need to learn better communication and problem-solving skills and, then, change their eating-exercise habits, such as having regular meals that include previously avoided foods, learning new ways of handling the bingeing-purging situations, and modifying their attitudes towards their shape and weight (see the previous section in this chapter). This usually means therapy. Thus far, the cognitive-behavioral methods are only fairly effective with bulimia by persuading the patient to stop dieting since bingeing is a natural reaction to starving the body (Wilson, 1993). Also, after the binge-purge cycles stop, the person needs to cognitively accept his/her "natural weight," based on healthy food and exercise. Keep in mind, serious eating disorders are remarkably resistant to change; only half of patients in treatment will be fully recovered in five years (American Journal of Psychiatry, 1997, vol. 153). Like all long-term disorders, bulimia and anorexia place great stress on the family; they all may need help (Sherman & Thompson, 1997). Unfortunately, the prevention programs for young at risk women have, thus far, not been effective. These urges are hard to change.

There are many additional sources of help. See Bennion, Bierman & Ferguson (1991) for a factual discussion of weight control. Parents worry about their children's weight too; there is help (Archer, 1989). Perri, Nezu, & Viengener (1992), Epstein, et al (1994), and Brownell & Wadden (1992) provide therapists with guidelines for managing serious obesity. For information and referrals about anorexia and/or bulimia, call 847-831-3438. For more information about locating Cognitive-Behavioral therapists, call 212-647-1890 or try the Web site for ABCT (http://www.aabt.org/. All obese people and persons with an eating disorder should have a psychological or psychiatric evaluation, including an assessment of the family. Most importantly, you must realize that extreme anorexia, called "the fear of being fat," can be fatal (5% die, half from complications and half from suicide); don't put off getting professional treatment for anorexia and bulimia, three-quarters can be helped by behavioral therapy. See eating disorders at the end of the next chapter.

Guidelines for Losing Weight if Moderately Overweight

1. Remember the expertise of three disciplines is involved: psychology, nutrition, and medicine. You need to know some of all three. See Nutrition.gov (http://www.nutrition.gov/).

2. Become familiar with the 20 Methods for Controlling Behavior described above.

3. Realize that good weight loss is probably not starving, a crash diet, pills, or a special “program,” it is simply acquiring the habits to eat good tasting, healthy food in the right amount for the rest of your life. For some dieters, especially those with a lot to lose, a special diet is necessary to get satisfying results. Get your "bulk," as my Grandmother used to say. That means high fiber--vegetables, beans, fruit, nuts, and grains--which give you only half as many calories as meat, sugars, cheeses, and fried foods. An occasional "day off" may make a long diet more tolerable.

4. Weight loss almost always involves increased exercise. See ACE Get Fit (http://www.acefitness.org/getfit/default.aspx?lid=GetFit_BoxImage/). Be active, move around even in sedentary jobs; it’s good for you. If exercise is hard for you and you do little, read Fenton & Bauer (1995) who recommend walking. Also, strength training ("pumping iron") will add muscle as fat comes off; muscle burns more calories and keeps your metabolic rate high (Nelson, 1999). If you are not used to hard exercise, see a physician, build up gradually, and guard against injuries.

5. To drop one pound of weight each week: Cut 250-300 calories per day (1 candy bar, 2 light beers or soft drinks, 3-4 oz. of meat or cheese) AND exercise more each day (1 hour walking or yard work, 1/2 hour jog or bike ride, 1/2 hour swim). One pound=3500 calories.

6. Find a time of relative quiet in your life to start your new eating/exercise habits. Once started, avoid missing any days (if it happens, get back on schedule as soon as possible).

7. Eat at times and in sufficient amount so you don’t get hungry. Relax and enjoy eating. Don’t let your calorie intake drop below 1100 calories per day.

8. Your genes may be a factor. Eating Disorders and being overweight tend to run in families (that doesn’t prove it is genetic). However, depression, low self-esteem, helplessness, poor body image, anxiety, obsessive-compulsive habits, and sometimes perfectionism, addictions, and impulsiveness also run in families with Eating Disorders. Histories including teasing, rejection, abuse, death of a loved one, and giving birth are common. These factors make losing weight a little harder but they won’t stop a determined self-helper.

9. Realize that medication can be of help with certain eating disorders, especially bulimia.

10. If changing your eating habits seems to be impossible after several weeks of trying, get serious about discovering the emotions and needs underlying your overeating (see the books and Web sites listed above). If that doesn't work, get professional help from a psychologist with experience in this area.

11. Find the emotional roots of your urge to eat. What are the psychological concerns (relationships, frustrations, needs) underlying the eating problem. If you can reduce those concerns, you have a better chance of stopping overeating and of avoiding relapse (The Weight Control Digest, May/June, 1997).

12. Keeping a food diary is very helpful, especially if you record the circumstances in which the urge occurs, what you were thinking, feeling, and doing immediately before hand, and how you responded to the urge to eat. A graph showing your progress can be very satisfying. A recent study at Duke University shows that bingeing by women is triggered by depression, getting off their diets, gaining weight, low self-esteem, and anxiety. Bingeing by men is preceded by anger, getting off their diets, thoughts of food, conflicts, and fasting. Plan ways of dealing with your triggers to binge.

13. Celebrate and brag when your pants are loose and slipping down. (Actually it is important to reward in some brief way the achievement of each daily and weekly goal.)

14. Make plans to maintain your gains. Use relapse prevention if needed. In any case, get serious about your weight whenever you gain 2-3 pounds over your desired weight, taking into account your normal weight changes by time of day and, for women, time of month.

15. Live a long, active, healthy life.

Gambling

Gambling: Many people occasionally gamble small amounts at a local state-approved casino or on trips to Atlanta or Las Vegas. They are social gamblers, like social drinkers, and some spend quite a bit of time in a casino but they are not out of control. Most people gamble for excitement, novelty, and fun; some do it to escape stress. Unfortunately, the people who need money the most, gamble the most. People who make less than ten to fifteen thousand dollars a year gamble six times more often than those who earn over fifty thousand dollars a year. About 1/3 of problem gamblers are women.

We aren't talking about gambling for fun here; we are discussing a powerful habit or mindset that occupies most of your free time, wipes out your savings, leads to stealing, writing bad checks, and neglecting

your children, and destroys relationships. Gamblers drop over 50 billion dollars every year, 30% comes from problem gamblers. That's more money than spent on movies, recorded music, theme parks, and sports events combined! That's huge. Ironically, gambling brings in 12 billion to 37 state governments, but those states spend only 20 million to help the addicts, with ruined lives, get treatment, education or prevention.

Robert Custer, MD, writing for the Illinois Institute for Addiction (http://www.addictionrecov.org/addicgam.htm), describes three common phases in gambling addiction. First, there is a winning experience or phase, a happy time that hooks them into hoping for more windfalls. They quickly become unduly optimistic ("I have a feeling I'm going to win") and start betting larger amounts. Second, is the inevitable losing phase. Still bragging about previous winnings, they now start to gamble alone and obsess more about winning back their losses. The problem, as they now see it, is how to get more money so they can recoup their losses. They start lying about their activities and losses; they raid or beg for spouse's and relative's money; they may become withdrawn, anxious, and irritable when they can't pay their debts. Last is the desperation phase. Many feel hopeless panic knowing they are in an impossible economic situation. They may blame others or get very depressed, about half abuse alcohol or drugs. Divorce, arrests (2/3's commit crimes), mental breakdowns, etc. are not uncommon.

