

A **Routledge** and **Guilford** FreeBook

CHANGE THE WAY YOU FEEL BY CHANGING THE WAY YOU THINK





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INTRODUCTION

Feel happier, calmer, and gain the confidence to make changes that can help you live the life you want with a new FreeBook from Routledge and Guilford Press. This highly practical resource contains a multitude of tips and exercises from bestselling Cognitive Behavioral Therapy (CBT) and positive psychology titles, including *Mind Over Mood*; *Worry Less, Live More*; and *Overcoming Depression and Low Mood Workbook*. Featuring easy-to-implement strategies and advice to change negative thought patterns and behaviour, this FreeBook will provide valuable help to those dealing with stress, anxiety, and depression.

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CHP 1: IT'S THE THOUGHT THAT COUNTS:

In this chapter from the bestseller, *Mind Over Mood*, Dr. Dennis Greenberger and Dr. Christine Padesky explore the connection between our thoughts and how they influence our mood and behaviour.

"Most people who are anxious, depressed, or angry can tell you that "just thinking positive thoughts" is not that easy...Looking at a situation from all sides and considering a wide range of information – positive, negative, and neutral – can lead to more helpful ways of understanding things and new solutions to difficulties you face."

CHP 2: STARTING OUT...AND HOW TO KEEP GOING IF YOU FEEL STUCK

How do you help yourself to plan for and overcome blocks to change? Chris Williams provides valuable tips, exercises and advice for using self-help resources in this chapter from *Overcoming Depression and Low Mood*.

"You can't expect to be able to swim immediately. You may need to start at the shallow end and practice at first. Pace what you do and don't jump straight away into the deep end"

INTRODUCTION

CHP 3: UNDERSTANDING FEAR AND ANXIETY

Written by Susan M. Orsillo and Lizabeth Roemer, this insightful chapter from *Worry Less, Live More* unpacks fear, anxiety, stress and worry, providing the reader with practical exercises and tips to help explore and control emotional responses.

“Although we are saying that fear and anxiety are a natural part of life, we are not suggesting that you “grin and bear it.” We have found that by understanding anxiety, noticing its many components as it evolves, learning to relate to anxiety differently...and clarifying what is important, people can make significant changes.”

CHP 4: DECIDE IF CBT IS FOR YOU

Author Windy Dryden outlines the main features of cognitive behavioural therapy and explains how and why it can be a beneficial form of therapy. This chapter from *How to Get the Most Out of CBT* also provides invaluable advice about choosing the right therapist.

“It is often thought that CBT therapists are not interested in your past. This is not correct, and in CBT you may talk about whatever it is you are bothered about, be it your past, your present or your future.”

CHP 5: DEPRESSION, UNHAPPINESS AND EMOTIONAL DISTRESS

Why do we get stuck in a negative cycle? This chapter from *The Mindful Way Workbook* will help readers gain a better understanding of how unhappiness and our state of mind can contribute to depression, as well as advice on how to break free from this cycle.

“But, somehow, most of us don’t feel able to let things take their natural course—when we feel sad or unhappy, we feel we have to do something, even if it’s only trying to understand what’s going on. Paradoxically, it is those very attempts to get rid of unwanted unhappy feelings that get us stuck in ever-deepening unhappiness.”

INTRODUCTION

CHP 6: CONNECTING TO OTHERS AND MANAGING YOUR EMOTIONS

In *Letting Go of Self-Destructive Behaviors*, Lisa Ferentz offers creative resources and behavioural techniques that calm the body, manage negative thoughts, and address tension and anxiety. The purpose of this chapter is to focus on the impact of negative experiences and relationships and how to manage negative emotions and create positive connections

“Attaching to people you love lets you feel protected, safe, physically comforted and soothed, and connected to others.”

CHP 7: THE INVENTION OF THE EXPRESSIVE WRITING APPROACH

Leading experts James W. Pennebaker and Joshua M. Smyth talk about the origin and development of the expressive writing approach. This chapter from *Opening Up by Writing It Down* explores the health benefits of this therapy and includes instructions on how to practice expressive writing.

“...people who wrote about their deepest thoughts and feelings related to stressful or traumatic experiences had reliable improvements in health in the two to three months after writing. Although there were also improvements in people’s self-reports of their health, there were equally large effects on people’s physiological functioning.”

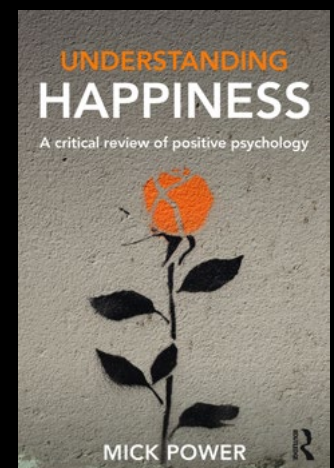
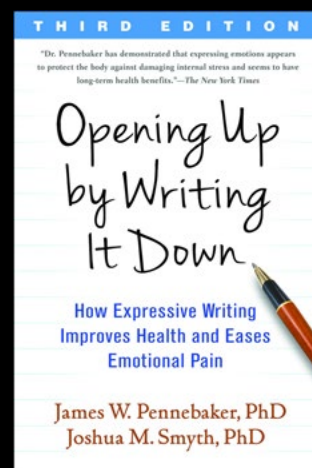
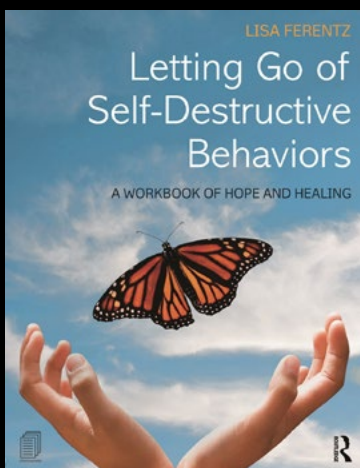
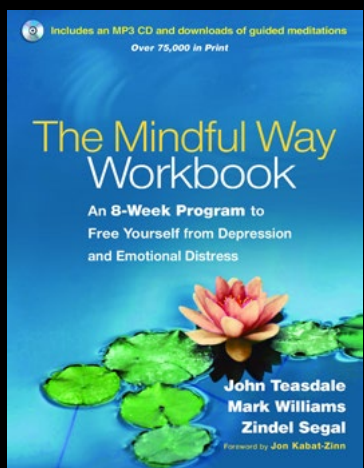
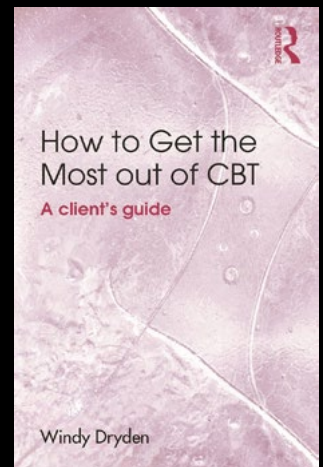
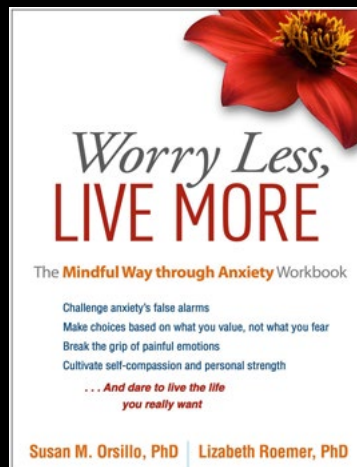
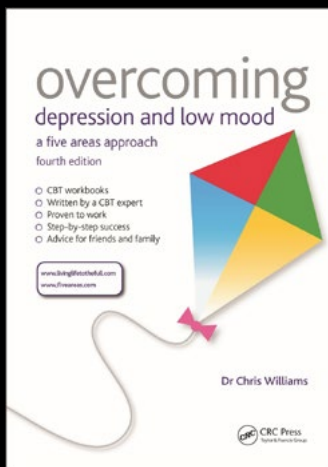
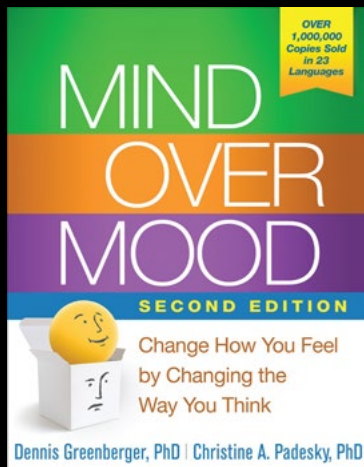
CHP 8: HAPPINESS: AN OVERVIEW

Is happiness really something we can actively aim for, or is it simply a by-product of how we live our lives more widely? In this opening chapter from *Understanding Happiness*, Dr. Mick Power provides an insightful critical assessment of how we define happiness and how it has been measured.

“Those of us who are a little sceptical of such high ideals might suggest that Americans have been more preoccupied with the pursuit of wealth than the pursuit of happiness, given that more than half of the world’s billionaires live in the US.”

*As you read through this FreeBook you will notice that some excerpts reference previous or further chapters. Please note that these are references to the original text and not the FreeBook.

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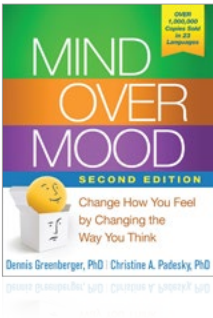
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IT'S THE THOUGHT THAT COUNTS

*From Mind Over Mood: Change How You
Feel by Changing the Way You Think,
2nd Edition*

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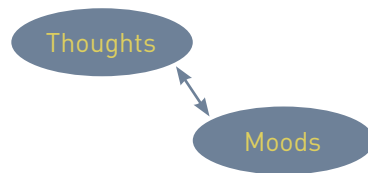
The following is excerpted from *Mind Over Mood* by Dennis Greenberger and Christine A. Padesky. © Dennis Greenberger and Christine A. Padesky, 2016. All rights reserved.

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In Chapter 2, you learned how thinking, mood, behavior, physical reactions, and environment/life situations all affect each other. In this chapter, you learn that when you want to feel better, your thoughts are often the place to start. This chapter describes how learning more about your thoughts can help you in many areas of your life.

WHAT IS THE THOUGHT–MOOD CONNECTION?



Whenever we experience a mood, there is a thought connected to it that helps define the mood. For example, suppose you are at a party, and a friend introduces you to Alex. As you talk, Alex never looks at you; in fact, throughout your brief conversation,

he looks over your shoulder across the room. Following are three different thoughts you might have in this situation. Four moods are listed below each thought. Mark the mood that you believe you would have with each thought:

Thought: Alex is rude. He is insulting me by ignoring me.

Possible moods (mark one): Irritated Sad Nervous Caring

Thought: Alex doesn't find me interesting. I bore everybody.

Possible moods (mark one): Irritated Sad Nervous Caring

Thought: Alex seems shy. He's probably too uncomfortable to look at me.

Possible moods (mark one): Irritated Sad Nervous Caring

This example illustrates that the moods we experience often depend upon our thoughts. Different interpretations of an event can lead to different moods. Since moods are often distressing or may lead to behavior with consequences (such as telling Alex he is rude), it is important to identify what you are thinking and to check out the accuracy of your thoughts before acting. For instance, if Alex is shy, it would be inaccurate to think of him as rude, and you may regret it later if you respond with anger or irritation.

Even situations you might think would create the same mood for everyone – such as losing a job – may, in fact, lead to different moods because of different personal beliefs and meanings. For example, one person facing a job loss might think, “I’m a failure,” and feel depressed. Another person might think, “They have no right to fire

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me; this is discrimination,” and feel angry. A third person might think, “I don’t like this, but now is my chance to try out a new job,” and feel a mixture of nervousness and anticipation.

Thoughts help determine which mood we experience in a given situation. Once a mood is present, we often begin thinking additional thoughts that support and strengthen the mood. For example, angry people think about ways they have been hurt, depressed people think about all the negative aspects of their lives, and anxious people think about danger. This does not mean that our thinking is wrong when we experience an intense mood. But when we feel intense moods, we are more likely to distort, discount, or disregard information that contradicts the validity of our moods and beliefs. In fact, the stronger our moods, the more extreme our thinking is likely to be.

For example, if we are mildly anxious before a party, we might have a thought: “I won’t know what to say when I meet new people, and I’ll feel really awkward.” However, if we are highly anxious, our thought may be “I won’t know what to say. I’ll blush as red as a beet, and I’ll make a complete fool of myself.” In addition, we won’t remember in this moment that we have been to many parties before, and usually we do think of something to say to new people and generally have a good time. All of us think like this sometimes. This is why it is helpful to be aware of our thoughts when we are most distressed. When we are aware of our thoughts, we more easily see how they are influencing our mood. The following example shows how Marissa’s thinking makes her depression worse.

MARISSA: *THE THOUGHT–MOOD CONNECTION.*

Marissa thought she was unlovable. This belief seemed absolutely true to her. Given her negative experiences with men, she couldn’t even imagine that someone could truly love her. This belief, coupled with her desire to be in a relationship, led her to feel depressed. When a colleague, Julio, began to be attracted to her, she had the following experiences:

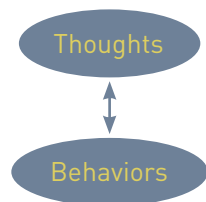
- A friend teased her about the frequent phone calls she received at work from Julio, saying, “I think you have an admirer, Marissa!” Marissa replied, “What do you mean? He doesn’t call that often.” (*Not noticing positive information*)
- Julio complimented Marissa, and she thought, “He is just saying this to keep up a good work relationship.” (*Discounting positive information*)

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- When Julio asked to meet her for lunch, Marissa thought, "I'm probably explaining the work project so poorly that he resents the extra time the project is taking." (*Jumping to a negative conclusion*)
- At lunch, Julio told Marissa he thought that they had both been very creative on the project, and said he had really enjoyed spending the extra time with her. He went on to tell her that he found her attractive. Marissa thought, "Oh, he probably says that to everyone and doesn't really mean it." (*Discounting positive experiences*)

Since Marissa was convinced that she was unlovable, she ignored or distorted information that was not consistent with her belief. Because she was very depressed, she had trouble believing the positive things people said that could help her feel better. Ignoring information that doesn't fit with our beliefs is something we can learn to change. For Marissa, learning to take in positive information about her attractiveness and lovability could be the start of something wonderful.

WHAT IS THE THOUGHT-BEHAVIOR CONNECTION?



Our thoughts and behaviors are usually closely connected. For example, we are more likely to try to do something if we believe it is possible. For many years, athletes believed it was impossible to run a four-minute mile. In track events around the world, top runners ran a mile in just over four minutes. Then a British miler, Roger Bannister, identified changes he could make in his running style and strategy to break the four-minute barrier. He believed it was possible to run faster and put many months of effort into changing his running technique to reach this goal. In 1954, Roger Bannister became the first man to run a mile in less than four minutes. His belief that he could succeed contributed to behavior change.

Remarkably, once Bannister broke the record, the best milers from around the world also began to run the mile in under four minutes. Unlike Bannister, these runners had not substantially changed their running techniques. What had changed were their beliefs; they now thought it was possible to run this fast, and their behavior followed this thought. Of course, just knowing it is possible to run fast does not mean that everyone can do this. Thinking is not the same as doing. But the more strongly we believe that something is possible, the more likely we are to attempt it and maybe succeed at it.

On a daily basis, we all have "automatic thoughts" that influence our behavior. These are the words and images that pop into our heads throughout the day. For example,

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imagine that you are at a family reunion. The food has just been laid out, and some family members go over to the buffet tables to fill their plates, while others remain seated and talking. You have been talking with your cousin for 10 minutes. Consider each of the following thoughts and write what behavior you would probably do if you had this thought.

Thought	Behavior
If I don't go now, they'll run out of food.	
It's rude to rush to the buffet tables when we're in the middle of a conversation.	
My grandfather looks too unsteady to carry a plate.	
My cousin and I are having such a wonderful conversation – I've never met anyone so interesting.	

Did your behavior change, depending on the thought you had?

Sometimes we are not aware of the thoughts that affect our behavior. Thoughts often occur rapidly, automatically, and just out of our awareness. We sometimes act out of habit, and the original thoughts that led to these habits have been forgotten. For example, perhaps we always give in when someone disagrees with us. This habit may have started with a belief such as "If we disagree, then it is best to just let it go, because otherwise our relationship won't last." We often are not aware of the thoughts guiding our behavior when our actions have become routine. An example from Ben's life illustrates the thought-behavior connection.

BEN: *THE THOUGHT-BEHAVIOR CONNECTION.*

After his friend Louie died, Ben cut back on meeting his friends for lunch and other activities he used to enjoy. At first, his family thought that avoiding his friends was part of Ben's grief over Louie's death. But as the months passed and Ben still refused to get together with friends, his wife, Sylvie, began to suspect there might be other reasons Ben was staying at home.