The Illinois Addiction Recovery web site (see above) has a test to help you determine if you have a gambling problem. Over 85% of Americans have gambled at least once, so remember it is causing problems and getting into trouble that defines a serious addiction. Gamblers with significant problems make up only about 1%-2% of the American population. It is important to note, however, that teenagers are three times more likely than adults to become problem gamblers. Each "problem gambler" costs the taxpayers about $3000 a year, according to the University of Chicago's National Opinion Research Council. Moreover, as the state-run lotteries become more popular with huge payoffs, addiction rates go up. Every gambler in some part of his/her mind recognizes that in the course of time he/she will almost certainly lose money. Yet, gambling enthusiasts somehow contort their minds into believing that they not only can win but have a "good chance" of winning. It is very irrational thinking.

There is evidence that Cognitive-Behavioral treatment focusing on correcting misconceptions about gambling (as well as teaching problem-solving, social skills, and relapse prevention) can be successful (Sylvain, Ladouceur & Boisvert, 1997). However, most of the gambling treatment centers associated with hospitals and psychiatrists are, like alcohol programs, associated with 12-step programs (see Gamblers Anonymous (http://www.gamblersanonymous.org/) or call 1-213-386-8789). The Gambling Help Line (1-800-522-4700 or 1-800-GAMBLER) offers crisis counseling and information, including treatment and GA group

locations. Gam-Anon can be reached at 718-352-1671. The search engines, such as Yahoo and Alta Vista, list some of the gambling treatment programs available around the country. Few treatment centers will serve gamblers who have lost their savings and health insurance, and can't pay for the services. Gamblers in serious trouble only have Gamblers Anonymous.

More information is available from the National Council on Problem Gambling (http://www.ncpgambling.org/). Also, some states have comprehensive Web sites concerned with several types of addiction, such as the Illinois site cited above and the Michigan Compulsive Gaming Help Line (http://www.state.mi.us/mgcb/compulsv.htm). Other Web information sources include Gambling Treatment (http://www.robertperkinson.com/gambling-treatment.htm) which is just one of about 10,000 treatment centers (see the search engines). Hazelden (http://www.hazelden.org/) offers several books about this addiction, mostly testimonials, inspirational, or informational, not many explicit self-help approaches. Indeed, the general view seems to be that gambling addicts with serious problems must seek treatment, not try to do self-help themselves. Walker's (1996) book while descriptive does not offer a lot about treatment and even less about self-help methods. Of course, self-control is probably possible for most people who are just starting into the losing phase. This entails just staying away from gambling, i.e. cutting your losses, and avoiding, at all costs, the temptation to "chase" your losses (trying to recoup your losses by betting more). If that doesn't work, get help.

Hairpulling (trichotillomania) becomes a strong habit, often resulting in bald spots. A recent study (Keuthen, O'Sullivan & Sprich-Buckminster, 1998) has reviewed several approaches and found that the treatment of choice, at this time, is habit reversal training described above. See also Habit Reversal (http://www.dbpeds.org/articles/detail.cfm?TextID=37). Other treatments were less successful: Cognitive-behavioral, punishment, and psychiatric drugs.

Internet addiction

Internet addiction is a new affliction for human-kind. With millions of people around the world, including 60 million Americans, logging onto the Internet, there is bound to be some addiction. Like workaholism, Internet "addiction" is not using the Internet for many hours of work and pleasure. To be an addict, as I'm using the term, the logging on has to cause problems, such as in the 5% to 8% who become so "hooked" that they spend almost all their spare time online, even going without sleep. Other Internet users (about 15% of total Internet users and far more men than women) become attracted to pornography online, some of them spend a lot of time and money being a voyeur and avoiding real relationships. (Keep in mind that about 80% of Internet users are married, committed, or dating someone.) Still others, twice as many women as men, spend

inordinate hours seeking friendships, support, emotional exchanges, and/or flirtatious-sexual interactions in newsgroups, forums, and chat rooms. Some young people spend hours with interactive computer games. All this time spent online reduces the time available for face to face relationships, for productive work and learning, and for recreation/leisure/physical activities. Therapists working in this area observe that addicts frequently deny any problem until confronted with a personal crisis, like doing poorly in school, getting caught misusing a computer at work, or facing criticism from a partner. If you spend more than a couple of hours per day on the Internet playing games, flirting, or seeking sexual-pleasure, you should ask yourself if this is the best use of your time.

Probably thousands of married people have had emotionally involved “affairs” online, some even sneaked out to rendezvous. When caught, these online relationships can devastate a marriage. Other examples of problems: parents have been charged with child neglect caused by this addiction. One study found that people judged to be Internet addicts averaged (in excess of work hours) 30 hours per week online (for a few it was 100 hours per week). Students have flunked out of college because they were online so much. Contrary to what you might believe, the average Internet addict is not a teenager, but 30 to 40 years old, 40% are women, and one third earn over $40,000 a year. A surprisingly high percentage of Internet addicts have a psychiatric disorder, often manic-depression, anxiety, low self-esteem, anorexia, an impulse control disorder or a substance abuse problem (Shapira, et al., 1998).

Another survey of Internet users (Cooper, Scherer, Boies & Gordon, 1999) also found that the people who frequently logged onto sex-oriented sites often have psychological problems and stress, including running risks to real relationships. However, these authors believe occasional visits to sex or flirtation sites may be harmless entertainment for most people. Yet, they say that the 8% of heaviest users of such sites (11+ hours/week) may be harmed, primarily by exacerbating their sexual compulsions. The study also noted that about 60% of the respondents using sex related sites didn’t tell the truth about their age, almost 40% had pretended to be a different race, and 75% kept secret how much time they spent on such sites while denying any guilt about the activity.

For those of you interested in more information about the connection between pornography and sexual activities or acting-out, Dr. Victor Cline's description of his treatment of pornographic addictions is at ObscenityCrimes.org (http://www.obscenitycrimes.org/vbctreat.cfm). The Surgeon General's Office has also produced an unclear report on the effects of pornography (the scientists on the commission disagreed with each other). Not all researchers believe that pornography is a consistent cause of sexual aggression. Often aggressive tendencies are seen *before* the offender started looking an pornography (Seto, Maric & Barbaree, 2001, in *Aggression & Violent Behavior*, 35-53); likewise,

the offender had often been abused himself as a child before he got access to pornography, so we don't know for sure what the primary causes are. Keep in mind, too, that many writers of the material cited in this section are therapists or evaluators working with addicts who have gotten into deep psychological, interpersonal or legal trouble because of sexual addiction. These writers have found and report that people who cheat on their spouses, who abuse children, who rape do not restrain themselves from looking at pornography. No surprise there. What we don't know for sure, yet, is if there are avid viewers of pornography who never mistreat or abuse anyone...and who have good healthy sex lives and loving relationships. If such people exist, we don't have professional experts writing about that group yet.

A psychiatrist, Dr. Kimberly Young (1998; 2001), has done a three year study of Internet addiction, written two or more books, and developed a Web site, Center for On-line Addiction (http://www.netaddiction.com/). The Web site is mostly ads for her books and services but there is a test for Internet addiction there. Her focus in her first book is on who gets hooked, why and how, and what can be done about various kinds of addiction. She, like other investigators, believes that persons with psychiatric histories seek out newsgroups, forums, chat rooms, or interactive games hoping for relief, but the old emotional problems lead to Internet addiction. Her more recent book is about cybersex and provides more specific steps to extricate oneself from porn and affairs. Another book (Gwinnell, 1999) focuses more specifically on the seductive falling-in-love experience of some Net addicts. Both of the above authors and Dr. Orzack at Computer Addiction.com (http://www.computer-addiction.com/) recommend keeping careful records of your time online, setting time limits for the pornography or in chat groups, cutting back on email lists, rewarding keeping to the schedule, and so on. Success is reported in 6 to 8 therapy sessions, but some ex-addicts state that total abstinence from their online temptations were necessary for them; otherwise, like the ex-smoker, one brief experience hooks them again. As one relapsing addict commented, "...I thought I had broken the compulsive habit, but once I returned to my favorite sites, I immediately experienced the same "buzz" and "high" that had lead me into difficulty..." Some people will just have to stay completely away from parts of the Internet.

I would caution you, however, that even some of the writers in this area, including Young (1998), seem to feel negative about online relationships, implying that trustworthy, intimate, devoted friends must be face to face (what about letter writers and phone callers?). Dr. John Grohol writes about this bias in his MHN Internet Addiction, (http://mentalhelp.net/poc/center_index.php/id/66) review of Dr. Young's book. To the contrary, one reason why people are attracted to the Internet is so they can get and give support, empathy, and advice. Sometimes it is easier to "open up," perhaps anonymously, on the Internet than in person. It is true that one has to guard against getting excessively "hooked," just as we need to keep under control watching TV, talking on the phone, listening to music, socializing instead of working/studying, etc. MentalHelp.net lists several web sites about this

addiction in MHN Internet Addiction (http://mentalhelp.net/poc/center_index.php/id/66) and Dr. Grohol does in Psych Central (http://psychcentral.com/netaddiction/). For several more articles go to Self Help Magazine (http://www.selfhelpmagazine.com/search.html) and type in "Internet addiction." For many good Web sites go to Yahoo Internet AddictionSites (http://dir.yahoo.com/Health/Diseases_and_Conditions/Internet_Addiction/).

Lack of Exercise can become a serious health problem, especially if you are over weight. If you are a couch potato, a regular exercise routine is hard to start. Many never start. About 50% drop out of a new exercise program within the first three months. Think about the negative consequences of not exercising and the positive ones of exercising. Arrange things so you will start; make it fun, then a habit. But once established as a consistent habit, a "need" for exercise develops which makes it easy to continue exercising. Professionals consider Cooper's books (1970; 1988), one for men and another for women, to be the best guides to exercising. Dishman (1993) focuses on learning to stick with an exercise program. More discussion and references are in exercise.

Homosexual tendencies have been reduced by punishment (Feldman & MacCulloch, 1971), by increasing heterosexual interests and skills, and by religion. But it is rare to change sexual orientation. It would usually be easier to accept the sexual behavior and focus on coping with the problems of being gay or lesbian, especially if there are physiological predilections. Each person must choose. Homosexuality is discussed in chapter 10.

Lack of motivation and underachievement have been covered in the motivation section in this chapter. Miller & Goldblatt (1991) and Mandel & Marcus (1995) also discuss psychological reasons for advantaged young people underachieving. Covey's (1989) *The 7 Habits of Highly Effective People* is recommended by professionals (Santrock, Minnett, & Campbell, 1994). His new book, *First Things First*, emphasizes developing a "mission statement" for your life and, thus, having worthwhile goals to work toward (Covey, 1994). Also see chapter 3 and Method #7 in chapter 14.

Lonely and want to find love? Look over chapters 9 and 10 (see Raphael & Abadie, 1984).

Nail biting and thumb sucking have been punished with a bitter substance from the drug store applied to the fingers. The bad taste is also a warning signal to stop.

Obsessive-Compulsive disorder

Obsessive-compulsive disorders often involve obsessions that lead to ritualistic behaviors, like hand washing. The rituals relieve the

worry for a short while, and the obsessions begin again. The disorder may be genetically or chemically caused to some extent (relatives of these patients are five times more likely--10%--than normal--1 or 2%--to have similar symptoms); the symptoms tend to develop before 18. Drug treatment, such as Anafranil or Prozac, helps about 60% of the time (see a MD). Known as the "doubting disease," these patients can't be sure they have washed all the germs off their hands or that they have locked all the doors and windows. The obsessions are frequently "primitive," i.e. about being clean or safe, and, thus, may be a throwback to early ancestors.

Another factor in this disorder is the impact the compulsions have on family members, e.g. they help the patient with the excessive cleaning or arranging, they avoid using a part of the house to make the patient more comfortable, they become a part of the patient's rituals, they give in to the patient's unreasonable demands (Calvocorressi, 1995). It is unknown, at this time, how much this accommodation by the family reinforces the compulsive behavior. Behavior therapy usually involves deliberately getting your hands dirty and not washing all day or intentionally leaving doors and windows unlocked for a few nights (Baer, 1991). This could be done as self-help.

Since it usually causes great anxiety if the compulsion is not performed, we will deal with this disorder in chapter 5.

Passivity is covered in chapters 8 and 13 (Method #3).

Procrastination is dealt with extensively earlier in this chapter.

Psychotic behavior is not something the person, friends, or relatives can ordinarily deal with; professional help at a Mental Health Center is needed right away. Medication and psychotherapy can help.

Satisfying but unwanted responses, e.g. critical or bragging comments, being loud, flirtatious, or bossy, can be replaced with more desirable behaviors. Coaching and practice are needed.

More Specific Problems, Part 2

Sexual addiction

Sexual addiction: is very hard to define. There is a thin line between the normal and the abnormal. For example, thinking about sex a lot, say many times every day, is not ordinarily considered an addiction (maybe an obsession) but spending several hours a week looking at

pictures of nudes may well be an addiction. Is the average young male who masturbates 3 or 4 times a week addicted? Probably not; if he had an alternative, the masturbation would stop. If a loving couple has good sex twice a day, morning and night, is that an addiction? Probably not, but if that is their only way of being reassured that they are sexy and/or loved and then one decides he/she doesn't want it so often but the other can't stop, then he or she is addicted . If someone masturbates twice a day, is that an addiction? Maybe not, but if that is their only way of imagining or gaining intimacy with another human being, then they might be considered addicted. Addiction is not just a matter of frequency or amount. My 300 pound football-playing grandson eats a lot but is he addicted to food? No. Addiction, in addition to frequency or amount, is an inability to stop a behavior even though it is doing harm--physical risk or harm to your body, legal difficulties, or emotional harm to the addict, to others, or to his/her relationships with others. The behavior is so needed the addict can't quit.

Carnes (1983, 1992), a major writer in this area, classifies different levels of sexual addiction. His level 1 includes excessive masturbation, repeated affairs destroying loving relationships, unusual demands for intercourse, nymphomania, promiscuity, obsession with pornography, frequent use of prostitutes, strong homosexual interests, etc. His level 2 might involve exhibitionism, voyeurism, stalking to seek a relationship, indecent phone calls, etc. His level 3 is incest, child sexual abuse, date rape, stalking to harm, rape, violent control, etc. These levels make it clear that a wide variety of behaviors are considered sexual addictions. The harm done to others is obvious. After getting caught, the addict's self-respect plummets, 75% have thought of suicide. Surely there are a myriad of causes behind these diverse behaviors.