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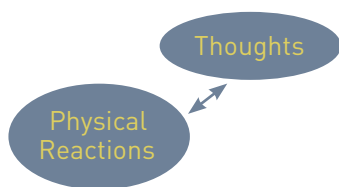
One morning, Sylvie sat down with Ben and asked him why he was not returning his friends' telephone calls. Ben shrugged and said, "What's the point? We're at that age where we're all just dying anyhow." Sylvie felt exasperated. "But you're alive now – do the things you enjoy!" Ben shook his head and thought, "Sylvie just doesn't understand."

Sylvie really didn't understand, because Ben was not aware of the thoughts guiding his behavior, and he couldn't fully explain to her why he had stopped doing activities he used to enjoy. As Ben learned to identify his thoughts, he realized that he had a series of thoughts: "Everyone is dying. What's the use in doing things when I'm just going to lose everyone anyhow? If I don't feel like doing something, then I won't enjoy myself."

When Louie died, Ben decided he had reached the age where death was close at hand. This awareness influenced his thoughts and his willingness to do the things he used to enjoy.

By contrast, Sylvie, who was only a little younger than Ben, thought she should do as many enjoyable activities as possible and enjoy life to the fullest. She frequently saw her friends and stayed quite active. As you can see, Sylvie's and Ben's different thoughts about growing older had a big impact on their behavior.

WHAT IS THE THOUGHT–PHYSICAL REACTIONS CONNECTION?



Thoughts also affect our physical reactions. Think about watching a really good movie. When you watch movies, you often anticipate what is coming next. If you think something scary or violent is about to happen, your body reacts as well. Your heart might start to beat more rapidly, and your breathing may actually change as your muscles get tight. If you anticipate a romantic scene, your body may feel warm or even sexually aroused.

Athletes are trained to use the powerful link between thoughts and physical reactions. Good coaches give their teams inspirational speeches, which they hope will "fire up" the team members, get adrenaline flowing, and lead to top performance. Olympic athletes are often taught to imagine in detail their performance in an event.

Research shows that athletes who do this type of vivid imagining actually experience small muscle contractions that reflect the bigger muscle movements they make in their event. This thought–muscle connection improves the athlete's performance.

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Research has also discovered that our thoughts, beliefs, and attitudes have an impact on our health. For example, you have probably heard that many medications and health treatments benefit from the “placebo effect.” What this means is that our expectation that a medication or treatment will help, increases the likelihood that it does help: Our belief that a pill will help us can itself lead to improvement, even if the pill is just a sugar pill. Modern brain research has found that the placebo effect comes about partly because our beliefs are a type of brain activity and can lead to real changes in physical responses.

LINDA: THE THOUGHT-PHYSICAL REACTIONS CONNECTION.

Just as our thoughts affect our physical reactions, our physical reactions can trigger thoughts. For example, after climbing up a set of stairs, Linda noticed that her heart was beating faster. Because Linda worried about her heart, when her heart rate went up, she had the thought “I’m having a heart attack” (Figure 3.1). This terrifying thought put her whole body on alert, and she experienced a series of physical changes, including quick, shallow breathing and profuse sweating. As Linda’s breathing became shallower, she took in less oxygen, which caused her heart to beat even faster. Her brain also temporarily received less oxygen, which caused a sensation of dizziness and light-headedness.

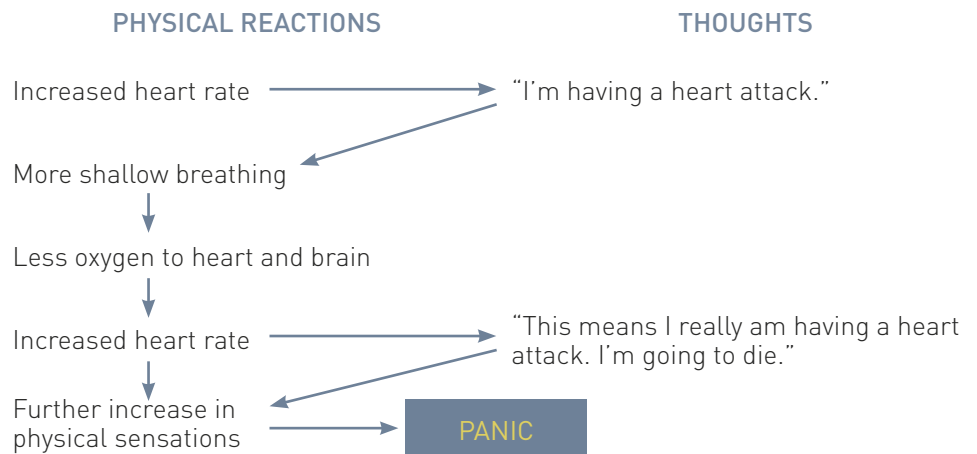


FIGURE 3.1. Linda's panic.

Linda's thought that she was having a heart attack increased her physical reactions and led her to believe she was in immediate danger of dying. Her physical responses to the idea that she was dying intensified until Linda experienced a full-blown panic

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attack. After a while, Linda realized that she was not having a heart attack. As she began to think this way, her physical symptoms gradually disappeared.

WHAT IS THE THOUGHT-ENVIRONMENT CONNECTION?

Environment ↔ **Thoughts** At the beginning of this chapter, you learned how thoughts influence the moods we experience. You may be wondering why some people are more prone to certain thoughts and moods rather than others. Some portion of these differences may be biological or genetically inherited. But we also know that our environment and life experiences can powerfully shape the beliefs and moods that color our lives. We use the words “environment” and “life experiences” to describe anything outside of us, including our families, our communities, the places we live, interactions with other people, and even our culture. We can be influenced by both present and past experiences that stretch over time from our childhoods to this moment.

Recall that Marissa was sexually and physically abused throughout her childhood and early adult years. These experiences shaped her beliefs that she was worthless, unacceptable, and unlovable, and that men were dangerous, abusive, and uncaring. It is understandable that Marissa’s earliest attempts to make sense of her experiences led her to devalue herself and be on the lookout for the negative reactions of others.

It doesn’t take traumatic environmental events to influence beliefs. The way we think about ourselves and our lives is influenced by culture, family, neighborhood, gender, religion, and the mass media. As an example of how culture influences beliefs, consider the messages we are given as children. In many cultures, girls are complimented for being pretty, and boys are rewarded for being strong and athletic. A girl might conclude that being pretty is the key to being well liked, and she might value herself for her appearance only. A boy might believe that he should be strong and athletic, and similarly judge himself on his athletic success or failure.

There is nothing inherently more likable about beauty or strength, but some cultures teach us to make these connections. Once these beliefs are formed, they can be difficult to change. Therefore, many girls who are athletic find it difficult to value their skills, and boys with musical or artistic talents but no strong athletic skills may feel cursed rather than blessed.

Vic was raised in a suburban community of educated professionals who valued achievement for themselves and their children. His family and school reflected these community values, emphasizing achievement and excellence. When Vic’s

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performance in school or on the athletic field was not superior, his family, teachers, and friends were disappointed and reacted as if Vic had failed.

From these reactions, Vic concluded that he was inadequate, even though his performance was generally very good. Since Vic believed he was inadequate, it is not surprising that he felt anxious in situations that required him to perform. He dreaded athletic events because there was a risk that he would not win or perform well. To him, those outcomes would mean that he was inadequate.

As you can see, Vic's childhood was not as traumatic as Marissa's. However, the environment he grew up in had a powerful impact on his thoughts that persisted into adulthood.

EXERCISE: THE THOUGHT CONNECTIONS

Worksheet 3.1 provides practice in recognizing the connections between thoughts and mood, behavior, and physical reactions.

WORKSHEET 3.1. THE THOUGHT CONNECTIONS

Sarah, a 34-year-old woman, sat in the back row of the auditorium during a school meeting for parents. She had concerns and questions regarding how her 8-year-old son was being taught, as well as questions about classroom security. As Sarah was about to raise her hand to voice her concerns and questions, she thought, "What if other people think my questions are stupid? Maybe I shouldn't ask these questions in front of the whole group. Someone may disagree with me and this could lead to a public argument. I could be humiliated."

THOUGHT-MOOD CONNECTION

Based on Sarah's thoughts, which of the following moods is she likely to experience? (Mark all that apply.)

- ☐ 1. Anxiety/nervousness
- ☐ 2. Sadness
- ☐ 3. Happiness
- ☐ 4. Anger
- ☐ 5. Enthusiasm

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THOUGHT-BEHAVIOR CONNECTION

Based on Sarah's thoughts, how do you predict she will behave?

- ☐ 1. She will speak loudly and voice her concerns.
- ☐ 2. She will remain silent.
- ☐ 3. She will openly disagree with what other people say.

THOUGHT-PHYSICAL REACTIONS CONNECTION

Based on Sarah's thoughts, which of the following physical changes might she notice? (Mark all that apply.)

- ☐ 1. Rapid heart rate
- ☐ 2. Sweaty palms
- ☐ 3. Breathing changes
- ☐ 4. Dizziness

From *Mind Over Mood, Second Edition*. Copyright 2016 by Dennis Greenberger and Christine A. Padesky. Purchasers of this book can photocopy and/or download additional copies of this worksheet (see the box at the end of the table of contents).

When Sarah had these thoughts, she felt anxious and nervous, remained silent, and experienced a rapid heart rate, sweaty palms, and breathing changes. Were these the reactions you anticipated Sarah would have? Not everyone experiences the same reactions to particular thoughts. However, it is important to recognize that thoughts influence our mood, behavior, and physical reactions.

IS POSITIVE THINKING THE SOLUTION?

Although our thoughts affect our moods, behavior, and physical reactions, positive thinking is not a solution to life's problems. Most people who are anxious, depressed, or angry can tell you that "just thinking positive thoughts" is not that easy. In fact, thinking only positive thoughts is overly simplistic, usually does not lead to lasting change, and can lead us to overlook information that might be important.

Mind Over Mood instead teaches you to consider all information and many different angles on a problem. Looking at a situation from all sides and considering a wide

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range of information – positive, negative, and neutral – can lead to more helpful ways of understanding things and new solutions to difficulties you face.

If Linda was planning a business trip that required her to fly on an airplane, simply thinking positive thoughts, such as “I won’t have a panic attack. Everything will be fine,” would not prepare her for the anxiety she might feel. In fact, with positive thinking, Linda might feel like a failure if she felt even a small amount of anxiety. A better solution for Linda would be to anticipate that she might feel anxious and to have a plan for how she will cope with her anxiety in flight. If we only think about the positive, we may not be able to accurately predict and cope with events that are worse than we expect.

IS CHANGING THE WAY YOU THINK THE ONLY WAY TO FEEL BETTER?

Even though the process of identifying, testing, and considering alternative thoughts is a central part of CBT and *Mind Over Mood*, it is often equally important to make changes in your physical reactions and/or your behavior. For example, if you have been anxious for a long time, you probably avoid things that make you anxious. Part of dealing with anxiety may be accepting your anxiety (cognitive shift), learning to relax (physical change), and approaching what frightens you so you can learn to cope with it (behavioral change). People do not usually overcome anxiety until they change their thoughts and overcome avoidance.

Making changes in your environment/life situations can also help you feel better. Reducing stress, learning to say no to unreasonable demands made by others, spending more time with supportive people, working with neighbors to increase neighborhood safety, and taking action to reduce discrimination or harassment on the job are all environmental/life changes that can help you feel better.

Some life situations are so challenging that simply thinking differently about things is not a wise idea. For example, someone who is being abused needs help either to change or to leave the situation. Just changing thoughts is not an adequate solution for abuse: The goal is to stop the abuse. Thought changes might help someone in this situation feel motivated to get help, but simply changing thoughts to permit acceptance of abuse is not a helpful solution.

As you complete the worksheets in this book, you will learn how to identify and change your thoughts, moods, behaviors, physical responses, and environment/life situations.

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CHAPTER 3 SUMMARY

- Thoughts help define the moods we experience.
- Thoughts influence how we behave and what we choose to do and not to do.
- Thoughts and beliefs affect our physical responses.
- Life experiences (environment) help determine the attitudes, beliefs, and thoughts that develop in childhood and often persist into adulthood.
- *Mind Over Mood* helps you look at all the information available; it is not simply positive thinking.
- While changes in thinking are often central, mood improvement may also require changes in behavior, physical reactions, and home or work situations/ environments.

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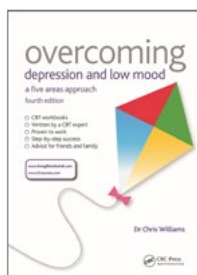
STARTING OUT

... AND HOW TO KEEP GOING IF YOU
FEEL STUCK

*From Overcoming Depression and Low
Mood : A Five Areas Approach,
Fourth Edition*

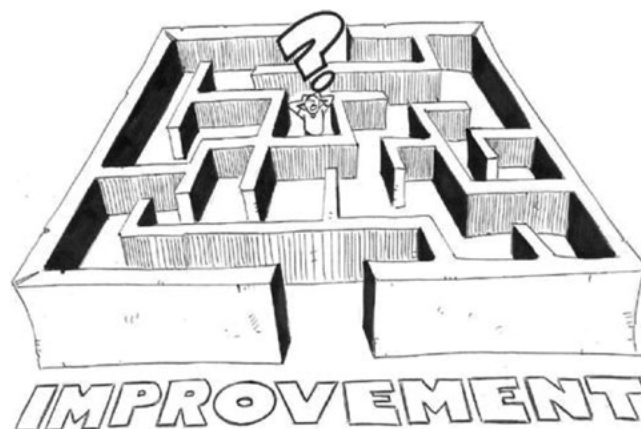
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... AND HOW TO KEEP GOING IF YOU FEEL STUCK

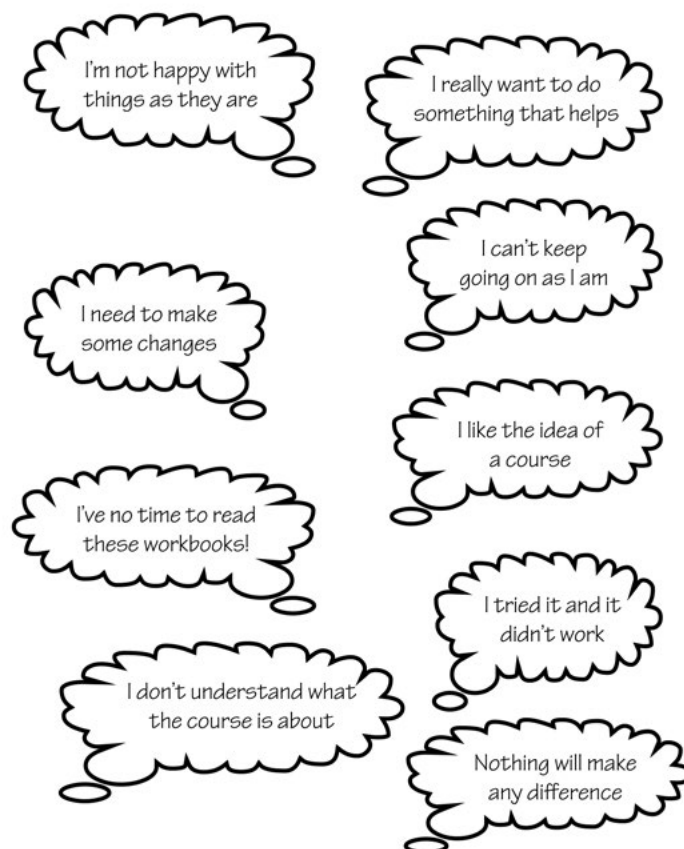


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Overcoming Depression and Low Mood
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OVERCOMING DEPRESSION AND LOW MOOD – A FIVE AREAS APPROACH



Are you feeling like this?
If so... this course is for you.

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WHAT YOU WILL LEARN:

- How to get the most out of this course.
- Make a clear but flexible plan of when to use this and the other workbooks.
- Discover how to overcome common blocks to change.

ABOUT THE COURSE

The workbooks in this course aim to help you understand why you feel as you do. They will teach you important life skills that will help you to turn the corner.

WHY SHOULD YOU USE THESE WORKBOOKS?

People use these workbooks because they want to make changes in their lives. **You, the reader, are in control** – and you can work on things at a time that suits you. Time and time again, people are surprised to see the amount of change they can make themselves using a structured approach.

These workbooks use an approach called cognitive behavioural therapy (CBT, a kind of talking treatment). Don't worry though – there won't be any more jargon like that in the rest of the course. Research has shown that self-help materials based on the CBT approach work well for problems such as depression and anxiety. Research on this book has also shown that it works very well as a treatment for depression. People using the book felt less depressed and were more able to live their lives as they wanted. This is why this book is one of only 30 books to be chosen to be included in every public library in England as part of the national Books on Prescription scheme.

REFERENCE

www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0052735

www.bbc.co.uk/news/health-21083458

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GETTING GOING

Well done! You've done something that quite a few people struggle to do – **you're still reading**.