The books by Carnes provide numerous descriptions of sex addiction cases and some discussion of the common background shared by many addicts. For instance, he found that 81% of sex addicts were themselves abused in some way. Many come from unemotional, morally rigid and authoritarian families. 83% have additional addictions--alcohol, food, gambling, antisocial behavior--and, in general, poor mental health and limited impulse control. He reports that many addicts have unusually negative self-concepts (and so do many of their mates): "I am bad," "No one could love me," and so on. Unfortunately, Carnes's recommendations about addiction treatment reflect primarily the usual medical/psychiatric endorsement of 12-Step programs. Unquestionably, being in a good 12-Step group is a good aid to self-control. But many addicts won't go and won't stay in groups. They also need therapy or training that enables them to have insight, cognitive self-awareness, new skills, and better emotional and behavioral self-control. Carnes does provide a Sex Addiction Screening Test (http://www.sexhelp.com/internet_screening_test.cfm/), a Betrayal Bond test, and a book for escaping the bonds that sometimes bind a significant other tightly to an addict or to an abuser/betrayer. Carnes also edits Sexual Addiction and Compulsivity: The Journal of

Treatment and Prevention, which has articles about sexual offenders, women addicts, adolescent addicts, recovery for couples, etc. So, he is a major contributor to this area.

Patricia Fargason, board member of the National Council on Sexual Addiction and Compulsion, says sexual addicts often come from oversexualized homes where the adult's sexual interests intrude to include the children in subtle ways. Or, sometimes, the addict-to-be learns to soothe his/her childhood anxiety, fears, sexual urges, and anger by masturbating and fantasizing; thus, creating a very strong habit. Some psychoanalytic psychiatrists, like Goodman (1998), explore the psychodynamic (and the cognitive-behavioral) aspects of treatment while trying to integrate the currently popular biochemical thinking as well. There is, of course, some reason to believe that sexual activity is influenced by innate sexual drives but much stronger evidence that our daily thoughts influence our sexual drives. The sexual development area is one in which we know very little; for instance, we know very little about the development of ordinary sexual attractions to breasts or behinds or penises or hairy bodies or pornography or promiscuous sex, etc., etc. The attraction to pornography is mentioned in the section above about Internet Addiction.

As Stanton Peele points out, an obsessive over-emphasis on sex can be seen in many teens, during early dating, when "feeling our oats" after a divorce, when a "hunk" or a "hot number" comes into our mundane lives (like Monica into Bill's) and so on. These are not purely biological addictions or some sudden gush of neurotransmitters; they are mental/psychological/emotional/physiological events in ordinary lives, not all lives but some. We get over these sexual obsessions in time and in natural ways. Our culture even idolizes some romantic/sexual obsessions; they too can be nearly impossible to stop. These normal sexual over-reactions must not blind us to the enormous hurt involved in and caused by out-of-control sexual addictions mentioned above in Carnes's levels.

It is estimated that about 6% of the American population has a problem of some kind with compulsive sex. The fastest growing group is young professionals. Treatment programs are developing, costing $800 to $1000 per day! There are also 12-Step programs available in most major metropolitan areas. Besides Carnes and Goodman, Weiss (1996) is another major player and has a Web site, Sex Addiction Recovery Resources (http://www.sexaddict.com) which advertises several of his books, including Women Who Love Sex Addicts and 101 Practical Exercises for Sexual Addiction Recovery. The National Council on Sexual Addiction and Compulsivity (http://www.ncsac.org/) also provides articles, including an article on the "Consequences of Sex Addiction and Compulsivity," and referrals to treatment (phone 770-989-9754 or email ncsac@telesyscom/com). Other outstanding authors are Kasl (1990), who writes about women coping with a sexual addiction, and Anderson & Struckman-Johnson, who describe the life and motives of sexually aggressive (not necessarily addicted) women.

There are several Web sites focusing on sexual addictions: Sex Addicts Anonymous (http://sexaa.org/index.htm) provides a sex addiction test, some literature, and a listing of local 12-Step meetings. Similar sites exist for Sexaholics Anonymous (http://www.sa.org/) and Sexual Compulsive Anonymous (http://www.sca-recovery.org/), the latter provides some self-control suggestions (relapse prevention). A couple of other sites include sex addictions and/or 12-Step programs-- PsychCentral (http://psychcentral.com/resources/Sexual_and_Gender/), and Recovery Zone (http://www.recoveryzone.org/). Other sites deal with Love Addiction (http://findingstone.com/allkindsofstuff/couples/sexual.htm) and Sexual Recovery (http://www.sexualrecovery.com/resources/articles/lovept1.php).

There are, of course, several books for therapists treating sexual addicts and their partners (see Goodman above for a scholarly overview). There seems to be a special interest in sexual addiction by religion oriented writers (and 12-Step groups) but I haven't cited most of those books. There are also books and numerous articles about President Clinton and his possible sexual addiction. I am not citing them either because relatively little is actually known, in spite of our obsession for months, about the president's sexual thoughts and life. In the main, these speculative writings seem to be for an easy publication and/or financial profit, not sound unbiased research nor a quest for knowledge in this scientifically neglected area. In terms of the application of science-based knowledge, there is a belief among professionals that compulsive sex, shopping, gambling, and Internet use are related to each other and to drug and alcohol addiction, but that the addictions are different from the anxiety-based obsessive-compulsive disorders dealt with in chapter 5. The treatment is different but perhaps it doesn't need to be.

In case you are thinking that being a sex addict sounds like an exciting idea, you should become familiar with an addict's life--his or her internal and external worlds. The consequences of sex addiction may include severe depression (often suicidal), guilt and shame, self-demeaning despair, helplessness, intense anxiety, loneliness, moral conflict between ethical values and behaviors, fear of rejection, belief that no one will ever truly love you, a belief that the world is filled with naive, self-serving, or self-righteous jerks, distorted thinking, and self-deceit. Of course, sex addicts embarrass their relatives and friends, get and pass on sexually transmitted diseases, have financial and legal troubles, and they hurt almost everyone they have sex with, in some cases very seriously disrupting lives. It is usually an inconsiderate, morally corrupt life.

What can an addict do? Get therapy! Get into a support group! Sexual reactions that are inappropriate and dangerous, such as attractions to children, stalking or assault, exhibitionism, voyeurism, sexual violence, etc. need immediate professional treatment. Abnormal sexual attractions, for instance, have been extinguished by

pairing pictures of children with electric shock and by using covert sensitization (Rachman & Teasdale, 1970; Barlow, 1974). Is there any self-help available? No well evaluated methods that I know about. Yet, there are some possibilities:

(1) Work to avoid temptations. We all know the situations we get into, the way we act, and the feelings we have when we attempt to contact and attract someone. Moreover, we know the conditions that trigger our seductive behavior, the lines we use, and the thoughts and intentions we have. As discussed in chapter 10 about avoiding affairs, we can identify the initial steps taken towards unwanted temptations. Perhaps discussing the urges with our significant other and/or getting marital counseling would improve the primary relationship and/or improve one's self-control. Joining a self-help group is important.

(2) Self-punish or de-condition the sexual urges. Covert sensitization was mentioned above and you might reduce your urges by pairing the experiencing of the sexual urge or an image of the typical sexual target with very noxious thoughts (having very shaming self-critical thoughts or fantasies of getting caught and divorced or arrested or severely punished). The Methods #18 and #19 in chapter 11 provide some guidelines for this self-punishment procedure. Essentially, this is the opposite of desensitization which reduces your fear of a situation, i.e. you want to increase your fear and avoidance of a situation. By pairing the unwanted-but-tempting behavior (or imagined behavior) with an unpleasant or self-critical thought or with pain, the tendency to think about or to approach a tempting stimulus should decline.