It can sometimes seem really hard starting to change. Have you ever bought or been given a book or a DVD and never even opened it or even taken the wrapper off? Using this course is no different. In fact, in some ways it's harder because it's not a book that's there for entertainment. Instead these are workbooks which aim to help you to change how you feel.

What should I read first?

People usually start by working through these two workbooks:

- This one – *Starting out... and how to keep going if you feel stuck*
- And then *Understanding why you feel as you do*.

They will help you work out how your low mood is affecting you and help you decide which other workbooks to use.

KEY POINT

Choose the workbooks **you** want to work on – making sure they deal with the problems/difficulties **you** are facing.

DEVELOPING A ROUTINE

Routines can be powerful. For example, if you are used to having a snack while you watch television, sometimes just sitting in the same chair can make you feel hungry!

In the same way, you might wish to set aside a particular place to complete the work-books. For example, sit on a chair at the kitchen table with a pen and some blank paper to jot down ideas as you read. Plan enough time so that you can get really involved in the workbook – preferably half an hour or so, if you have sufficient energy and concentration for this. If you have others around you, like young children who might interrupt, try to choose a time when they are asleep or away at nursery or school. Or see if a friend or relative could take them for a time while you work on the course.

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Getting into the mood: doing something physical can help you get started

You may feel physically and mentally sluggish when you feel low or when you aren't sleeping well. A good start to using the workbooks is to do something physical first. For example, get up and walk around the room and – if you have them – up and down the stairs. Then sit down in a chair like a kitchen chair that is upright and forces you to sit straight rather than slump back. Now start reading the workbook. Have some pens and paper handy so you can make notes and write in the book.

If you feel tired halfway through, stop, get physically going again, stretch, have some cold water, then get back to it.

But my life is too busy/unpredictable to use the course

Wouldn't it be great if we could always just sit down and plan a time to work? But sometimes life is busy, unpredictable or hard. If so, just take the time you can.

Here are some suggestions of how to build on this first step during the rest of the course.

Some dos and don'ts for getting the most out of the course

Do:

- Slow it down. Focus on using and applying just one workbook at a time.
- **Get a pen.** Writing things down means you are thinking and learning. In fact it's more than that. Sometimes **you actually work out what you really think** about something when you write it down.
 - Write it down. Things can look different when we write them down. We can notice patterns and habits we might otherwise miss. Sometimes we can start to really work out what is happening when we see it on a page in black and white. Therefore, answer the questions straight away rather than thinking you will come back to it later.
 - You might not wish to write in the book – it may be something you don't like to do or you may have borrowed the book from a library or someone else. If so, you can write your answers on a separate sheet of paper.
 - Many of the worksheets in the course are also available for download from www.lltff.com/odlm
- Answer all the questions – and do try to stop, think and reflect as you read.
- Ask: How might I use this in my life?

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- Try out what you read in the workbooks. You'll find a *Planner sheet* at the end of each workbook to help you to decide how to do this.
- Be realistic. You are more likely to succeed if you try changing things one step at a time rather than throwing yourself into things and then running out of steam.
- Re-read the workbooks. You may find that different parts become clearer or seem more useful on reading a second time.
- Use the workbooks to build up the help you receive in other ways, such as talking to friends, or from self-help organizations and support groups.
- Keep it organized and easy to handle. Create your own resource pack of key worksheets and other resources you use to improve how you feel.
- Log on to www.lltff.com to get access to free modules and resources.

Don't:

- Push and read through the entire workbook in one go. You need time to take it in and time to practice.
- Expect a sudden miracle cure. Change takes time and practice.
- Try to do this completely on your own. Supportive encouragement from a health professional or social care worker can really help you keep on track.
- Try to read the workbook when you are distracted, such as times when you are trying to do other tasks.
- Cut yourself off from other useful supports. You can do this course alongside other treatments, such as seeing your doctor or taking an antidepressant. These approaches can all be helpful parts of moving forward.

Finding extra support



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Having someone around who can offer *support and encouragement* can help. This is especially important if you are struggling or feel stuck. Sometimes just the act of telling someone – a family member, friend or health worker – that you are working on something, or plan to do a certain activity on a particular day can really help. Just knowing that someone else may ask you how it's going could help spur you to action. You might go through your answers to the questions in the workbooks with them, or keep your answers private and only discuss some of the course content.

BUILDING YOUR MOTIVATION TO CHANGE

Imagine it is 10 years in the future. You have made important changes in your life and things are much better. Write yourself an **encouraging letter** about why you need to make changes now.

Dear (your name)

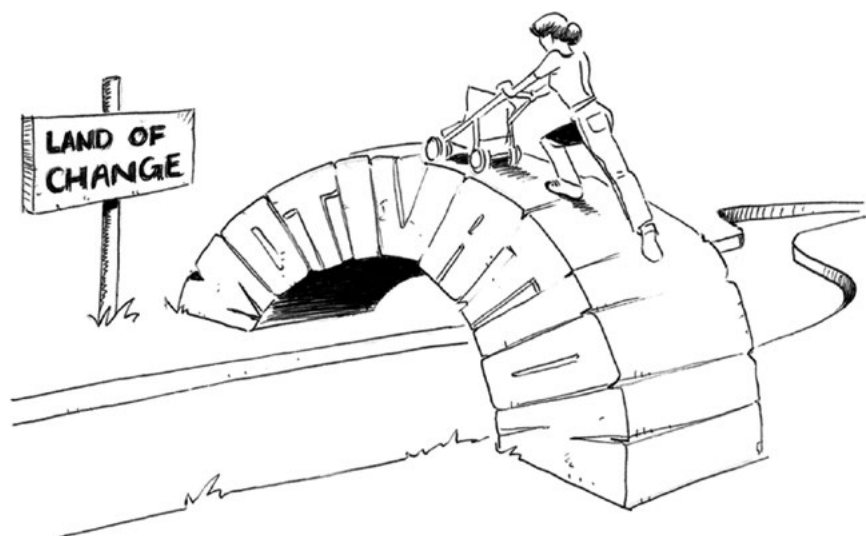
Signed:

Me

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CHANGE TAKES TIME AND EFFORT



Sometimes it's easy to forget how hard it is to learn new information or skills that you now take for granted. Think about some of the skills you have learned over the years. For example, if you can drive or swim or ride a bike, think back to your first driving/swimming lesson or attempt to cycle without stabilizers. You probably weren't very good at it that first time, yet with practice you developed the skills needed to do it. In the same way, you can help overcome how you feel by practicing what you learn, even if it may seem very hard at first.

Write down some other things you have learned that took time:

KEY POINT

You can't expect to be able to swim immediately. You may need to start at the shallow end and practice at first. Pace what you do and don't jump straight away into the deep end.

BE REALISTIC

It's important not to approach this course either far too positively or far too negatively. It would be untrue to claim that if you use this course you are guaranteed results. What we can guarantee is that this approach has helped many thousands of people –

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and that the workbooks teach clinically proved approaches that have been a help for many. Hopefully, at the very least you will learn some interesting and helpful things along the way.

COMMON PROBLEMS IN USING THE COURSE

I've no time

Life can be busy and complicated, especially if you have family or work commitments. There will be many demands on your time. But ...

Task

Imagine you have a close friend who is struggling. They don't like how they feel, and you knew that it is affecting them in lots of different ways. What helpful advice would you give them if they said 'I don't have time'?

Write down your encouraging advice here:

...if you would give your friend advice to make some time, could you use that same advice yourself?

I feel too down to do this now

Sometimes in really severe depression, it might not be the right time to use these workbooks. But you can always come back to them later if you are finding that things are too much now. If you can't concentrate for long just go at a pace you can manage. You should also discuss your treatment options with your doctor.

I'll never change

Perhaps the biggest block to getting better is not believing change can happen. Many people find that they gain much more from the course than they first thought they would. Could this be true for you?

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Task

What words of encouragement would you say to a friend who needed help but believed that change is impossible? Write them down here:

If you would offer helpful and positive advice to a friend, then why not also offer it to yourself?

EXPERIMENT

In this course, I'm going to ask you to experiment and try things out. Even if you have doubts about the course, or about your ability to use it effectively, try to give it a go and test out what happens. If you still find it doesn't help at all after you've given it a good go, it would be a sensible time to try something different. But perhaps you'll notice some positive things, even if it's just one or two things. Perhaps that is worth keeping going for.

SUMMARY

Well done – you've got to the last section – and you're still reading! That's a very important achievement. So many people who want to change find it hard starting out.

Let's review what you have learned in this workbook. You have covered:

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- How to get the most out of the course.
- How to write a clear but flexible plan of when to use the workbooks.
- How to overcome common blocks to change.

BEFORE YOU GO

Q What have I learned from this workbook?

Q What do I want to try *next*?

PUTTING INTO PRACTICE WHAT YOU HAVE LEARNED

You are likely to make the most progress if you can put into practice what you have learned in the workbook. Each workbook will encourage you to do this by suggesting certain tasks for you to do in the following days.

Suggested reading

The *Understanding why you feel as you do* is often a good workbook to read next. It will help you decide which other course workbooks you might need to use.

MAKING PLANS

The best plans say:

- **What** you are going to do.
- **When** you are going to do it.

and

- **Predict** things that might block or get in the way of you doing this so you can tackle problems head on.

You may find the following **Planning task** helpful. You can use it to plan any activities or tasks you want – picking a child up from school, getting a repeat prescription, planning to read the next workbook, painting the kitchen – anything.

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Here's an example plan that looks at when and how to start the *Understanding why you feel as you do* workbook. If this is something you would like to do, write your own plan into the Plan below. If you prefer to choose something else, then there are blank versions of this sheet available at the end of the workbook and for download from www.lltff.com.

1. *What am I going to do?*

Suggestion: Start to read the *Why do you feel as you do* workbook

If you decide to do this, think through in more detail exactly what you will do. Do you need to break it down into smaller parts (e.g. get a pen and paper, find the copy of the book or workbook, sit at the table with the door shut and radio off...)? Try to be clear exactly what you will do – so you will be clear when you've done it. Be realistic. Will you plan to read the whole workbook, or just a few pages at a time? Each workbook is also split up into sections that you can work through in smaller sections.

Write what you will do here:

2. *When am I going to do it?*

What date and time will suit? Many people with low mood notice they feel at their worst first thing in the morning. So you might find that the best time for you to read the workbook is after lunch, in the late afternoon, or in the early evening. If you have young children, think about what you know of their routine. Or you could pick a time when others are around to help look after them. Also, can you plan to read it every day – or do you need a gap to let things sink in?

Write the day and time:

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3. *Is it well planned?*

Next, do a quick reality check on your plan. Is it realistic and well planned? Are you trying to bite off more than you can chew? Is the task small enough for you to succeed, but not so small it makes no difference?

Is my planned task one that:

- Will be useful for helping me move forward? Yes ☐ No ☐
- Is clear, so that I will know when I have done it? Yes ☐ No ☐
- Is something that I value, or need to do? Yes ☐ No ☐
- Is realistic, practical and achievable? Yes ☐ No ☐

4. *What problems/difficulties could arise, and how can I overcome this?*

What could get in the way?

- *Things within you* – low motivation, forgetfulness, talking yourself out of it?
- *Or things outside you* – other people, bad weather, the need for money to do an activity, having to travel or perhaps a task that depends on someone else for success? Unpredictable things may also happen from time to time and interrupt your plans.

Have a back-up time planned for if you can't start working on the course when you first planned. For example, what if a friend unexpectedly drops by for a coffee, or your baby cries, wakes up or needs a nappy change?

Write your possible blocks in here:

Finally, think again about the task and decide whether you need to rewrite your plan to tackle these possible blocks.

5. *Write your final plan here:*

What are you going to do?

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When are you going to do it (day and time)?

During the course, you can make all sorts of future plans using the *Planner sheet* at the end of this workbook. Many people find that by writing things down it helps them organize things and get things sorted.

PLAN, DO AND REVIEW

Whatever you choose to do, the first step is to make a plan and then do (or not do!) it. The *Planner sheet* will help you create a clear and realistic plan. The next step is to use the *Review sheet* to consider how things have gone, and whether good or bad to learn from it. Copies of both sheets are found at the end of the workbook, and as with all the worksheets can be downloaded from www.lltff.com.

That last part is important. This isn't about having a time for self-congratulation or criticism. It's all about planning effective progress and learning about what works and doesn't in your own life right now.

Look at the *Review sheet*. It asks you to consider whether you completed the planned task or not. If you have managed to do it as planned, then well done. If not, then what stopped you? Was it something inside you like forgetting, or talking yourself out of it? Or was it something outside you like a child being ill, an unexpected accident or friend dropping by, or perhaps it rained? It's all about learning how to plan more effectively. How could you plan things differently the next time to tackle this?

Whichever tasks and workbooks you use on this course, keep coming back to this *Plan, Do, Review* approach. You can even use it to plan the weekly shop!

Other sources of support

www.lltff.com

This popular resource is designed to support readers of this course and is free to use. There's also a forum where you can make comments, or ask questions of other people who are using the same course.

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<http://shop.lltff.com>

Access a wide range of Five Areas resources, including free hand-outs and relaxation MP3 files.

Worksheets to help you practice

Practice is important to help you master this approach. You can download worksheets of all the key skills used in this workbook from www.lltff.com/worksheets/odlm

OTHER RESOURCES

Here are details of some other Five Areas resources that can be helpful at times of low or anxious mood.

- *24 hours to get a job that really fires you up.* (Highly Commended BMA book awards) (Kindle)
- *Overcoming anxiety: A Five Areas approach.*
- *Are you strong enough to keep your temper?* (Kindle)
- *I'm not good enough* (low confidence). (Kindle)
- *Stop smoking in 5 minutes.* (Kindle)
- *I feel so bad I can't go on.* (Winner, BMA book awards) (Kindle)
- *Fix your drinking problem in 2 days.* (Kindle) (Linked website: www.lltff4drink.com)
- *Enjoy your baby* (postnatal depression). (Kindle)
- *Reclaim your life from illness, disability, pain or fatigue.* (Kindle)
- *I'm not supposed to feel like this: A Christian self-help approach to depression and anxiety,* C Williams, P Richards and I Whitton (linked website: www.lltffwg.com).

A REQUEST FOR FEEDBACK

If there are areas in this course that you find hard to understand, don't work well for you or seemed poorly written, please let me know. I'm sorry I can't answer specific questions or provide advice on treatment.

Email: feedback@fiveareas.com

Address: Five Areas, PO Box 9, Glasgow G63 0WL, UK

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In your feedback, please state which workbook, book or website you are commenting on.

ACKNOWLEDGMENTS

The cartoon illustrations were produced by Keith Chan, kchan75@hotmail.com. The terms LLTTF and Five Areas are registered trademarks of Five Areas Resources Ltd.

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PLANNER SHEET

1. *What am I going to do?*

2. *When am I going to do it?*

Write in the day and time:

3. Is my planned task one that:

- Will be useful for helping me move forward? Yes ☐ No ☐
- Is clear, so that I will know when I have done it? Yes ☐ No ☐
- Is something that I value, or need to do? Yes ☐ No ☐
- Is realistic, practical and achievable? Yes ☐ No ☐

4. *What problems/difficulties could arise, and how can I overcome this?*

What could get in the way? Write your possible blocks in here:

Do you need to rewrite your plan to tackle these possible blocks?

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5. *Write down your final plan here*

What are you going to do?

When are you going to do it? (day and time)

Your back-up plan: Think of another back-up solution you could turn to if for whatever reason there are problems with your plan.

KEY POINT

If you feel worse with symptoms you can still choose to do the planned activity anyway – because it's important.

REVIEW SHEET

What did you plan to do?

Write it here.

What happened? Did you attempt the task?

Yes ☐ No ☐

If yes:

- What went well?
- What didn't go so well?
- What have you learned about from what happened?
- How are you going to apply what you've learned?

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If not:

What stopped you?

- *Internal factors* (e.g. forgot, not enough time, put it off, concerns I couldn't do it, I couldn't see the point of it, etc.).
- *External factors* (events that happened, work/home issues, etc.).
- How could you have planned to tackle these blocks?

Use the *Plan, Do, Review* approach to help you move forward.

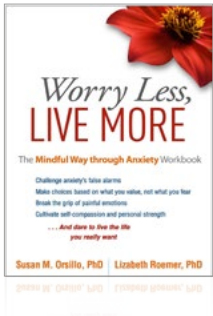
MY NOTES

3

UNDERSTANDING FEAR AND ANXIETY

*From **Worry Less, Live More: The Mindful
Way through Anxiety Workbook***

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The following is excerpted from *Worry Less, Live More* by Susan M. Orsillo and Lizbeth Roemer. © The Guilford Press, 2016. All rights reserved.

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US customers visit www.guilford.com to purchase.

Daring to live the life we want requires us to respond skillfully and effectively to our emotions. And we are most able to do that when we have a clear understanding of why they arise and how they work. Everyone talks about feeling anxious, worried, tense, or scared from time to time, but we may not be fully aware of what each of these words means, how to notice them in ourselves, and why we have these experiences. It may seem like these things are obvious. But we've found that one very helpful step in changing the ways we respond to anxiety in our lives is to have a better, more scientific understanding of what these natural reactions are and how to detect them.

In this chapter, we will ...

1. Describe the difference between fear, anxiety, stress, and worry
2. Describe how to recognize clear and subtle signs of these states
3. Deepen our understanding of the fear response

GETTING THESE TERMS STRAIGHT

Fear—refers to the thoughts, emotions, and physical sensations that humans (and animals) naturally have *in the face* of threats. Threats can be physical dangers or the possibility of rejection. They can also be real and in the moment or imagined and in our minds.

You're crossing the street and you see a bus hurtling toward you; your heart races, your palms sweat, your thoughts scream out danger, and you run out of the way.

You hear someone yell something derogatory at you and move toward you in a threatening way. You feel your face flush and your blood pump through your body, as you are unsure whether to run or stand and defend yourself.

You are in a social situation where you might be judged, like when you give a presentation in front of a group, and you have the same physical response—racing heart, palms sweating—as well as thoughts that people do not like what you're saying or are not paying attention and urges to run from the room.

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You vividly imagine taking a risk—like trying out for a sports team or auditioning for a play— and you have the same thoughts and sensations you would have if it were actually happening.

Anxiety—is closely connected to fear, but occurs in *anticipation* of a feared situation. Often this can be accompanied by sensations of muscle tension or uneasiness or feeling on edge and easily startled, as well as thoughts about what might go wrong. Anxiety usually leads us to want to avoid a situation or reminders of a situation.

Before a job interview, a first date, or doing something else new, you might notice that your mind is racing and your body is tense in anticipation of something potentially going wrong. This might lead you to put off preparing for the interview or to consider canceling the date.

Understanding the nature of fear, anxiety, stress, and worry is an important foundation for making changes that can help you dare to live the life you want.

Stress—is the response we have—thoughts, feelings, physical sensations—to any demand or stressor. Stressors can be happy occasions (new relationships, a promotion) or extremely unpleasant events (death of a partner, witnessing an attack). They can be events that already happened (illness) or something that could happen (possibly being fired from a job). Stressors can be sudden events (like a test or an argument) or ongoing experiences (a long commute, discrimination). When we have a stress response, hormones and nerve chemicals are released to help us cope. But if we are chronically stressed, these physical changes can be harmful to our health. Both fearful events and worries can elicit stress responses. We can experience chronic levels of stress that we aren't even aware of but that affect our emotions and our actions in problematic ways, such as leading us to act impulsively or feel irritable or reactive.

After the birth of a child, there are multiple demands on one's time, energy, and financial resources. You may feel love and excitement, but may also feel many new pressures.

Worry—is the cognitive component of anxiety and can often occur even well in advance of a potential threat. When we engage in worry, we often ask ourselves “what if” questions. It can seem like this is solving a problem, but instead we often just go from one potential problem to another and have difficulty focusing on the task at hand.

We revisit worry in more detail in Chapter 2

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As I (L. R.) think about writing this book I ask myself, "What if we don't explain these concepts clearly enough for people?" and "What if there is a better way to start things off?"

As you drive to work, you find yourself thinking "What if something happens to my mother on the long car ride she has planned for the weekend?"

As you try to fall asleep, you keep thinking "What if I sleep through my alarm? What if traffic is bad tomorrow and I'm late for my appointment?"

WHAT ARE FEAR AND ANXIETY MADE UP OF?

TRY THIS

Take a moment to think about how you know when you're anxious or afraid. It might help to think of a recent example of a time you felt this way. What do you notice? Are there sensations in your body? What kinds of thoughts do you have, or what do you tell yourself? What kinds of feelings come/came up for you in this situation? What do/did you do? After you have thought about this for a few moments, look at the lists on pages 16–17 to see if you recognize any responses listed there.

Each of us varies in the ways we commonly experience fear or anxiety.

- We may notice a lot of sensations in our bodies.
- We may notice our minds get very busy with a lot of rapidly occurring negative, fearful thoughts.
- We may notice that our minds go completely blank.
- Our behavioral signs of anxiety may be very clear to us (e.g., we procrastinate, avoid situations where we might experience anxiety, do not pursue things that matter to us).
- Our behavioral signs of anxiety might be subtle and hard to notice (e.g., we don't realize how many social opportunities we passed up until we bring more attention to the choices we are making).
- We may just feel fear when we are afraid.
- We may have a lot of different emotions—fear, anger, disgust, hopelessness—that arise all at the same time.

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- We might be clear about exactly what emotions we are feeling.
- We might just notice we feel “bad” or “distressed” or even “numb” or “shut down.”

Physical Sensation		
Rapid heart rate	Blushing	Headaches
Sweating	Dry mouth	Restlessness
Dizziness or lightheadedness	Stomach distress	Fatigue
Shortness of breath	Tension or soreness in the neck, shoulders, or any other muscles	Irritability
Trembling or shaky feelings		

Thoughts / Cognitive Symptoms
<p>Worries about what might occur in the future (e.g., “No one will talk to me at the party,” “I will fail this test,” “My parents will become ill,” “My children will not be happy,” “I will end up alone,” “I will have a panic attack at the supermarket,” “I am going to get sick from the germs in this bathroom,” “People won’t take me seriously at school”)</p> <p>Ruminations about the past (e.g., “I can’t believe I said that,” “My boss thought I did a terrible job,” “I wish I hadn’t snapped at my partner that way,” “Having nothing to say in that conversation was so humiliating”)</p> <p>Thoughts about being in danger (e.g., “I can’t do this,” “I am having a heart attack,” “I am losing my mind”)</p> <p>Narrowed attention toward threat or danger, inattention to evidence of safety</p>

Other Emotions		
Sadness	Disgust	“Overwhelmed”
Anger	Shame	“Numb”
Surprise	Hopelessness	

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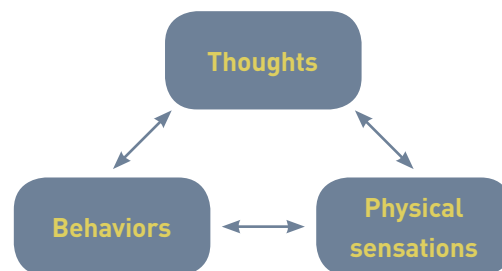
Behaviors

Repetitive behaviors or habits (e.g., biting fingernails, picking skin, playing with hair, tapping feet)

Avoidance or escape (e.g., turning down a social invitation; passing up a promotion; calling in sick to work; making an excuse to cancel a social engagement; leaving an event early; asking someone else to make a phone call for you; taking an alternative route to avoid a bridge or tunnel; using a ritual, security object, or lucky charm to get through an anxious experience)

Distraction techniques (e.g., overeating, smoking, watching television, having a few glasses of wine or a couple of beers, sleeping, shopping, putting excessive energy into work, exercising vigorously to try to “tire out” your body, coming up with a busy schedule to keep your mind off worries)

Yet, for all of us, no matter what sign of fear and anxiety we notice first, a reaction in one part of the system sets off reactions in the other. This is often called the cycle of fear and anxiety.



Tonia feels anxious in classes that require participation. When she wakes up in the morning before class, she feels her heart racing and a knot in the pit of her stomach, and she has thoughts like “I’m not going to be able to remember what I want to say” and “People are going to think I’m stupid.” The sensations she feels in her body produce more anxious thoughts like “Oh no, everyone is going to see how nervous I am” and “It seems like I am really starting to freak out,” and her anxious thoughts fuel more uncomfortable physical sensations (like sweaty palms). These thoughts and sensations also cue an urge to engage in certain behaviors. As she struggles with her thoughts, feelings, and urges, Tonia begins picking at her nails and reading and rereading her notes and almost misses her bus. Now she has thoughts like “I’m going to have to walk in late, and everyone

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will look at me and think I don't take school seriously, even though I really care about learning and this subject. Maybe I just shouldn't go at all." These thoughts lead her face to feel flushed, and she thinks, "Everyone will see how anxious I am." By the time she gets to class, she is experiencing so much physiological anxiety and her thoughts are racing so fast that she can't remember what she read the night before. She doesn't speak in class because she is overwhelmed by anxiety and afraid of the consequences. After class, she is frustrated with herself for not contributing when she had important points to make. She thinks, "This is only going to get worse."

Mario has an important interview for a promotion tomorrow. He plans a busy day to try to keep his mind off the interview: going to the gym in the morning, spending the day at the science museum with his family, and then watching a basketball game with his friends in the evening. He finds that as he does each of these activities his mind keeps going to the interview the following day. He thinks, "What if I don't give them the answers they're looking for? What if I can't show them how capable I am of being a leader? What if they already have someone else in mind for the job? What if my alarm doesn't go off and I'm late, making a bad impression?" With each thought he feels his body getting more and more tense. He finds himself so absorbed in planning out answers to imaginary questions that his children have to call out to him multiple times to show him an interesting exhibit at the museum. He notices his partner looks annoyed with him when this happens for the fifth time. He starts thinking, "Why can't I enjoy being here with my family? What's wrong with me? I keep thinking about the future and I'm not paying attention to the people I love. What if my partner gets fed up and leaves me?" He briefly notices feelings of sadness and fear, yet pushes these feelings away and continues running through anxious thoughts in his head. While his mind continues spinning through these worries, his partner has to call his name several times to indicate that it is time to go get lunch. Mario feels embarrassed and angry with himself that he keeps being distracted and vows to do better. Still, he finds himself thinking about the job interview tomorrow, how much he would like the position, and how worried he is that he won't be selected. His shoulders ache from all the tension he is holding.

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Suzanne describes herself as feeling “stressed out” and “overwhelmed” but has trouble pinpointing exactly what she is thinking and feeling. She describes her physical sensations as “agitation” or feeling “on edge” or sometimes feeling very slowed down and unmotivated. She feels like every moment is filled with tasks to do, and these tasks run through her head continually. She often finds herself in the middle of a room, uncertain why she entered the room in the first place. She thinks that other people manage their lives better than she does and that she is unreasonably “emotional” and that she really needs to “get a grip.” The more she thinks this, the more she finds herself feeling overwhelmed and the harder it is for her to accomplish her goals for the day. She rarely reflects on how she’s feeling about her life, but when she does, she feels generally dissatisfied. She hasn’t intentionally avoided pursuing more meaningful interpersonal relationships or advancement at work; she just always feels too overwhelmed to take on any new challenges and finds herself feeling stuck and hopeless.

In Chapter 3, we will more fully explore how to notice when habits of responding to early signs of fear and anxiety intensify and prolong distress. And Part II will explain how to develop new ways of responding that can move you forward.

Tonia, Mario, and Suzanne (and all the rest of us) each have very distinct patterns of physical sensations, thoughts, and actions. Yet in each case we can see how sensations lead to thoughts and vice versa and how both can influence behaviors, with behaviors feeding back to influence thoughts and sensations. And habits of responding (with worry, self-critical thoughts, avoidance, or emotionally shutting down) intensify the cycle, making distress more intense and interfering with how fully we can lead our lives. One important step to making changes

in these naturally occurring cycles is beginning to recognize them so that we can interrupt them and develop new patterns of responding.

TRY THIS

Consider the following questions: Tonia felt anxious about speaking in class and ended up staying silent. What do you think were some of the benefits of making that choice? What were some of the costs? In that moment of anxiety, Tonia acted as if the benefits

Recognizing the early signs of anxiety can help you choose to react in ways that aren’t as likely to prolong or increase your distress.

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outweighed the costs. If she were able to step out of the fear and anxiety of that moment, do you think she would come to a different conclusion?

How to “Monitor” or Become More Aware of Experiences throughout the Day

One way to begin recognizing your responses is to start to “monitor” or notice when you’re having certain thoughts, sensations, or emotions during the day. Throughout the book we will include forms to fill out to reinforce the habit of noticing your experience as it occurs and start to relate differently to it, as one important step in daring to live the life you want. You can use the forms right in the book, download the forms from www.guilford.com/orsillo2-forms so you can have extra copies, make your own forms, use a notebook to jot down observations, make notes on a smartphone, or take whatever approach is most manageable for you.

People find different strategies helpful for remembering to check in and pay attention to their experience:

- Checking in at certain times of day, like when you wake up, eat lunch, eat dinner, and go to bed
- Checking in as you switch tasks during the day
- Checking in when you notice you are feeling distressed (this can be more challenging, so be gentle with yourself while you try it)

TRY THIS

Now that you understand all the different signs of anxiety that may occur in your body, your mind, or through your behaviors, see if you can recognize these signs **as they occur** during the day. It might be helpful to use the Monitoring Your Fear and Anxiety form on page 20 to record them or download and use the monitoring form at www.guilford.com/orsillo2-forms.

More information on cultivating awareness and monitoring is in Chapter 6. If you find you really struggle with exercises involving noticing, you can skip ahead to that chapter for some more guidance.

Just note anything you notice in your body, mind, or behavior. Focus on simply observing what comes along with fear, anxiety, or stress for you. You may notice judgmental thoughts arising as you tune in to your responses. If that happens, see if you can just let those judgments be—no need to struggle with them or push them away—and as best you can, bring your attention back to simply observing. Observing and taking notes on your anxiety response is one way of learning to relate

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MONITORING YOUR FEAR AND ANXIETY				
Date/Time	Current Situation	Physical Sensations	Thoughts	Behaviors

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to it differently, so try it out and see what you notice. If you notice anything new in your experience, you can write this down too. Remember, the purpose of this exercise is to better learn to recognize the subtleties of your unique anxiety response, so it is important to record your observations in the moment as they are unfolding.

UNDERSTANDING THE FEAR RESPONSE

In this section we focus primarily on fear. See Chapter 2 for a deeper look at the experience of worry.

Most people who struggle with fear and anxiety wish that these feelings would just go away. It can seem like feeling these feelings means there is something wrong with us. And we often feel alone in our struggle. We don't often

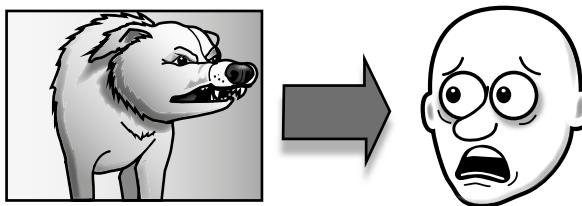
know when friends, neighbors, or coworkers are struggling with anxiety unless they choose to tell us, because we can't see others' racing thoughts, knots in their stomach, or muscle tension. So we judge our own "insides" against other people's "outsides" and often conclude we need to get rid of these feelings to lead a good life. While wishing anxiety and fear away is very understandable, particularly when our struggle with these feelings can be so exhausting and time-consuming, we are actually very lucky that we can so easily and readily experience fear. Fear serves an important function in our lives.

When we judge our own "insides" against other people's "outsides," we feel alone in our struggle with fear and anxiety.

Fear and the Fight-or-Flight Response

We are biologically prepared to detect threat and respond with fear (blood rushing to our limbs, a perception of danger, an urge to fight or flee) when we encounter any potential threat. This immediate response has helped us survive.

Imagine we saw this dog:



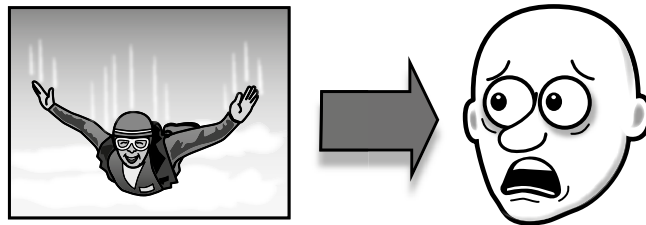
The best thing that can happen in this situation is that we experience an immediate spike in fear that leads us to run away from the dog, reducing the chances we get

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attacked. Our ancestors survived because of this instinctual response. They didn't question it at all, and followed the actions associated with the feeling.

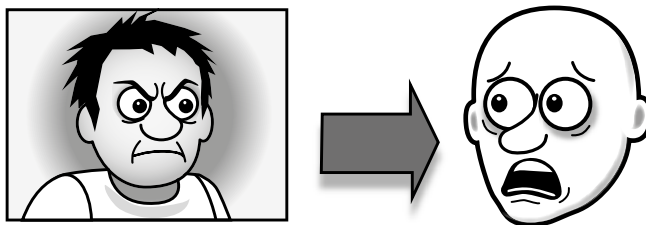
Fear is tied to an urge to act in very specific ways—when we experience fear we feel compelled to escape a situation or avoid entering it at all. We may also feel pressured to fight or attack the potential source of danger. This is referred to as a *fight-or-flight response*. Sometimes fear and anxiety in a situation where escape or attack does not seem possible lead to an urge instead to *freeze*, the way a deer does in headlights. These *action tendencies* can be experienced very strongly, so we often take the action suggested by our emotions. However, we do not have to act the way our emotions tell us to.