(3) Modify one's attitudes towards the opposite sex. See the section on Turn ons for Men and Women in chapter 10 (or just look up Centerfold Syndrome in this book's search engine). Many of the sexual addictions involve a dehumanization of the target person or group. The addict sees the attractive woman as a physical object made up of sexual parts, referred to as the Centerfold Syndrome. But, in spite of fashions, our sex-laden culture, and the entertainment industry, men can learn to control their disrespectful lustful responses simply by recognizing them as demeaning and offensive. If you can't restrain yourself from "making a pass" at every attractive person in your environment, you need therapeutic help.

Sexual problems, such as lack of interest or orgasms, premature ejaculations, impotence, etc., are covered in chapter 10.

Sleep problems

Sleep disorders include many different kinds of problems, maybe as many as 80, such as *insomnia* which includes being unable to go to sleep, waking up frequently, and waking up too early. Sleep problems also include sleeping too much, daytime sleepiness, bad dreams, fears of or resistance to going to sleep, snoring, restless legs, sleep apnea (disruption of breathing during sleep) and other difficulties. It is

estimated that 25% of us have some kind of sleep problem; 50% will have a problem sometime in our lives. While 10% regularly have trouble sleeping, for those of us who only occasionally have insomnia it usually goes away in a few nights or weeks (often when our life calms down). Chronically waking up early is a classic symptom of depression. Difficulty going to sleep is a common result of intense anxiety. Other psychological disorders and medication for these conditions also disrupt our sleep and change the nature of our dreams. Some sleep-related breathing disorders are related to heart disease and high blood pressure. Sleep apnea is reportedly connected to sexual dysfunctions. Many of these complex connections are not understood. Regardless of the exact nature or cause of the sleep disturbance, it is a very distressful event that affects our days and our nights. Like chronic pain, if it lasts night after night, it becomes a monstrous problem that screams for a solution.

Recent research indicates, contrary to the popular belief that losing sleep doesn't matter, that, in fact, limited sleep (less than 5 or 6 hours in 24) and interrupted sleep seriously affect our thinking, our mood, our work, and our health (Dement, 1999; Coren, 1996). Adequate sound regular sleep is important. We differ in how much we need, some need 10 hours and a few others need only 5 or 6 hours. About 75% of us disregard this need and feel drowsy sometime during the day. It may take some effort to change your too-little-sleep habits, but after getting good, adequate, regular sleep for a few nights, you might be really pleased with feeling refreshed, alert, clear-headed, and eager for the day,

As usual, whenever a large number of people suffer from a given problem, there are many solutions offered for sale: drugs, herbs, books, specialists, and now Web sites. Of course, in extreme cases, medication can almost always help, but many of these drugs should be used only on a short-term basis (there are some drugs that can be used regularly, if necessary). In certain other cases, e.g. where hypertension, Seasonal Affective Disorder, Mental Illness, obesity, and other physical disorders are involved, your family doctor or a specialist must be consulted. But where physical problems aren't the cause, it would probably be best to adjust the body and mind so that healthy sleep comes naturally. There are a host of treatments by professionals and many self-help procedures. Why so many treatments? Because there are so many kinds of sleep problems and because there are so many different kinds of practitioners offering services to people with sleep problems. After all, not being able to sleep well has always been a problem and a mystery for humans. Everyone has solutions.

Research has shown that cognitive-behavioral treatments (Morin & Kwentus, 1988) and various self-help methods are quite helpful.

Healthy sleep habits can be summarized as follows:

(a) Long range: deal with your health problems and have your doctor review your prescribed and alternative (herbal) medicines to see if they could be disturbing your sleep.

(b) Be sure you have a good quality mattress and pillow. Sometimes pillows for supporting your neck, raising your knees, or between your knees are helpful by reducing muscle aches and pains.

(c) During the day: Get up at your regular time. Eat moderate-to-small portions of healthy, easily digested foods, especially at the last meal of the day. Indigestion causes sleep problems.

(d) It is important to exercise every day, but not within 3 or 4 hours of bedtime.

(e) Avoid naps during the day and early evening.

(f) Avoid caffeine in any form (coffee, tea, soda), alcohol, and stimulants in the afternoon or evening.

(g) Closer to bedtime: An hour or so before bedtime, start "closing down" the day. Stop problem-solving, planning for tomorrow, worrying, and self-criticism. Many people find that organizing a list of possible solutions, preparing a To-Be-Done-List, or writing in a journal or diary allows them to retire disturbing thoughts for the day.

(h) Develop a "bedtime ritual." Do things to relax the body and the mind, such as taking a warm bath, reading a feel-good book, listening to soft comforting music, using relaxation methods or tapes, watching TV, reading a slow-moving book, etc. For some people, a light snack is part of the process.

(i) Go to bed at about the same time every night. Time your bedtime so you get plenty of sleep but not too much. With this regularity, the body can anticipate when it will sleep and develop a healthy rhythm.

(j) Make the physical conditions optimal for you: make it the right temperature, make it quiet--turn off or turn down TV and the sound system and mask outside noises with a fan or wear earplugs, make it fairly dark--turn out the major lights, pull the curtains...

(k) Condition yourself to sleep while in bed. This is a simple, powerful method, recommended as a starting point for learning to sleep (Lacks & Morin, 1992). Follow these rules: go to bed only when sleepy or sleep seems possible, only sleep (or make love) in bed and sleep only there, do not do other things in your bed, like study, watch TV, socialize, talk on the phone, daydream, read magazines, etc., and, finally, "try to sleep" for only 15 minutes then get up if still awake. The idea is to pair being in bed with good sleep. During the 15 minutes of trying to sleep, you can use thought-stopping or deep breathing

exercises or meditation, repeat a religious saying, read a dull book, or count sheep. Some people find sex and/or masturbation are a good sleep-inducers. All these activities occupy your mind, helping you avoid thoughts and emotions that keep you awake. Remember, after 15 minutes, you need to get out of bed but continue to relax and prepare yourself for sleep, no big sandwich, no ice cream and cake, no calling someone to tell them you can't sleep, no worrying about being tired tomorrow, no getting mad because you can't sleep, just keep relaxing--sleep will come.

(l) If you wake up during the night, remain inactive and resume trying to quiet the mind. Some people have a reading lamp beside their bed and a book nearby. Reading can often lull you back to sleep.

A rather different approach, but similar to the conditioning method mentioned above, is called "sleep restriction" in which you avoid lying sleeplessly in bed by limiting your sleep time, i.e. spend only as much time in bed as you estimate you get of sleep. Example: if you think you only get about 5 hours of sleep per night, that is all the time you allow yourself to sleep each night. If you sleep well (over 90% of the scheduled time) for one week, you add another 15 minutes to your sleep time the next week. If you don't sleep well, you take 15 minutes per night away (4 3/4 hours). You learn to go to sleep quickly and to sleep soundly.

None of the above methods focus on uncovering and reducing deeply buried underlying stress or trauma, but they establish good sleeping conditions, reduce the anxiety about not sleeping, and they produce good improvement rates. Therefore, those are the approaches I'd start with. In the cases where the above methods don't work or where nightmarish dreams occur night after night to disrupt your sleep, I'd seek help from an insight and dream oriented psychotherapist.