Imagine seeing this opportunity:



It is definitely true that we could get hurt skydiving. So noticing one's fear and avoiding this activity is one perfectly reasonable response. On the other hand, some people may really value "risky" activities like skydiving, skiing, or even riding a roller coaster. Some activities people think are "fun" require us to notice we are afraid, notice the urge to avoid or escape, and make the intentional choice to try the activity anyway.

A similar kind of learning happens with social cues. It makes sense that we learn to fear this angry person:



Someone who is angry could physically attack us or say something to us that could make us feel uncomfortable or guilty. So the safest response would be to avoid or escape from this person. Yet if this is a relationship with someone we value—like a

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boss or our partner—and the “threat” to us is uncomfortable (we are going to hear that we made a mistake on a report or acted inconsiderately) but not dangerous, we may actually want to approach the angry person. Again, rather than responding instinctively, we may need to notice our fear and also consider what matters to us personally when choosing a response. **Many of the activities that make life rewarding, enriching, and satisfying also elicit some fear. It is impossible to take risks or face challenges without feeling these feelings.** Using the awareness skills presented throughout this book, we can learn to pause when strong emotions arise and make a choice about how to respond given what is most important to us in that moment.

TRY THIS

Certain activities that make life rewarding, enriching, and satisfying—such as doing something adventurous in our free time, taking on a challenge at school or work, or asking someone out on a date—are pretty much guaranteed to elicit some fear. *Can you think of some action you have thought about taking or some activity you considered trying that has these two characteristics? Something that would likely add to your quality of life and would probably cause you to feel some fear?*

Fear and Generalization

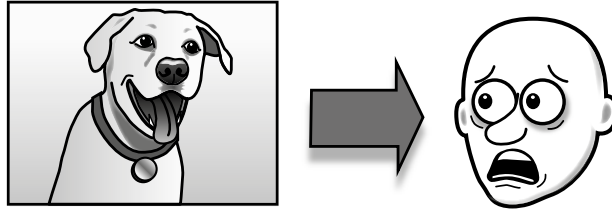
Another thing that can cause us to struggle with fear is that our learning can generalize from one situation to another. That is, we can learn fear to a specific cue so strongly that we also respond fearfully to other cues that were present at the time or to cues that are related to the initially threatening situation.

This ability to generalize can be extremely adaptive. For example, if you learned to fear and avoid black widow spiders after being bitten by a brown recluse spider, because your fear of spiders has generalized to all spiders, you might be less likely to get bitten by a dangerous, venomous spider.

Through our capacity for learning, generalizing protects us from real threats but also makes us more vulnerable to new anxiety triggers.

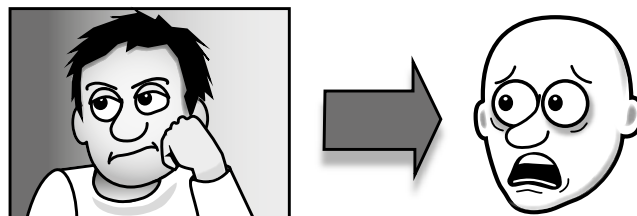
Generalizing can, however, also lead us to fear and avoid situations and objects and situations that are not at all dangerous. For example, while it might be helpful to feel fear and avoid the attack dog illustrated earlier, through our tendency to generalize our learning we can come to have the same kind of response when we see this much less threatening-seeming dog.

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Although this second dog may not seem as threatening to someone who has never encountered an attack dog, someone with that history may home in on the physical features this dog shares with the other dog that could be seen as threatening (e.g., sharp teeth and claws). This generalization might lead us to stay away from the less threatening dog instinctively, without thought, and keep us from learning that this dog is not dangerous.

Also, while it may be adaptive to feel fear in response to a threatening facial expression, through generalization learning we may find ourselves having a similar response to someone who looks more like this:



Expressions of boredom or disinterest can be painful if we care about the person making them, but they are not necessarily threatening and may not warrant the same kind of response we have to an angry expression. What causes us to make this kind of generalization? On the one hand, select *physical similarities* between the two expressions could promote generalization. For example, a slight frown can mean someone is starting to get angry or is focused intensely on thinking about something else. During the expression of both anger and boredom, one's eyebrows tend to be low on the eyes (whereas they tend to be rounded and high when one is happy). On the other hand, humans can also generalize their fear of one object or situation to another based on conceptual similarities between the two. Objects and situations develop *conceptual similarities* based on our learning. For example, milk, coffee, and lemonade are all liquids, and based on physical attributes milk and coffee are no more similar than lemonade and coffee. But through learning we have come to closely associate milk and coffee. So based on our unique life experiences, we can

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generalize the fear of one object or situation to another, even if the two are not linked to each other by physical characteristics.

This generalization of fear can be particularly strong when we have had traumatic, extremely distressing experiences. That kind of learning (being exposed to danger or humiliation) can lead to fear being triggered easily by a whole range of internal and external cues. This can make us feel like our fear is unreasonable or “crazy.” Yet the evolutionary aspect of this fear learning remains—at times of significant danger, it makes sense that we learn fear very strongly and in a very broad way, so as to maximize protection and our own safety. Unfortunately, this very intense, generalized fear response can severely restrict our lives because we fear and avoid such a wide range of cues. Understanding how and why we have such strong emotional responses across so many situations when we have experienced trauma is a first step toward learning to respond differently when our fear response is triggered.

“Unlearning” Fear

Recently scientists discovered something new about how fear is learned and how people can come to approach things they used to fear and avoid. Surprisingly, once we learn to fear something, we actually can never “unlearn” this association. So if Anh watches her friend Bree get bitten by the class pet Harry the hamster, Anh will always have some connection in her brain between hamsters and danger.

The good news is that we can learn new associations. For example, if Anh works in a pet store throughout high school, handles hamsters all the time, and never gets bitten, she will also have some connections in her brain between hamsters and harmlessness.

This means that to learn to be more comfortable around things, people, and activities we fear we have to do the *exact opposite* of what our emotions are telling us to do. The only way to become less fearful of something we value is to approach it and have some new experience with it that teaches us it is not threatening. We truly do have to dare to live the life we want—as developing the courage to approach the things we fear is the best way for us to change how we respond to them. And when we approach what we fear, we actually have to keep our minds open and present to the situation. If we are too frightened to pay attention and we distract ourselves, the new learning cannot occur.

Approaching what we fear is a daring act, but it's the best way to change how we respond to what scares us.

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Spiders and Snakes

Interestingly, we are much more likely to learn to fear things that used to be a threat to human survival—even though those threats are no longer as dangerous as they used to be. For example, people are seven times more likely to have a fear of spiders than they are a fear of driving. Yet approximately 37,000 U.S. citizens die in car

Although facing our fears may sound simple, in practice it can be extremely challenging. Many people live their whole lives avoiding people, situations, or activities that could elicit fear. Throughout the book we will introduce you to skills and strategies we hope will help you tap into your courage to live life fully and reduce your struggle with painful emotions.

accidents every year, whereas about eight people a year living in the United States die as a result of a venomous spider bite. We are biologically hardwired to instinctively fear those things that were most dangerous to our ancestors, even though they may no longer pose a significant threat. That may explain why it is difficult to rationalize away a fear even when we logically know we are not in danger.

Fear and anxiety are adaptive, natural responses that serve an important function in our lives. One reason we struggle with fear is that we think it can take control of our lives. Because we feel the

urge to fight, flee, or freeze in the face of fear, it can seem like these emotions cause us to behave in ways that may interfere with what matters most to us. Throughout the book, we will help you develop the skills of noticing when these urges arise and then choosing whether to follow the urge or to engage in a different action. This is an important step toward daring to live the life you want, because often the things that matter to us involve moving toward things we fear, rather than away from them. For instance, if we want to develop an intimate relationship, we have to open up and be vulnerable, even though anxiety will naturally arise due to fear of rejection or hurt.

TRY THIS

Fear and anxiety are strong habits for all of us, meaning that we respond to them without really noticing what we're doing. To make meaningful changes in our lives, the first step is to start noticing what is unfolding in the present moment. This will help us pause and consider new ways of responding. One way to learn to do this is to practice noticing even the most simple and automatic actions we take. Try Mindful Walking and see what you notice:

Take 5 minutes each day and walk with awareness. Inhale as you lift one foot, exhale as you place it on the ground, inhale as you lift the other foot, and exhale as you place it on

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the ground. Notice what it feels like to lift a foot and what it feels like as you place it on the ground. Notice your posture and the sensations of your breath. As your mind wanders, bring it back to your steps. Be gentle with your mind—it will naturally wander, and you may suddenly find that you sped up or started to do something else. Just return each time you notice to paying attention to what it feels like to walk. Some people do this in a circle, which you can try if you have room. If the weather permits, you can do it outside and possibly notice other sounds and smells while you're walking. Or you can do it in a very small space in your home or simply walk up and down a hallway or a room. There is no right or wrong way to practice. Just set aside some time to pay attention on purpose while you walk and see what it's like to be aware of this very habitual behavior. You might write down any observations and return to them later in the book when we talk more about building this awareness muscle.

Part II will visit awareness exercises in more depth, and Chapter 8 will describe mindfulness to you. But you can do practices without reading any of that first and just see what you notice.

Fear Is Learned

- Fear helps us avoid real physical dangers.
 - These are natural, human responses and are helpful to us.
- Fear is easy to learn.
 - Our nervous system has evolved so that we can readily detect and learn danger, to keep us safe.
- Fear and anxiety can easily spread to other things.
 - We easily learn to fear things that are similar to, or associated with, objects or situations that we perceive as threatening.
- Fear cannot be unlearned.
 - The only way we come to be less afraid of an object or an activity is to have lots of experience with it that teaches us we are safe.
- Some fears are biologically inherited.
 - We are more likely to fear things that threatened our ancestors' survival. We are "hardwired" to very quickly learn to fear and avoid snakes and spiders.

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QUESTIONS YOU MAY HAVE AT THIS POINT

Q: I feel like I am more anxious than other people I know—is this just how my personality is and it can never change?

A: Some people certainly experience more intense anxiety or respond more quickly to situations with anxiety. This can happen for a number of reasons. Some people are genetically predisposed to be more anxious. Others have experiences in their lives, like trauma, stressful life events, difficult family relationships, the absence of a strong social support system, discrimination, or limited financial resources, that lead them to learn to feel unsafe more easily in a wide variety of situations. And then, telling yourself that you are an “anxious person” can maintain this style of responding, as well as limit your life, all of which further feeds the cycle of anxiety. However, none of this means that it cannot change. It may take more practice and more patience to make changes in very well-worn patterns of responding. And some of us may continue to have an anxious response more easily. Yet we can still make substantial changes in the ways we respond to our anxious reactions by understanding them more fully, learning how to respond to them differently, and choosing actions that bring meaning to our lives. These changes can all change the intensity and duration of our cycles of anxiety.

See Chapter 3 for a more in-depth discussion of understandable responses to anxiety and distress and an introduction to strategies to help us change them; Chapter 12 presents a more expanded discussion of strategies.

Q: I've had very painful, traumatic experiences in my life. Is there really a way to address the anxiety that comes from those kinds of experiences?

A: Unfortunately, many of us have real-life experiences of threat, danger, humiliation, injustice, and/or violence that naturally lead to feeling unsafe in the world. Often recovery from these kinds of experiences requires processing them directly in some way, such as through therapy or a supportive network or affinity group. If you've done these things and still feel the very natural sense of anxiety and it is triggered easily by cues in the environment, you may find the strategies in this book helpful. A very important part of changing our relationship to these kinds of responses from traumatic or other harmful experiences is understanding that our reactions are natural given what we've been through. Having compassion for ourselves and these reactions can help us choose how we respond so that we can broaden our lives again and have new, rewarding experiences despite past or ongoing stressors.

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Q: You keep talking about needing to be more aware of the process of anxiety—I am painfully aware of my anxiety. Maybe this isn't the approach for me.

Developing understanding and compassion is challenging—we address this in more depth in Chapters 7 and 12.

A: This is the paradox of anxiety—on the one hand, anxiety leads us to be extremely aware of every anxious thought and sensation we have. So it makes sense to think the solution is to pay less attention or get it out of our minds. Unfortunately, as we discuss later, we can't actually completely avoid these sensations. Another option, therefore, is to broaden our awareness. Doing so can help us gain a broader perspective on the situation. We may also notice habits that increase our fear and find opportunities to respond differently. Making these changes can diminish our anxiety and help us lead a more fulfilling life.

In Chapter 4 we will explore the complexities and costs involved in trying to completely avoid painful emotions.

We examine the subtle but critical differences between accepting and tolerating painful emotions in Chapters 7 and 12.

Q: Are you saying that I have to tolerate anxiety because it won't go away?

A: Although we are saying that fear and anxiety are a natural part of life, we are not suggesting that you “grin and bear it.” We have found that by understanding anxiety, noticing its many components as it evolves, learning to relate to anxiety differently (with curiosity and compassion rather than self-criticism), and clarifying what is important, people can make significant changes in their lives, which are accompanied by less intense, less long-lasting experiences of anxiety, as well as increased feelings of joy and satisfaction.

Q: I'm not sure that I really experience anxiety. My heart doesn't race, and I don't feel scared very often. I just feel that my mind is very busy. I am always preparing for what comes next and what might go wrong, and I can't easily turn my attention to other things. Is that anxiety?

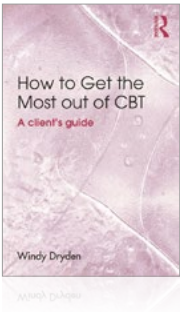
A: You are describing worry, a common cognitive component of anxiety. We address worry in more depth in Chapter 2.

4

DECIDE IF CBT IS FOR YOU

*From How to Get the Most Out of CBT:
A Client's Guide*

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How is it that you have ended up either consulting or thinking of consulting a cognitive behaviour therapist? How much do you know about CBT? Have you actively sought out a CBT therapist or were you recommended to do so? These are some of the questions that come to my mind as I invite you to decide whether or not CBT is for you. Indeed, these are some of the questions that I do ask people who come to see me, either to consult me as a CBT practitioner or to seek my help to determine which approach to therapy is best suited to them. Since I don't know your answers to these questions, let me deal with the issue of how you can best decide if CBT is for you in a more general way.

COMMON FACTORS THAT SPAN DIFFERENT PSYCHOTHERAPEUTIC APPROACHES

In the field of psychotherapy and counselling, it is recognised that different approaches have both common factors (i.e. common to all therapeutic approaches) and specific factors (i.e. specific to the particular approach under consideration). The main common factors include:

- the development and maintenance of an effective working alliance between you and your therapist;
- the provision of a safe space in which you can discuss whatever is important to you;
- the mobilisation of hope whereby you come to see that you can effectively address your concerns; and
- experiencing your therapist as someone who is genuine with you, understands you and accepts you.

As I have said, these factors are common to all approaches to therapy and are not specific to CBT.

While I have entitled this chapter “Decide If CBT Is for You,” when it comes to the presence or absence of these common factors, I suggest that your focus be more on deciding whether or not the *therapist* whom you have come to see is the right *person* for you to consult than on whether or not CBT is right for you. Thus, your therapist may be technically proficient in CBT, but if you don't feel safe talking to her¹ about what really matters to you, you are right to have doubts about your therapist. Based on the above, here are some questions to ask yourself to help you make your decision about whether or not to work with your particular therapist:

- To what extent does my therapist understand my problems from my perspective?
- To what extent does my therapist accept me the way I am?

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- To what extent is my therapist genuine in the way she interacts with me?
- To what extent do I feel safe to discuss what really matters to me with my therapist?
- To what extent does my therapist inspire hope in me that I can effectively deal with my problems?
- To what extent does my therapist foster a working relationship with me focused on dealing with my problems?

While it is unrealistic for your therapist to score top marks on all these points, she should score highly enough for you to consider working with her over time. If she scores poorly on all these points, then, in all probability, she will not be able to help you much despite her proficiency in CBT. If the therapist scores highly on all but one or two points, then you should consider discussing your feelings with her on the points where she does not score highly. I will address the importance of discussing with your therapist matters to do with your therapy later in this book. For now, let me make two points. First, if you don't feel able to discuss your concerns with your therapist, then this may, in itself, indicate that your therapist is not right for you. Second, if you do decide to discuss your concerns with your therapist on these matters, the way your therapist responds is important. If she takes your concerns seriously and responds without defensiveness, then these are good signs that you can work with the therapist and that you can deal with any rifts in your relationship that may occur over the course of therapy. However, if your therapist appears to dismiss your concerns and/or responds defensively, then this does not augur well for the future and you should consider finding yourself a different therapist.