For discussions of many sleep disorders, go to Yahoo and search for "Sleep Problems." You will find over 20 Web sites for information, books and services. One publisher offers several books about sleep and a Sleep/Insomnia Program (http://www.iris-publishing.com/sleep.html) Web site which provides an online sleep evaluation, plus suggestions for insomnia and nightmare reduction. Perhaps the best recent and research based self-help books are by Jacobs (1999) and Dement (1999). Other new books well rated by readers are Maas (1999), Hough & Ball (1998), Perl (1993), Moore-Ede, LeVert, & Campbell (1998), and Wiedman (1999). The causes of insomnia are very diverse and the insomniac simply has to shop around to find a solution that works well for him/her.

Several professional Web pages focusing on specific sleep problems provide research and treatment ideas. The American Family Physician reviews Chronic Insomnia

(http://www.aafp.org/afp/991001ap/1431.html). Behavioral treatment has been shown to be effective with insomnia in the elderly (http://www.drugs.com/CG/INSOMNIA_IN_THE_ELDERLY.html). The Family Physician Organization has addressed too little sleep (http://www.aafp.org/afp/990215ap/937.html). American Academy of Pediatrics has a handout for parents with children with sleep problems (http://www.drgreene.com/54_23.html). Mental Help Net has a collection of articles at MHN-Sleep Disorders (http://mentalhelp.net/poc/center_index.php/id/100). Two other problems are common: Restless Legs and Snoring. Go to http://www.mayoclinic.com and do a search of Mayo Clinic's website. Sleep apnea (http://www.nhlbi.nih.gov/health/prof/sleep/slpaprsk.htm) occurs about 4 times more often in obese children and in African-American children than in other children. Breathing problems occur in about 3% of all children and almost 10% of adults between 40 and 65. Besides the National Institutes of Health, go to American Sleep Apnea Association (http://www.sleepapnea.org/), SleepNet (http://www.sleepnet.com/), or enter "sleep apnea" in a search engine. Finally, UCLA's Sleep Home Pages provide a complete 1994-to-present searchable sleep bibliography (click on BiblioSleep at http://www.sleephomepages.org/

Smoking

Smoking is one of the hardest habits to stop without relapsing. Nevertheless, as a society, we are reducing smoking, about half of all people who have ever smoked have stopped (91% quit on their own). After World War II, a high percentage of males smoked (75% in Britain). Perhaps 40% or 50% of all adult Americans have been "dependent" on cigarettes sometime in their lives. During the 1990's, about 25% of Americans smoke, 75% of them want to stop. Two thirds believe a smoking-related disease will kill them if they don't quit. One third of all smokers tried to quit last year, but only 1 in 20 who tried to stop was successful. Quitting requires an average of seven tries, often using "cold turkey" or different methods.

Smoking in recent years is a habit for about 40% of high school drop outs but only 10%-15% of college graduates smoke. Likewise, smoking is more and more associated with personal and social problems--bad experiences as children, doing poorly in school, unskilled work, divorce, stressful conditions (more panic attacks), unemployment, criminal behavior among males, serious mental illness, depression, drug and alcohol use, etc. Like alcohol, cigarettes with their nicotine content may, for some people, serve as a self-medication for a variety of psychological problems, especially stress and sadness. Note: a few adolescents enjoy the first puff--scientists believe this is determined by their genes. In the main, however, smoking starts for basic social reasons, even though it tastes bad to most, but it becomes an addiction because nicotine is physiologically addictive and because smoking may help us momentarily (while having "a smoke") avoid stressful and depressing thoughts (and, thus, feelings). The truth is, in

spite of the belief that "I need cigarettes to relax," smokers are generally more anxious than non-smokers and more anxious than they will be if they quit.

Note: Smoking is another addiction that is being "demonized." The statistics just cited, for instance, would seem to be demeaning to smokers by implying they are less educated and "lower class." This is not my intention. We must guard against the mental put-down of persons suffering a powerful habit and a physiological addiction. Unfortunately, society more and more is seeing smoking, like over-weight, as being due to laziness, a weak will, weak character, stupidity, or slovenliness. This does not help people change; it makes them more self-critical and unhappy. Very few of us have mastered all bad habits, so we should be especially sympathetic with smokers who have, as we will see, innocently acquired an extremely persistent behavior. Let's not blame the victim!

Partly because of the national anti-smoking campaign and the massive amounts of profit involved in helping people quit, there has been much research published in the last few years. Current findings suggest the following combination of treatments: (1) an anti-depressant, usually Zyban, (2) a nicotine replacement (first a spray and/or patch, then gum for a few more weeks), and (3) counseling or a psychoeducational program for 6 to 8 weeks. Such a program has been proposed and tested by Dr. Linda Ferry at the VA Med. Center in Loma Linda, CA. Smoking is a very strong addiction; it requires serious, concentrated, multiple treatments to stop it. Going "cold turkey" succeeds only 5% to 10% of the time. Any one of these three treatments alone will be successful only 10% to 25% of the time, but taken together the smoker successfully stops about 50% of the time, according to Dr. Ferry. For this habit, 50% is a very good success rate. Unfortunately, this is an expensive program: about $100 per month for the anti-depressant (plus the cost of the prescription), between $100 and $150 per month for the nicotine (may need another prescription but some available over the counter), and maybe $20 to $50 a session or $80 to $200 per month for a counseling/educational smoking group (perhaps self-help or American Lung Association clinics can be substituted). In some cases, health insurance may pay for the treatment. Of course, it is worth the expense for a life-time of better health and the saving of $100+ a month for cigarettes.

The counseling/psychoeducational component consists of basic information given before quitting about smoking, its causes, and the quitting process (see this chapter). The class or perhaps an online group can also provide individual support and encouragement for several weeks. It is important that the smoker learn to meet his/her psychological needs in other ways rather than by smoking and being with other smokers. For instance, if smoking is a temporary relaxant-when-stressed for you, other ways of managing stress must be learned and put into practice daily or hourly (like cigarettes were). See chapters 5 and 12. If cigarettes and nicotine helped reduce your depression, other methods for elevating your mood must be found

(chapter 6). Communication skills or new attitudes or ways of thinking may be needed instead of smoking to improve your sense (illusion) of well being (see chapters 13 and 14). New problem-solving skills are needed for ordinary problems. Finally, it is crucial to identify your high-risk situations so relapsing can be prevented. Then the counselor or group can help you learn coping techniques and give you practice dealing with those situations. This learning of new skills is very necessary (Tsoh, et al, 1997); you may not have to pay for professional help, serious work with self-help information and/or groups might suffice. Completely replacing a deeply ingrained addiction is no easy task. You will be tempted to "just have a puff on a cigarette" for years to come. Resist it. You have to find new ways to cope.