Having made this point, don't forget that therapists are human too and may have their off days. However, if a therapist responds dismissively and or defensively more than once, then I do urge you to think very carefully about continuing to work with that person.

CBT'S MAIN SPECIFIC FACTORS

In making a decision concerning CBT's suitability for you, it is important for you to understand some of the therapy's main features. I made the point in the introduction that CBT is, in fact, a psychotherapy tradition and that there are a number of different approaches that come under the umbrella of the CBT tradition. Having said that, let me outline some of CBT's main specific factors.

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CBT Focuses on the Way You Think and Act in the Context of Your Emotions and in the Situations in Which You Experience These Emotions

CBT stands for “cognitive behaviour therapy,” and thus you would expect that the therapy would focus on cognition and behaviour.

FOCUS ON BEHAVIOUR

Let's start with behaviour, as this is the easiest of the two terms to grasp. Your CBT therapist will focus a lot on the ways in which you behave, particularly in situations in which you experience your problem(s). However, your CBT therapist may also be interested to understand what may be termed “action tendencies.” These describe situations in which you feel an urge to act in a certain way but don't actually do so. Such action tendencies are particularly valuable in helping your therapist discover your hard-to-identify emotions (such as envy and hurt). Understanding the difference between an action tendency and an overt behaviour may also help you see that you don't have to act on your action tendency, which is particularly important with problems of anger and self-discipline.

The focus on behaviour in CBT is particularly linked to an understanding of your goals and values. Thus, expect your CBT therapist to enquire about the extent to which your problem-related behaviour helps you to meet your goals and to what extent it is consistent with your personally held values. Consequently, during therapy you can expect your therapist to encourage you to act in ways that help you to achieve your goals and are consistent with your values as well as to help you to identify, reflect on and deal with obstacles to the execution of such behaviour.

A particular focus on behaviour that your therapist may well take, particularly if you have problems with anxiety, is to consider your use of safety behaviours (i.e. behaviours which you use to keep yourself safe from threat, but in ways that *may* serve to maintain your anxiety problems). CBT practice is strongly underpinned by research, and while studies in the past showed the negative effects of such safety behaviours, more recent studies have shown that they may be useful in encouraging you to face your fears. Effective CBT therapists keep abreast of the research literature and modify their practice accordingly.

FOCUS ON THINKING

While the word “cognitive” is derived from the Latin verb *cognoscere*, meaning “to know,” in CBT it is used to refer to your thinking and particularly thinking that has a

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bearing on how you feel and act. Thinking can occur at different levels of your mind. There is surface-level thinking, which occurs in the form of automatic thoughts (i.e. thoughts that pass through your mind and are easily identifiable) and there is deeper-level thinking, which is less easily identifiable and takes the form of underlying beliefs. CBT therapists may vary in how much emphasis they place on these different levels of thought. If they deal with both levels, they may differ concerning the order in which they focus on them. What is important is that your therapist helps you to understand the role that your thinking (at whatever level) plays in your problems and elicits your agreement concerning how best to deal with them.

Another type of thinking that CBT therapists are interested in concerns where you place your attention when you are experiencing your problems. This is known as your attentional focus and is a useful area for you to explore with your therapist, whatever problems you have, for what you pay attention to tends to be closely related to your behaviour and emotions.

With respect to thinking, a recent development in CBT research and practice has been on ruminations, thoughts that go round and round in your head which you just can't seem to stop. It has been known for many years that such thinking is a key component of worry or generalised anxiety disorder (GAD), but more recently its important role in the perpetuation of depression and unhealthy anger, to take but two examples, has come to be realised.

You should be aware that CBT therapists from different approaches tend to vary concerning how they address your thinking. For example, practitioners of a CBT approach known as *rational emotive behaviour therapy* (REBT), pioneered by Dr. Albert Ellis, will help you early on in therapy to identify and challenge one or more of four deeper-level unhealthy beliefs (known as irrational beliefs) using arguments designed to encourage you to consider how consistent with reality these beliefs are, how logical they are and how useful they are. These therapists will also help you to construct healthy (or rational) alternatives to these beliefs which are more consistent with reality, more logical and more useful to you.

Other CBT therapists will focus initially on your more accessible surface-level thinking and help you to examine such thinking for its practical utility and to construct more helpful alternative ways of thinking. Later on these therapists, who have been trained in *cognitive therapy*, pioneered by Dr. Aaron T. Beck, will help you to identify and again examine for their practical utility a deeper set of underlying beliefs known as schemas and to construct more useful schemas. Unlike their

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REBT colleagues, cognitive therapists consider that the form of such schemas can vary greatly from individual to individual rather than be grouped into one or more of REBT's quartet of unhealthy (irrational) and healthy (rational) beliefs. Also, cognitive therapists are primarily concerned with the practical utility of thinking, and while they are also concerned with how consistent with reality such thinking is, they are less concerned with the logical status of such thinking.

While I have touched on some differences between REBT therapists and cognitive therapists, both are concerned to help you to focus on thinking that underpins your emotional problems with a view to help you to stand back and respond to it in some way. Other CBT therapists believe that encouraging you to respond to such thinking only results in you getting increasingly caught up in such thinking and may unwittingly help you to ruminate. For these therapists, who practise a form of CBT known as *acceptance and commitment therapy* (ACT), problem-related thinking is best dealt with by your accepting its existence without engaging with such thoughts (e.g. by challenging them) and by committing yourself to value-based behaviour despite the presence of these thoughts in your mind. These therapists do not speak of thoughts being distorted or realistic or beliefs being irrational or rational because they consider thoughts to be very much influenced by the context in which you find yourself rather than by the realistic or rational status of the thoughts.

From a therapeutic point of view rather than a scientific perspective, what really matters is whether the explanation provided to you by your CBT therapist concerning the role your thinking plays in your problems and what to do about it makes sense to you and whether you are prepared to proceed with a therapy that is based on these ideas. That is why it is so important in CBT for the therapist to be transparent in explaining her position on these issues to you.

CBT Focuses on How You Unwittingly Maintain Your Problems Rather Than on How They Originally Began. Consequently, CBT Focuses on What You Can Do Now to Address Your Problems

It is often thought that CBT therapists are not interested in your past. This is not correct, and in CBT you may talk about whatever it is you are bothered about, be it your past, your present or your future. Having said this, CBT therapists tend not to believe that helping you to understand the past roots of your present problems will be curative in the long term without you doing something about these problems in the present. CBT therapists generally hold to the view that relevant past experiences may have contributed to your current problems but do not account fully for

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these problems. CBT therapists explain this by pointing out that if 100 people all experienced exactly the same past experiences as you, not all of them would have developed the same problems as you. Some may have developed other problems and others would not have developed problems at all. Rather, it is the views you took from these experiences and still hold currently that largely account for your problems together with the behaviour that stems from these views.

For example, take the problem of jealousy. If you have such a problem, it may well be the case that you felt jealous of your sibling as a child. However, this insight will not help you if you continue to act in jealous ways in the present (e.g. by preventing your partner from doing things, checking on his or her whereabouts). Such behaviour will reinforce and strengthen the beliefs that underpin your jealous feelings and will nullify any effect that insight into the possible roots of your problem might have. As a result, unless your CBT therapist helps you to deal with the ways in which you currently, but unwittingly, maintain your problem, then it is unlikely that you will gain much long-term benefit from therapy.

CBT Focuses on Helping You to Put Into Practice Between Sessions What You Learn in Sessions

When you consult a CBT therapist, it is unlikely that you will derive any benefit unless you learn something in the therapy sessions. However, such learning is likely to be academic and thus of limited value to you unless you put it into practice between therapy sessions. Consequently, in CBT, expect your therapist to negotiate with you on ways of implementing your session-derived insights into relevant situations in your everyday life. The extent to which you do so will determine how much you get from CBT. Thus, I am often asked whether CBT is helpful. What is my answer? Yes, if you use it; no, if you don't! I will discuss the issue of applying what you learn in Chapter 6.

CBT Focuses on Helping You to Become Your Own CBT Therapist

While all approaches to counselling and psychotherapy have as an aim you learning how to help yourself in the future after therapy has ended, CBT therapists, more than other practitioners, implement this aim in specific ways. They do this by teaching their clients CBT self-help skills throughout the therapy process. Thus, your therapist may well use a CBT-related framework to teach you how to assess your own problematic thinking, feeling and behaviour in problem-related episodes and how to respond productively to these situations. You will then be encouraged to use this framework for yourself between sessions and helped to refine your developing

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skills in subsequent sessions by your therapist when you report back on how you implemented your skills. Given this emphasis on helping you to become your own CBT therapist, it is likely that your therapist will give you increasing responsibility to help yourself as therapy progresses. She will do this by gradually fading her own active contribution to the process, becoming more of a consultant and giving you feedback on your developing self-helping skills than by actively taking the lead as she did at the beginning of therapy.

Because CBT emphasises teaching clients self-help skills, there are a number of CBT-oriented workbooks available that can be used as an adjunct to therapy. Your therapist may suggest incorporating such a workbook into your therapy. While some clients value using such workbooks, others find them too formulaic and would prefer not to use them.

Flexible CBT therapists will be mindful of the fact that while CBT does emphasise the teaching of self-help skills as an integral part of the therapy, some clients do not want to learn these skills in such a deliberate manner. These flexible therapists adjust CBT accordingly. I will discuss the issue of becoming your own CBT therapist more fully in Chapter 8.

In this chapter, I have set out to give you a flavour of some of CBT's distinctive features while acknowledging that different CBT approaches emphasise some and de-emphasise others. I have also stressed that as CBT values explicitness, it is very likely that your therapist will make clear to you how she will use CBT to understand and deal with your problems. Thus, it should be easier for you to judge whether or not CBT is for you than it would be if you were consulting a therapist who practises a non-CBT approach. If you are still in doubt, most CBT therapists will suggest a brief "trial period" of therapy where you can experience CBT for yourself as a way of judging whether or not you wish to make a firm commitment to becoming a CBT client.

If you have decided that CBT is for you and you have found a properly trained therapist² to work with, you will need to make a number of practical agreements with her to ensure that therapy gets off on the right foot. This will be the subject of the next chapter.

Notes

1. In this book, when I refer to the therapist, I will refer to the person as "she." This was determined by the toss of a coin.
2. I suggest that you conduct an Internet search to locate the appropriate professional bodies in the country where you are that accredit CBT therapists in order to find a properly trained CBT practitioner if you have not already been referred to one.

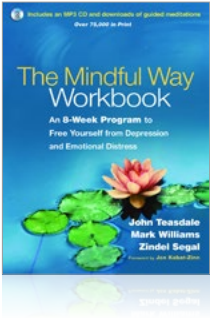
5

DEPRESSION, UNHAPPINESS AND EMOTIONAL DISTRESS

*From Mindful Way Workbook: An 8-Week
Program to Free Yourself from Depression
and Emotional Distress*

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WHY DO WE GET STUCK?



The following is excerpted from *The Mindful Way Workbook* by John Teasdale, J. Mark G. Williams, and Zindel Segal. © The Guilford Press, 2014. All rights reserved.

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Jani would often wake very early in the morning, unable to sleep, with a heavy feeling in her body and thoughts going round and round, impossible to switch off. She'd sometimes get up to make a cup of tea, sitting in the kitchen with a blanket around her shoulders, reading bits of any magazine that she or her roommate had left lying around, or opening her laptop and trying to answer e-mails that had come in overnight. At last, exhausted, she'd go back to bed, only to find that the thoughts carried on, going round and round, but now with a new voice: "This is terrible. You'll be too tired to think straight today. Why is this happening again? Why can't you ever pull yourself together? What's wrong with you?"

For any of us it would be bad enough to wake up too early in this way. But Jani's mind just made things worse.

Reading through the story again, can you now see any similarities between the ways in which the "new voice" added its own twist to Jani's misery and your own past experience?

Put a ✓ next to any of these that you recognize:

- ☐ The voice added its own catastrophic interpretation ("This is terrible") to the situation.
- ☐ The voice was certain there would be awful consequences ("You'll be too tired to think straight").

The voice asked unanswerable questions that had the effect of:

- ☐ bringing to mind times in the past when things had gone wrong ("Why is this happening again? Why can't you ever pull yourself together?")
- ☐ focusing attention on weaknesses and failings ("What's wrong with you?")

Jani's experience illustrates a crucial and unexpected truth:

UNHAPPINESS ITSELF IS NOT THE PROBLEM

Unhappiness is part of the normal human condition. It is a natural response to certain situations. Left to itself, it will pass in its own good time, often surprisingly quickly.

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But, somehow, most of us don't feel able to let things take their natural course—when we feel sad or unhappy, we feel **we have to do something**, even if it's only trying to understand what's going on.

Paola: “I find I can't leave it alone once I get these moods. I sort of know it doesn't do me any good to worry and brood, but I can't help it.”

Paradoxically, it is those very attempts to get rid of unwanted unhappy feelings that get us stuck in ever-deepening unhappiness.

Our reactions to unhappiness can transform what might otherwise be a brief, passing sadness into persistent dissatisfaction and unhappiness.

Let's look more closely at what's going on here. We can distinguish three crucial stages:

Stage 1: Unhappiness arises.

Stage 2: The unhappy mood brings up negative thinking patterns, feelings, and memories from the past—this makes us more unhappy.

Stage 3: We try to get rid of the unhappiness in ways that actually keep it going and just make things worse.

THE ECHOES OF THE PAST

A few years ago Jani had been totally stressed by the amount of work she was expected to do in the job she held at the time. She'd become very down and constantly tried to “pull herself together” before eventually going to her physician, who prescribed antidepressant medication, which helped a bit.

She'd eventually left that job, but somehow she still blamed herself for giving in. Now, 7 years later in the early hours, as she struggled with not being able to sleep but not being really awake either, thinking of the day ahead, this echo of the past was making her feel worse.

Think back to a time when your mood began to go down. Make a ✓ next to any of the following adjectives that describe how you felt at that time—put a ✓ even if you felt that way only slightly.

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> dejected | <input type="checkbox"/> depressed | <input type="checkbox"/> despondent | <input type="checkbox"/> a failure |
| <input type="checkbox"/> inadequate | <input type="checkbox"/> low | <input type="checkbox"/> a loser | <input type="checkbox"/> pathetic |
| <input type="checkbox"/> sad | <input type="checkbox"/> unlovable | <input type="checkbox"/> unhappy | <input type="checkbox"/> useless |

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There are actually two different kinds of words in this list. Some are simply descriptions of moods or feelings (*dejected, depressed, despondent, low, sad, unhappy*).

If you have been depressed in the past, thoughts of self-criticism or of being a failure are much more likely to get switched on by sad moods.

The others describe feelings that also seem to say something about the kind of person you are (*a failure, inadequate, a loser, pathetic, unlovable, useless*).

Research using this list of words has revealed something very important.

If you have been seriously depressed in the past, when you start to feel low now—*whatever the reason*—you are much more likely to begin to feel bad about yourself (and so check off words like *a failure*) than someone who has never been so depressed.

This is because, whenever we are very down, the mind is taken over by patterns of extremely negative thinking—thoughts that we are worthless, thoughts that we have let people down, thoughts that life is full of insurmountable difficulties, thoughts that the future is hopeless.

Bill: “Basically, I feel that I am just not good enough—and sooner or later people will find out.”

Links get forged between these thinking patterns and depressed, unhappy mood. The result? Sad mood arises now and old negative thinking patterns are right behind.

Tragically, these are exactly the feelings and thought patterns that would make anyone even more depressed.

And so the cycle continues: if you have been deeply depressed, it is much easier to slide back into depression again.

It’s not only thinking patterns that can get reawakened. Spells of depression will have often been triggered by experiences of major loss, rejection, or failure.

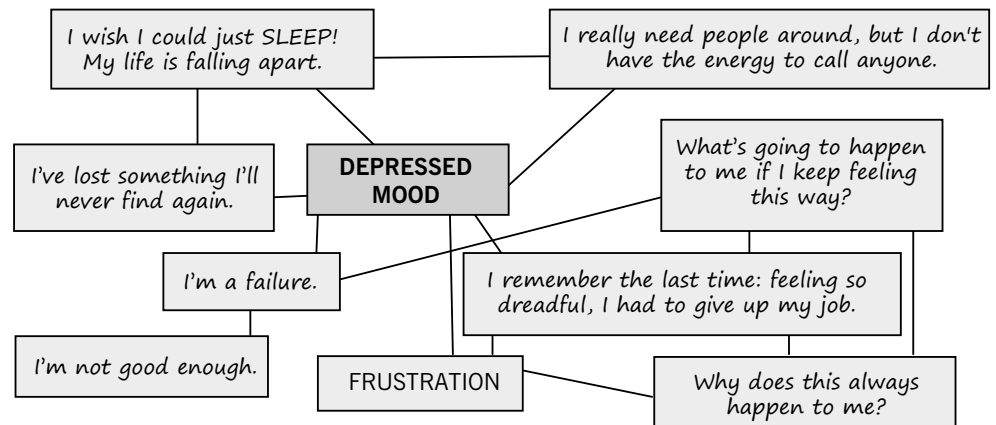
Anna: “Here I go again. I just feel like I have no future; that nothing has worked for me in the past and noth-ing will change. I can’t stand much more of this.”

When you feel sad or depressed again, memories of these losses and rejections—and all the weight of their tragedy—can break over you like a tidal wave. In that way, these thoughts and memories will make you even sadder, adding their own twist to a spiral of worsening mood.

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For Jani, her frustration with not getting to sleep and her fears about not being able to cope with her job evoked memories that made her feel even worse:



Just like Jani's depression, other emotions can color our experience in subtle (and not-so-subtle) ways, with consequences we cannot always see clearly.

For example:

- Feelings of anxiety can reawaken worrisome patterns of thinking— creating more anxiety, worries, and fears.

Olga: "What will happen if Bob gets ill again? Will I be able to cope? I don't want to be alone."

- Feelings of irritation and frustration can make us blame and criticize others, making us even more angry and frustrated.

Scott: "G. had no right to do this. If he does this again, it will be the last straw. I'm supposed to be responsible for running this project, not him."

- If we are overstressed by excessive demands, feelings of pressure may reawaken fears of being overwhelmed and force us to greater busyness and stress.

Pearl: "No one else can do this. It's all up to me. This deadline is really important."

The good news is that, with the right understanding and skills, we can break out of these mood–thought vicious cycles.

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Over and over, we have seen people learn to recognize these thought patterns for what they really are—just thought patterns—and then gracefully disengage from them by refocusing their attention.

The problem is that, through no fault of our own, most of us don't have the appropriate understanding and skills. In fact, you may have found that your bestintentioned efforts often have exactly the opposite effect to what you intended.

Let's see how.

HOW TRYING TO DIG YOUR WAY OUT OF TROUBLE CAN END UP DIGGING YOU IN DEEPER

Carmen: *"If I don't snap out of this soon, I'll be over the edge again. I've got to do something."*

If you have experienced low mood spiraling down to deeper depression in the past, you will know just how horrible that can be. It's completely understandable to feel the urge to get rid of the mood and stop the slide into something deeper.

Tony: *"I had such plans when I was young. Where did it all go? How did I end up like this? What is it about me? What's wrong with me?"*

Equally, if feeling constantly exhausted and unable to enjoy life reawakens a deep doubt about your worth as a person, what could feel more important than doing something about that?

If we look carefully, we can see what is happening here:

The mind is trying to get rid of unhappiness by thinking its way out of the problem.

Think back once more to a time when your mood started to go down. Did any thoughts like these go through your mind?

"What's wrong with me that I get so unhappy when other people seem to have friends and be happy?"

"What did I do wrong to end up feeling like this?" "What's going to happen to me if I keep feeling this way?"

These kinds of questions have no clear answer. Nonetheless, we feel compelled to keep chewing away at them—a process that psychologists call rumination.

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Psychologist Susan Nolen-Hoeksema spent many years investigating rumination and its effects. Her conclusions are stark:

Ruminating just makes us feel even worse:

We suffer the frustration of not being able to come up with answers.

We dredge up memories of failures and difficulties from the past to try to understand how we get things wrong. But focusing on our weaknesses and deficiencies in this way only drags us down further.

We anticipate the problems that will arise in the future if things don't change and dread the prospect of having to face the days, weeks, and months ahead.

We may even begin to wonder whether life is worth living at all.

Asha: *"All this thinking is getting me nowhere."*

Phil: *"It's always been this way. I'm sure I've lost friends by being so negative. What makes me do this? I remember the time when ..."*

Diana: *"Something in my life has been damaged forever."*

Far from freeing us from the downward spiral, **our attempts to get rid of unhappiness by thinking our way out of it are the very things that can deepen and prolong our sad moods.** These moods then bring up more unhappy memories and thoughts, and we now have new material to ruminate on.

If you have been clinically depressed in the past, rumination can create a slide in mood that will tip you into another episode of depression.

The problem with persistent and recurrent depression, unhappiness, and exhaustion is not "feeling low" in the first place. The problem is what happens next.

The core problem is how our minds react to feeling low, afraid, angry, or tired.

WHY DO WE GET LOCKED IN A STRUGGLE WE CAN'T WIN?

Rumination can cause us enormous difficulties. It can transform the simple experience of a fleeting emotion of sadness into serious depression; a fleeting emotion of irritation into a prolonged sense of indignation and anger; a fleeting moment of concern into a deep sense of anxiety.

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WHY DO WE GET STUCK?

So why do we do it? Why do we ruminate, brood, and worry, when, far from rescuing us from destructive emotions, this actually makes things worse?

To answer these questions, and to help us understand how we might begin to respond differently, let's step back and look briefly at the way the mind works more generally.

THE DOING MODE OF MIND

To solve a problem or to get things done, the mind usually works in certain predictable ways.

Take, for example, a day when you have to take a detour from your usual drive home to drop off a package at a friend's house, but you find yourself driving past the point where you meant to turn off into his or her street.

After a few moments, you notice the package is still there and realize that this is not what you had intended. You think **back**: "Ah, I should have taken the other turn." You think **forward**: "What shall I do next?"

You work out that the simplest way to sort things out is to turn around and make a deliberate effort, this time, to (1) turn off at the exit to your friend's house and (2) not just drive straight past it, as you normally would.

You act on these plans, take the right route, and deliver the package to your friend—mission accomplished!

The package eventually arrived at its destination through your mind's use of a very well-rehearsed and familiar mental routine.

This routine helps us get things done—achieve goals, solve problems, change things to make them more like we want them to be.

We call this the "**doing**" mode of mind. You'll find its core features listed in the box below.

To work effectively, at each point the doing mode has to *hold in mind*, and then *compare*, three ideas:

1. where you are at each moment (the **current state**)
2. where you want to be (your destination, **goal**, or **desired outcome**)
3. where you don't want to be (your nondestination or **outcome you want to avoid**)

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By holding and comparing these three ideas the mind can see how well the current state of affairs matches up with the goal you want to achieve and is different from the outcome you want to avoid.

Knowing whether these gaps are increasing or decreasing allows the doing mode to “steer” the mind and body in the right direction and reach the desired goal and/or avoid the undesired destination.

We are not necessarily conscious of all these processes. Many of them are carried out automatically in the background of awareness.

By using the same “doing” strategy the human mind can achieve some remarkable goals—from developing computers to building cities and putting a man on the moon.

Seven Core Features of the Doing Mode

1. it often comes on line **automatically**.
2. it uses **thoughts and ideas**, holding them in mind as you work.
3. it **dwells in the past and future** to help get where you want to be.
4. it keeps in mind what to **avoid**—where you **don’t** want to end up.
5. it **needs things to be different**, forever focusing on the gap between where you are and where you want to be.
6. it takes **thoughts/ideas as real** (it would not be useful to keep doubting your destination).
7. left to itself, it **continues to focus on the goal** until the task is complete, or until you are too tired and depleted to continue. The demands of the doing mode can be quite **harsh** and **unkind**.

IF DOING IS SO USEFUL, WHAT GOES WRONG?

If we want to achieve goals by making changes in the world around us—like building a house—the doing mode of mind is brilliantly effective.

So, it makes sense that the mind turns to the same basic strategy when we want to achieve goals in our inner, personal worlds—goals like feeling happy, not feeling anxious, being a spontaneous person, or not being someone who gets depressed.

It is here that things can go horribly wrong.

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For now there is a major difference. To solve problems, the doing mode has to hold in mind the ideas of where we are, where we want to be, and where we don't want to be. To work at all, these have to be held at the back of the mind all the time until the problem is solved or let go of.

For *external* problems like driving to a destination, holding these ideas in mind does not itself affect the distance left to travel.

But what about those times when the goal is *internal*—to be happy, or *not* to have certain unwanted feelings, or *not* to be a certain kind of person?

Remember how the doing mode works. Now we have to hold in mind “I’m unhappy”; “I wish I were happier”; “I don’t want these horrible feelings to come back.” What happens now?

Try saying these sentences to yourself two or three times:

“I’m unhappy.”

“I wish I were happier.”

“I don’t want these horrible feelings to come back.”

The doing mode needs to keep in mind the gap between the kind of person we are and the kind of person we want to be. But this just reminds us how much we are falling short of where we feel we need to be, creating more unhappiness.

What was your experience? You probably felt worse. Most people do.

The gap between where you are now and where you want to be just got bigger.

It is not just the ideas held in the mind that cause problems; it is comparing them. Sometimes the mind can see what’s going on and just let go of the project to get rid of unwanted feelings altogether.

At other times the mind feels compelled to continue: if we’ve known many times when sadness has led to depression, there will be an understandable *fear* of unhappiness—we’ll feel a need to avoid experiencing unhappiness at all costs.

That way, we believe, we’ll prevent ourselves from slipping back yet again into the depths of emotional turmoil. Here the mind just cannot let go—it will feel like we need *at all costs* to get rid of the negative feelings.

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WHY DO WE GET STUCK?

This is where the doing mode becomes the “**driven-doing**” mode:

Driven-doing is the mode of mind where we feel we just cannot let go of trying to get what we want or get rid of what we don't want.

Ruminative worry is just one form of driven-doing—the mind *redoubling its efforts* to apply the power of the doing mode to a problem to which it is tragically unsuited.

Rumination turns to the doing mode to “fix” sadness and unhappiness because this pattern of mind really does work very well when we have to get things done in the external world.

But when it comes to fixing what is going on in our internal worlds, in what we see as “me,” rumination and doing backfire disastrously.

So what can we do instead?

There are two key steps to responding more skillfully:

1. Learning to recognize ruminative worry and driven-doing as they arise in our moment-by-moment experience and to see them for what they are.
2. Cultivating an alternative mode of mind that allows us to respond more skillfully to sadness, unhappiness, and other unpleasant emotions and unwanted inner experiences.

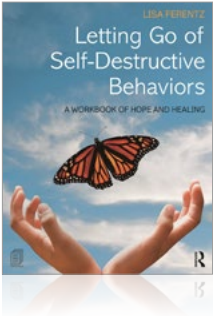
In Chapter 3 we will introduce that alternative mode and describe where and how mindfulness fits into the overall scheme of things.

6

CONNECTING TO OTHERS AND MANAGING YOUR EMOTIONS

*From Letting Go of Self-Destructive
Behaviors: A Workbook of Hope
and Healing*

6 :: CONNECTING TO OTHERS AND MANAGING YOUR EMOTIONS



The following is excerpted from *Letting Go of Self-Destructive Behaviors* by Lisa Ferentz. © Taylor & Francis Group, 2015. All rights reserved.

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One of the things that will really help you work through your self-destructive behaviors is to understand the role of attachment and its impact on your ability to handle your emotional states. Seeking out and maintaining safe, healthy attachment is a universal need, and a part of our biology as human beings. Attaching to people you love lets you feel protected, safe, physically comforted and soothed, and connected to others.

When you come into the world your first task is to successfully attach to the primary people who are taking care of you. You have to attach in order to survive because you are completely helpless and dependent! If your family is loving, predictable, safe, and emotionally available, then attaching is easy to do. As an infant you were born with a very limited number of resources for self-soothing. You had a sucking reflex, you could look away when something startled or upset you, and you could “zone out” or dissociate to tune out experiences that distressed your fragile system. Everything else that you learned to do was supposed to come from the soothing you got from your caretakers.

When you were upset as an infant you cried as a way to reach out to others, and you were appropriately communicating your desire for physical and emotional comfort and connection. If you were spoken to in a soothing singsong voice, rocked, stroked, and gazed at lovingly, your body relaxed and you felt comforted and calm. If your caretakers responded in these loving and soothing ways they were supporting your legitimate needs and teaching you to trust in the fact that others would be available to you when you needed them.

Therefore, the attachment pattern that got established for you was crucial, since it directly connected to your future ability to self-soothe and to manage your emotional states. If there was secure attachment, you looked for soothing and learned to trust that you would get what you needed. If you consistently received comfort, in time, you mastered the ability to use your own internal resources for self-soothing when

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your caretakers were temporarily unavailable. Over time, the positive “learned” experiences of comforting got imprinted on your body and you began to regulate yourself in ways that mirrored what your loving caretakers were doing. If you were allowed to develop healthy ways to self-soothe, it means that as you faced the future stressors of adolescence and adulthood you would be able to cope effectively and not feel the need to turn to unhealthy strategies such as cutting, bingeing, or drinking.

But if you *do* rely on these behaviors to cope and self-soothe, there is the possibility that you didn’t get the consistent, secure attachment and comforting responses you needed and deserved. This was not your fault. You had no control over emotionally unavailable caretakers who may have entered into parenthood with their own unresolved trauma, addictions, significant mental illness, a chronic medical condition, intense family stressors, undiagnosed and untreated anxiety or depression. Sadly, many primary caretakers are emotionally unavailable or easily triggered by a child’s need for close attachment. In these situations, when the child cries out for comfort, the caretakers will go into a fight/flight or freeze response because they are threatened or overwhelmed by the sound of crying. This means the infant’s need for soothing will instead be met with parental aggression, avoidance, withdrawal, or spacing out.

If your caretakers were unavailable, inconsistent, abusive, easily triggered, dysfunctional, or violent, then your necessary task of attaching was complicated and compromised. You may have attempted to use crying, charming smiles, reaching out gestures, cooing and making other sounds to engage your disinterested or unresponsive caretakers. *Their lack of response was not because you were unlovable or undeserving.*

You may have gotten the message that you were “emotionally needy,” “high maintenance,” “overly sensitive,” “demanding,” or “selfish.” The reality is parents often give children these labels when *they* are unable to meet a child’s legitimate emotional needs. It’s a way for parents to take the focus off of their own shortcomings. They put the blame on the child instead. But it is the *adult’s* obligation and responsibility to create a secure attachment, not the child’s. If your caretaker was neglectful, abusive, or non-protective, the impact was the same: you felt unworthy of love and attention. Over time, this repeated “childhood propaganda,” or untrue message, becomes accepted by you as a core truth. It may be one of the reasons why you stopped showing emotions and lost the ability to effectively communicate your needs to others. It also deprived you of the ability to learn how to do self-protection and self-care.

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As you explore the possible connection between using self-destructive behaviors to manage overwhelming feelings and not having secure attachments in childhood, take a moment to revisit memories of how your caretakers responded when you were emotionally upset. In the journal exercise below, answer the questions from whatever memories you have, along with whatever information you've been given from siblings and other relatives about the caretaking you received growing up. You can focus on your caretaker's words, expressed feelings, body language, and behavioral responses. The purpose of this is not to keep blaming your parents. Rather, it is to help you make sense out of why you still find it hard to manage your different emotions. When you answer these questions, know that whatever thoughts or feelings come up for you are normal and okay. Take the time you need to either breathe and re-group after finishing the statements, or to stop mid-way through if you start to feel too uncomfortable. Remember to refer back to the earlier suggestions about self-soothing and re-grounding.

JOURNAL EXERCISE: EXPLORING CARETAKER RESPONSES TO YOUR EMOTIONAL NEEDS

1) When I felt angry as a child, the typical response from my caretakers was:

2) If I became sad and started to cry, the typical response from my caretakers was:

3) If I needed encouragement or support for something that was challenging in my life, the typical response from my caretakers was:

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4) When I was frightened and needed reassurance about my safety or wellbeing, the typical response from my caretakers was:

5) If I physically got hurt, the typical response from my caretakers was:

6) If I made a mistake of any kind, the typical response from my caretakers was:

Take a few moments and let your answers sink in. This may be the first time you've considered a possible connection between your caretakers' responses to your physical, emotional, and psychological needs and the extent to which you do or don't know how to engage in consistent self-care. If you grew up in a dysfunctional family, it is likely that legitimate emotional and physical needs continued to be downplayed or ignored, and you learned to feel a sense of shame for wanting anything. Even if your caretakers were not directly abusive, you might have been traumatized if they acted like non-protective bystanders. This means that although they did not directly harm you, their inability or unwillingness to shield you or get you away from someone harmful became a form of abuse and caretaker betrayal in and of itself.

Even as you continued to grow up, you needed to find ways to attach to unavailable caretakers. It was probably impossible for you to think of your parents as toxic, unloving, or bad: that reality would make it too difficult to attach and bond with them. Instead, you could unconsciously "make sense" out of your parents' neglectful or abusive actions by taking ownership of the poor parenting, telling yourself you were not loved because there was something wrong with *you*. When you tell yourself "my parent isn't bad, I am bad," you can still successfully attach to that parent. Although

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this may have been necessary to believe at the time, self-blame may be at the core of the negative thoughts that haunt you and, in your mind, make it okay to use self-punishing behaviors.