Also, in the last couple of years, major Web sites have been developed that provide information and resources for smokers who want to quit. Your community probably does not have a comprehensive Stop Smoking program, like the one described above, so you will have to pull together your own, including prescriptions and/or over the counter drugs and a counseling/educational/self-help program. Much of the information you will need is given in the above section Methods for Controlling Behavior. The better online sites are at The QuitNet (http://www.quitnet.com/), How to Quit (http://www.cdc.gov/tobacco/how2quit.htm), Clearing the Air (http://www.smokefree.gov/guide/), MHN-Smoking (http://mentalhelp.net/poc/center_index.php/id/105), Stop Smoking (http://www.stopsmokingcenter.net/), Help for Smokers (http://www.ahrq.gov/consumer/helpsmok.htm), Quit Smoking Support (http://www.quitsmokingsupport.com/), You Can Quit Smoking (http://www.surgeongeneral.gov/tobacco/consquits.htm), WebMD Smoking Cessation Center (http://www.webmd.com/diseases_and_conditions/smoking_cessation.htm). But certainly review what the American Lung Association (http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22542) offers. This active national organization provides information and the choice of a seven-step stop smoking program or a free online smoking cessation procedure. The support is offered by volunteers and use lots of educational material. For an appointment contact a local clinic. The stop-smoking program has been quite successful for several years (25% to 30% of participants are still not smoking one year later). Participants say the group support and being with others withdrawing from nicotine were some of the more helpful aspects of the Smoking Clinics.

The "cold turkey" and the gradual reduction methods are still popular and sometimes combined with the nicotine replacement methods. Some research of nicotine replacement finds it minimally helpful; other research says it is useless. The use of anti-depressants is new but seems to be helpful. 85% of smokers have tried to quit "cold turkey" but most failed. Of those that successfully quit, 60% did it "cold turkey," 11% used a nicotine replacement, and 5% gradually cut down (Gallop Survey, NY, PR Newswire, Nov 17, 1998). If you use any nicotine replacement, however, you are advised to stop smoking

entirely. There are a host of educational/commercial self-help methods and procedures on the Web for stopping smoking: You Can Quit Smoking (http://www.cdc.gov/tobacco/quit/canquit.htm), SMOKENDERS (http://www.smokenders.com/), Quit Smoking Forever (http://www.quitsmokingforever.com/), Nico News (http://www.quit.com/splash.aspx?flash=true), Self-Help Resources (http://www.e-help.com/), M.D. Anderson (http://www3.mdanderson.org/focus/gaso/default.htm) addresses cancer and smoking, and several articles are in Self-Help Magazine (http://www.selfhelpmagazine.com/). A few of the *many books for reducing smoking* are: Maximin & Stevic-Rust (1996), Rogers (1995), Rustin (1996), Brigham (1998), Fischer (1998), Baer (1998), Shipley (1998), Krumholz & Phillips (1993), or McKean (1987). One or two will help you develop an adequate plan for a behavioral change and for coping with the psychological needs smoking may have concealed from you. In general, self-help literature and advice alone have a success rate of 10-20%, although some programs or books claim a much higher success rate. One more educational program worth mentioning: the University of Minnesota developed a highly regarded Smoking Prevention Program for adolescent students.

Convincing evidence indicates that working together with a helper or group, being watched, and encouraged helps many of us make changes in our behavior. Doctors find that a call or two every week by a nurse helps the patient take his medicine faithfully. Support group members feel that their group, acting as a cheering section, is a real boost. Follow ups by phone after self-help programs have significantly increased the final success rate (Lichtenstein & Glasgow, 1992). There are self-help groups for people quitting smoking: Nicotine Anonymous (http://www.nicotine-anonymous.org/) offer local groups and QuitSmoking (http://www.quitsmokingsupport.com/) offer online groups (there are several available, including the Quit Net). Getting support from your friends or family or a "buddy" might substitute for Support Groups and follow-up calls. It is not impossible to kick this habit alone but if you can get help, please take it.

One common excuse for continuing to smoke is "I don't want to gain weight." The evidence on this matter is mixed. Smokers under 30 are not less fat than non-smokers, which suggests smoking doesn't help weight-wise. A life-time of smoking may reduce your weight by 5 to 7 pounds... and your life by 5 to 7+ years. Yet, there are plenty of reports of gaining 15 to 20 pounds after stopping smoking. Research confirms average weight gains after quitting smoking of from 5 to 15 or more pounds, if no attention is paid to eating. Actually, later research shows that the weight gained goes away in a few years. Obviously, a struggling smoker might begin to eat more to make up for the highly missed cigarettes; this may be okay for a few days as the strong smoking habit is being fought, but any new unwanted eating habits need to be attacked before they become established. Check your weight every couple of days and if you gain more than two pounds start an exercise program right away; you probably need more exercise anyway. If you need something in your mouth, try sugarless gum or hard sugarless candy... or the old celery and carrots routine.

"Relaxation" smokers need to find some other relaxing activity, like reading, knitting, walking, etc. Smoking for concentration under stress could be replaced by tapping your fingers, chewing gum, stroking a smooth stone. For "boredom" smoking, you could substitute a fun mental or physical activity. For "emotional-stress" smoking, substitute relaxation (Methods #1, #2, & #5 in chapter 12). Any new activity that also improves your general health or is just plain fun, e.g. reading, napping, joking, playing with the kids, cuddling, can be substituted for a smoke. All these things make stopping the bad habit easier.

As described in the classical conditioning section early in the chapter, cigarettes are paired so often with reducing high anxiety that the smoking process becomes a temporary tranquilizer. Thus, if we become anxious, angry, or depressed, smoking (or the smoking "break") becomes a brief self-medication for these unpleasant emotions. If cigarettes have soothed our stress or hidden our depression many thousands of times, it may become harder to quit smoking because we are both withdrawing from an addictive drug, nicotine, *and* re-experiencing (or getting no relief from) our dreaded old emotions. Indeed, some depressed smokers do experience especially strong urges to smoke after quitting (researchers report this reaction is related to your genes). And, a variety of increased psychological distress may occur when the self-medication is stopped. For instance, people who have a history of recurrent major depression become depressed again 30% of the time after stopping smoking (Covey, Glassman & Stetner, 1997). I suspect this increasing (uncovering) of psychological stress is fairly rare in persons who have no psychiatric history of depression because, as mentioned, on average the anxiety level tends to go down (not immediately but gradually) after quitting smoking. In any case, one needs to be alert to the possibility of depression and find or develop ways, including medications for a while, of handling any increasing emotions (chapters 5, 6 & 7). Don't delay getting help if needed... and try to avoid falling back on your old self-medication--smoking.

For ex-smokers, even those without a history of depression, feeling down is the most common cause of a relapse. Be especially cautious during "down" times. It takes several weeks for the urges to smoke to fade away. So, in any case, expect to suffer for a while, the first week may be nicotine withdrawal but after that the urges are probably psychological or habits. Researchers report that most people experience the strongest urges just prior to quitting and that the "urge for a cigarette" gradually declines after the moment you quit. You will usually find that the urges to smoke are not continuous, they come only episodically--just like in the past you only needed a cigarette episodically. The trick is to distract your attention from the brief high urge phase--or to tough it out, saying "I can handle this." The urge will soon fade away, so Nicotine Anonymous says "take it one urge at a time."

Many examples of self-help methods for quitting smoking are given in the Methods for Controlling Behavior section above. Detailed instructions for each method are there or in chapter 11. I'll give a brief summary (see the above Web sites or books) of stop smoking suggestions: Try to select a "quit day" when you are not under stress. Pick a specific day to stop and tell your friends, co-workers, and family. Throw away (not just put away) all cigarettes, ashtrays, lighters, etc. When the urge hits you, do something else, e.g. take a deep breath, relax, and wait it out, chew some gum, pop in a lifesaver or a carrot, meditate or exercise for 5 minutes, drink water or tea, take a walk, call someone, get to work, etc. The urge will go away. Avoid environments associated with smoking as much as possible, don't sit where you habitually smoked, eat in a different place and don't linger after eating if that is your usual time for a smoke, don't have coffee in the morning or beer in the evening if smoking has been strongly associated with these activities, change your work environment if you have smoked there, avoid your smoking friends for a few weeks or ask them not to smoke. Avoid coffee, alcohol, and other drugs. Start an exercise program at the same time--women in an exercise group as well as a smoking cessation program were twice as successful and gained less weight. Record and reward your progress.

Some people have found this method to be effective: Get very relaxed and think of one of the best days of your life, a day filled with good feelings. Now think of a small object, like a ring or a leaf, (small enough to hold between your fingers and your thumb) that would represent that day and those positive feelings. Then imagine holding that object between your fingers and your thumb, gently squeeze the object and feel the happy memories flow throughout your body. Tell yourself that anytime you imagine squeezing the object between your fingers and thumb, you will experience those wonderful feelings. So, whenever you have an urge to have a cigarette, put your thumb and fingers together and imagine squeezing the object, then you will relax, feel good, and forget about having a cigarette.

Study your tempting situations, your urges, and your self-control methods so you can avoid those situations and handle the urges. Close calls--temptations and lapses--are fairly common. Don't think that resisting the urge gets easier and easier after quitting. The urges may decline in strength and certainly the physiological need for nicotine diminishes in several days but your confidence that you have beaten the habit increases! That can be a serious problem: you lower your guard. Ironically, it is the high self-esteem quitter who is most likely to fail! The I'm-indestructible-person discounts the risks of smoking and, thus, their motivation to resist the urges and quit is lower... and they relapse (Gibbons, Eggleston & Benthin, 1997). Lapses often occur after 3 or 4 weeks of success, so be super careful during that time. Never persuade yourself--don't even think it--that just one cigarette would be okay since you are so stressed out some evening. One puff is dangerous. One lapse often leads quickly to total relapse back to square one. But a slip doesn't have to result in a total loss of control

(see relapse prevention, in this chapter and Method #4 in chapter 11--this is important).

Shiffman and colleagues (1997) have explored lapses and relapses. What conditions are associated with lapses? Lapses are most likely to happen in the evening, in settings where the person has smoked before and is hit by an urge, with others who are smoking, when drinking alcohol or coffee, when feeling restless, sad or mad (*arguing is a particularly dangerous situation*), when the person is inattentive and less likely to use techniques, such as self-talk, for coping with the urges, and on a day when there was a strong urge to smoke upon waking. Note: backsliding may occur when there isn't an intense urge to smoke. The warning signs aren't infallible. But, be especially cautious when warning signs are present, don't get over-confident, learn to talk yourself into exercising self-control, and deal with your negative emotions, don't deny or swallow them. Study relapse prevention carefully.

Constantly remind yourself why you are quitting: to live 5-8 years longer, to avoid cancer and heart disease, to make your kids proud of you, to look better, to avoid being a victim of a dirty, deadly, smelly, little habit, etc. Be determined to gain control over your own life--prove you can do it, even if you have failed several times before. Get serious about a more relaxed and healthy life-style. Good luck, it is a difficult project.

Speech problems

Speech problems, like stuttering, and *learning problems* are sufficiently complex you should get professional help. Most schools have a speech and language pathologist and a teacher or psychologist specializing in learning problems.

Study behavior can be helped by many of the excellent study skills books available (see reading and scheduling skills in chapter 13; students should see Armstrong,1998; James, James & Barkin, 1998; Ellis, 1997; or O'Keefe & Berger, 1994; parents should look up Sedita, 1989). Don't overlook the important motivation information discussed in this chapter. However, students who are already unmotivated in school may feel "lectured" or "talked down to" by some books in this area. Perhaps a lot of gentle, unpushy but persistent attention from parents will help. It is important.

Unwanted thoughts and worries

Unwanted thoughts and worries, including unwanted fantasies or suspicions, can be treated just like a behavior. That is, they can be controlled by the environment and self-instruction, and they are influenced by immediate rewards and punishment. Three methods are frequently used to change thoughts: (1) thought stopping (chapter 11), (2) paradoxical intention (chapter 14), and (3) scheduling a

specific time to worry, say 5 minutes every hour and the entire time must be spent on the worry (which isn't permitted any other time). Chapter 14 has a discussion of Stopping bad memories or thoughts. For jealousy and suspicions, see chapter 7. For more serious obsessive disorders, see chapter 5 and a therapist.

Time management is a skill; see chapter 13.

Tics have been eliminated by massed negative practice, i.e. forcing the tic to occur rapidly over and over while experiencing something unpleasant, such as smelling salts (Hersen & Eisler, 1973).

Toilet training, while not self-help, has been taught rapidly using attention, shaping, and lots of rewards (Azrin & Foxx, 1976).

Workaholism

Workaholism is an addiction to work; it has been called the least recognized and, therefore, one of the more dangerous addictions because it often looks like wholesome hard work which is praised and rewarded. How can you tell the difference? Workaholism as a word should probably be limited to an unhealthy over-involvement with work that results in neglect of the family, poor relations at work, absenteeism and nonproductivity, eventual burnout at work, and/or health problems due to stress. In such cases, it is obviously a disorder.

There are probably several kinds of workaholics (Killinger, 1997), including the people happily and highly invested in their work ("I love it but the wife doesn't like it and I miss being with my kids") and employees driven to overwork by fears, threats, perfectionism, compulsiveity, or competition. The happy 10-hour-a-day person who feels his/her life work is important and has a good family life, meaningful relations at work and with friends, would not be seriously labeled a workaholic. Robinson (1998) describes the unhealthy workaholic personality but in this book mostly discusses dealing with it in Cognitive therapy. In an earlier book, Robinson (1992) suggests self-help methods for slowing down, deciding what is important in life, and re-building strained relationships (see other books below).

Certainly liking your work is better than hating it, but few jobs are worthy of all your time even if you love it. If you work more than 50 hours a week, you need a honest understanding of why you are driven. Do you really enjoy your work that much or is it a way "out of the house," "a way to make up for your inadequacies and low self-esteem," "a control compulsion," or "an escape from the spouse?" Are you driven by some need--power, control, status, money, success, compulsive perfectionism, or a guilty conscience? If your motivation isn't clear, talk with your family or even your colleagues or see a therapist. Try to find the right job, relax, exercise, and don't neglect your family (Fassel, 1993; Morris & Charney, 1983; Oates, 1979). Often greater efficiency is more important than long hours. As an example, see study skills in chapter 13. Although it is just getting

started, Workaholics Anonymous (http://www.workaholics-anonymous.org/about_workaholism.html) may provide some information and WA group locations.

When to seek professional help

A wise self-helper will, of course, realize his/her limitations. Professional help is needed if the problems are too severe for self-help, this includes behaviors beyond one's control: serious alcoholism, drug abuse, suicidal depression, intense hostility (where there is any risk at all that someone will be hurt), confusion, criminal tendencies, or any problem serious enough to interfere with school or work. Professional help is also appropriate if you have made a couple of genuine attempts to help yourself without success. Don't be ashamed of your self-help efforts and don't hesitate to seek expert help. It's just smart.

There are complex issues involved in selecting a good therapist for your particular problem. A section in chapter 2 gives best advice I have about Finding a Therapist.

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).