Attachment patterns can be complicated in families. Obviously, the ideal kind of attachment is a “secure” one: caretakers are consistent, reliable, willing and able to bond, protect, and nurture. Other styles of attachment can be confusing. Sometimes a caretaker is available and responds appropriately and at other times their response to the same situation is totally inappropriate. Oftentimes, the people who are supposed to be the most supportive are the ones who are the scariest or they, themselves, are frightened and become helpless. Keep in mind that you can only learn what you witness and experience. So a lack of secure attachment and comfort will profoundly affect whether or not you develop your own tools for soothing later in life.

In addition, if you were in survival mode, you took on the behaviors, body postures, and movements that were most adaptive in your family. This means you acted, moved, and spoke in ways that kept you safe and were considered “acceptable” by caretakers. Often this manifests in collapsed or closed off posture, avoiding direct eye contact with others, and using a voice that is passive, not assertive. Although these responses kept you safe, you couldn’t gain mastery over healthier ways to communicate or advocate for yourself. Your body language communicated a shamed self, and gave others information about how you expected to be treated in relationships. In the long term, this can create a tragic self-fulfilling prophecy, as predators seem to have radar for sensing more vulnerable children and adults, and are able to exploit and revictimize them without consequences.

As you read this, keep in mind that most people do not come into the therapy process or approach this work with an awareness of how early childhood attachment and relationship dynamics profoundly impact current behaviors and a core sense of self. These are realizations that unfold, in time, with the help of a trained professional.

Fifty-year-old Brian spent much of his childhood in foster care and was repeatedly abused and neglected. Early in treatment he said:

Ok, I get that I had a really horrible childhood, and I even understand that I have the right to be angry about it. But that doesn’t explain my addiction to porn and why I keep winding up with women who hurt me and cheat on me. I feel like despite my childhood, I am responsible for the mess I am making of my adult life. Now there’s no one to blame but myself.

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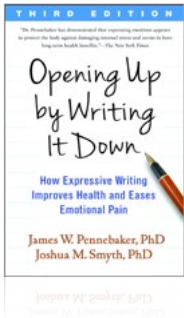
Despite the sad reality of the impact of insecure and disorganized attachments, the exciting news is that when you are able to reach out to other people and accept the safe attempts they make to connect with you (including with a healthy partner, close friend, or therapist) it can help to repair those earlier attachment losses. As you continue to find the courage to reach out and the curiosity to pursue safe and trusting relationships, you will also be able to begin experimenting with healthier self-soothing strategies. Learning how to trust other people allows you to tap into your own inner wisdom and that's when true healing can begin!

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THE INVENTION OF THE EXPRESSIVE WRITING APPROACH

*From Opening Up by Writing It Down: How
Expressive Writing Improves Health and
Eases Emotional Pain*

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The following is excerpted from *Opening Up By Writing It Down* by James W. Pennebaker and Joshua M. Smyth. © The Guilford Press, 2016. All rights reserved.

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It would be so compelling to tell the story of how the first studies on expressive writing grew out of our traumatic experiences in our childhoods and how we independently discovered the healing power of writing on our own. It would be gripping, initially heartbreaking, and ultimately redemptive. But also false. The expressive writing method was actually the result of a series of serendipitous research findings. Okay, maybe not gripping, but still an interesting story.

THE CASE OF TRAUMATIC SEXUAL EXPERIENCES

Early in his career, Jamie and his students were putting together a questionnaire on health issues. The idea was to break out of the traditional way of thinking and simply ask a large group of students a broad range of questions about their lives. In putting together the questions, the group decided to ask about people's childhoods, their favorite foods, maybe even color preferences. One member of Jamie's research team suggested that they include an item on traumatic sexual experiences in childhood. There was no specific reason for including the question—but it was a question no one appeared to have asked before, and it made intuitive sense that such experiences might be important. So, toward the end of the 12-page questionnaire, they added a question that very few researchers ever ask:

"Prior to the age of 17, did you have a traumatic sexual experience (e.g., rape, being molested)? Yes_____ No_____"

Of the 800 college women who later completed the survey, about 10 percent answered in the affirmative. Overall, the women who reported traumatic sexual experiences in childhood did not differ from others in terms of age, social class, race, or even number of close friends. Most striking, however, was that those who reported a sexual trauma evidenced more health problems than any other group we had ever seen.

Soon afterward, a writer for the magazine *Psychology Today*—one of the most popular magazines of the early 1980s—was able to get 24,000 adults to complete a health survey that included the traumatic sexual experience question. Overall, 22 percent of the women and 10 percent of the men reported having a childhood traumatic sexual experience. These rates roughly corresponded with those found in numerous national polls on the topic.

Even though the reported sexual trauma had occurred almost 20 years earlier, it was associated with large increases in ulcers, the flu, heart problems, cancer diagnoses, and virtually every other category of health problem. In fact, those who reported a

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traumatic sexual experience as a child had been hospitalized *nearly twice as often* as those who did not report such traumas.

On the *Psychology Today* questionnaire, respondents were asked to include their name and telephone number for possible future telephone interviews. Fifteen people who claimed to have experienced a sexual trauma were called by Carin Rubenstein, the author of the magazine piece. In her article, she writes:

One woman was raped at 16; another was a victim of incest at 8; yet another had been fondled at the age of 5 by a man selling ponies. A 51-year-old woman from Los Angeles told me that she had been raped, at 5, by her neighbor, who was a friend of the family . . . "I never told anyone about it. You're the first," she said. Later on, not making the connection, she remarked, "I've always had health problems with organs in that area . . . since I was 5."
(p. 34)

Every person with whom Rubenstein talked reported an experience that all of us would agree was traumatic. In addition, the majority had not discussed this traumatic event with anyone when it had occurred. If they eventually did discuss their trauma, it was not until many months or years later.

What makes sexual traumas so devastating?

It is clear that childhood sexual traumas influence long-term health. However, changes in health following the traumas may not reflect sexuality per se. Rather, traumas may be insidious because people often cannot talk about them. They must actively inhibit their wanting to discuss these intensely important personal experiences with others.

Later surveys from thousands of people—both students and nonstudents—supported this. Having nearly any kind of traumatic experience is bad for your health. However, if you keep the trauma secret, it increases the odds that you will have health problems. Not surprising, of all the traumas we have studied (death of a family member, victim of violence, moving, failure, personal losses, etc.), people are typically least likely to talk about a sexual trauma.

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EXPRESSIVE WRITING AND ILLNESS PREVENTION

If secrets are so bad for us, would talking to others bring about benefits to our health? In the mid-1980s, psychotherapists began providing the first solid research evidence that therapy was good for both mental and physical health. In fact, there had been a couple of largely overlooked insurance studies showing that when insurance companies started coverage for psychotherapy, the extent of and costs associated with physical health care dropped.

What if we set up an experiment where we had people come into the lab and talk to someone about their secret traumatic experiences? You can immediately see the problems with such a study. Where would we find people who would be willing to come in and talk to some stranger about their darkest secrets? Even if we found them, would they really be willing to come to a lab for this? And who should they talk to? How should the people listening to the traumas react? This was too complicated.

And it was about this time that Jamie recalled an experience of his own that had happened eight years earlier. About three years after their wedding, he and his wife were dealing with some formidable issues in their marriage. For the first time in his life, he was despondent, even depressed. Even though he was a graduate student in psychology, he never considered going to a therapist. Instead, after a couple of weeks, he started writing. He wrote about their relationship, his career, his childhood, basically everything that was important to him. In almost no time, the clouds parted. He realized how central his wife was to his very existence.

Recalling this experience, Jamie realized that he could have people write about upheavals in their lives rather than talk to others. Plus, writing would be much simpler to do in an experimental setting.

And so the expressive writing paradigm was born.

THE ORIGIN OF EXPRESSIVE WRITING

Together with a new graduate student, Sandra Beall, Jamie outlined the following study: The plan was to recruit a group of college students to write about either traumatic experiences or superficial topics. With the students' permission, the student health center would release the number of illness visits each student made in the months before versus after the experiment.

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On how many occasions should people write? How long should each writing session last? There was no blueprint for this. Because only a certain number of rooms were available between 5:00 and 10:00 p.m. for four consecutive days, the arithmetic was easy. Jamie and Sandy could run the required number of students if each person wrote for 15 minutes on each of four days. (There is an irony here. People often ask why expressive writing is typically designed to be done for 15 minutes on four days. The answer is that the first study arbitrarily used this approach and it worked, and this approach has been routinely copied since that time.)

On the day of the experiment, students came into a small office. After the study was described and students gave their consent, those assigned to write about their thoughts and feelings about a trauma were told the following:

“Once you are escorted into the writing cubicle and the door is closed, I want you to write continuously about the most upsetting or traumatic experience of your entire life. Don’t worry about grammar, spelling, or sentence structure. In your writing, I want you to discuss your deepest thoughts and feelings about the experience. You can write about anything you want. But whatever you choose, it should be something that has affected you very deeply. Ideally, it should be something you have not talked about with others in detail. It is critical, however, that you let yourself go and touch those deepest emotions and thoughts that you have. In other words, write about what happened and how you felt about it, and how you feel about it now. Finally, you can write on different traumas during each session or the same one over the entire study. Your choice of trauma for each session is entirely up to you.”

Those in the comparison or control group were asked to write about superficial or irrelevant topics during each session. For example, on different days they were asked to describe in detail such things as their dorm room or the shoes they were wearing. The two groups were in the same location, interacting with the same experimenters, and engaging in the activity of writing for the same amount of time; what differed was the content of writing—one group wrote about their deepest thoughts and feelings, and the comparison group wrote about emotionally neutral (and likely quite uninteresting) topics. Thus, the purpose of the control group was to evaluate what effect writing in an experiment per se had on health changes, independent of what was believed to be the important contribution of the content of the writing. Any

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differences between the two groups should, therefore, be due to the *content* of the writing, not any aspects of their participation in the study.

For the students, the immediate impact of the study was far more powerful than we had ever imagined. Several of the students cried while writing about traumas. Many reported dreaming or continually thinking about their writing topics over the four days of the study. Most telling, however, were the actual writing samples. Essay after essay revealed people's deepest feelings and most intimate sides. Many of the stories depicted profound human tragedies.

One student recounted how his father took him into the backyard on a hot summer night and coolly announced his plans to divorce and move to another town. Although the student was only nine years old at the time, he vividly remembers his father's voice: "Son, the problem with me and your mother was having kids in the first place. Things haven't been the same since you and your sister's birth."

On all four days of the experiment, one woman detailed how, at age 10, her mother asked her to pick up her toys because her grandmother was visiting that evening. She didn't pick up her toys. That night, her grandmother arrived, slipped on one of the toys, and broke her hip. The grandmother died a week later during hip surgery. Now, eight years later, the woman still blamed herself every day.

Another woman described being seduced by her grandfather when she was 13. She depicted the terrible conflict she experienced. On one hand she admitted the physical pleasure of his touching her and the love she felt for her grandfather. On the other, she suffered with the knowledge that this was wrong, that he was betraying her trust.

Other essays disclosed the torture of a woman not able to tell her parents about her being a lesbian, a young man's feelings of loss about the death of his dog, or the anger about parents' divorces. Family abuse, alcoholism, suicide attempts, and public humiliation were also frequent topics.

That a group of college students had experienced so many horrors and, at the same time, had so readily revealed them was remarkable. The grim irony is that, by and large, these were 18-year-old kids attending an upper-middle-class college with above-average high school grades and good College Board scores. These were the people who were portrayed as growing up in the bubble of financial security and suburban tranquility. What must it portend for those brought up in more hostile environments?

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The results of the study were fascinating, but also a bit unexpected. Compared to people in the control group, we found that people who wrote about traumatic experience evidenced:

- **Immediate increases in feelings of sadness and anxiety after writing.** Students likened it to the feelings that they had after watching a sad movie. Writing about emotional topics does not produce some kind of immediate release or euphoria.
- **Long-term drops in visits to the student health center for illness.** Those who wrote about emotional upheavals had half the number of illness-related visits to the health center in the six months after the study than people in the control condition.
- **Greater sense of value and meaning as a result of writing.** Not only did people express this in questionnaires afterward, but students would sometimes stop Jamie on campus and thank him for letting them be in the experiment.

The overall pattern of results was exciting. But for every question that the experiment had answered, a dozen more questions appeared.

Perhaps the most basic issue concerned the trustworthiness of these findings. Were the effects real? Does writing about traumas really affect physical health? Perhaps the experiment had just affected people's decisions to visit the student health center. Or even worse, maybe the findings were simply due to chance. Every now and then, for example, you can toss a coin ten times and come up with heads every time.

Additional studies needed to be conducted.

FREEWITING

As a useful practice exercise, and one that can enhance creativity and foster your capacity for expression, find a quiet time and place to practice writing. For this exercise, write whatever comes into your mind for 10 to 20 minutes. Try to write the entire time without stopping. Don't worry about style or grammar; the important thing is to keep writing continuously for the entire session. Just let yourself write, a sort of limbering-up exercise. We will return to more structured expressive writing later in the book.

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EXPLORING THE IMMUNE SYSTEM: WRITING ABOUT TRAUMAS IS BETTER THAN WE THOUGHT

Soon after the first expressive writing study was submitted, Jamie teamed up with Janice Kiecolt-Glaser, a clinical psychologist, and her husband, Ronald Glaser, an immunologist, both with the Ohio State University College of Medicine. In the mid-1980s, they were leaders of a new field called psychoneuroimmunology—the mind–body exploration of how mental states and strong emotions might influence the immune system. Together they were blazing a trail by showing that overwhelming experiences such as divorce, major exams in college, and even strong feelings of loneliness adversely affected immune function. They had recently published an article showing that relaxation therapy among the elderly could improve the action of the immune system.

The work by Jan and Ron was groundbreaking because it relied on techniques that directly measured the action of T-lymphocytes, natural killer cells, and other immune markers in the blood. It made good sense for Jan, Ron, and Jamie to work together—so they set out to see if expressive writing could directly influence these direct measures of how the immune system was functioning.

The experiment that they designed together was similar to the first confession study. Fifty students wrote for 20 minutes a day for four consecutive days about one of two topics. Half wrote about their deepest thoughts and feelings concerning a trauma. The remaining 25 students were expected to write about superficial topics. The major difference was that all the students consented to have their blood drawn the day before writing, after the last writing session, and again six weeks later.

As before, the experimental volunteers poured out their hearts in their writing. The tragedies they disclosed were comparable to those in the first experiment. Instances of rape, child abuse, suicide attempts, death, and intense family conflict were common. Again, those who wrote about traumas initially reported feeling sadder and more upset each day of writing, relative to those who wrote about superficial topics.

Collecting the blood and measuring immune function was a novel experience that added to the frenzy. As soon as the blood was drawn, it was driven to the airport to make the last flight to Jan and Ron's lab in Columbus, Ohio. Once the blood samples arrived, the people in the immunology lab worked around the clock in an assemblyline manner. The procedure involved separating the blood cells and placing a predetermined number of white cells in small petri dishes. Each dish contained differing amounts of various foreign substances, called mitogens. The dishes

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were then incubated for two days to allow the white blood cells time to divide and proliferate in the presence of the mitogens.

In the body, there are a number of different kinds of white cells, or lymphocytes, that serve a regulatory function in the immune system. The cells help govern and coordinate aspects of our immune responses. T-lymphocytes, for example, can stimulate other lymphocytes to make antibodies. Antibodies, along with parts of the body's defense system, can identify and kill bacteria and viruses foreign to the body. These aspects of the immune system help keep us healthy. The immune measures that were used simulated this bodily process in the dishes. Just as viruses and bacteria can stimulate the growth of T-lymphocytes in the body, the mitogens did the same in the laboratory dishes. If the lymphocytes divide at a fast rate in response to the mitogens, we can infer that at least part of the immune system is working quickly and efficiently.

What were the findings? People who wrote about their deepest thoughts and feelings surrounding traumatic experiences evidenced enhanced immune function compared with those who wrote about superficial topics. Although this effect was most pronounced after the last day of writing, it tended to persist six weeks after the study. In addition, it was again observed that health center visits for illness dropped for the people who wrote about traumas compared to those who wrote on the trivial topics.

There were now two experiments that showed similar patterns. Taken together, the studies indicated that writing about traumatic experiences could be beneficial. The effects were not due to simple catharsis or the venting of pent-up emotions. In fact, the people who just blew off steam by venting their feelings without any thoughtful analysis tended to fare worse. Further, both experiments indicated that writing about feelings associated with traumatic experiences was painful in the short term. Virtually no one felt excited, on top of the world, or cheerful immediately after writing about the worst experiences of their lives.

In the surveys sent out several months after the experiments, people were asked to describe what long-term effects, if any, the writing experiment had on them. In sharp contrast to the reports immediately after writing, nearly everyone who wrote about traumas now described the study in positive terms. More important, approximately 80 percent explained the value of the study in terms of insight. Rather than explaining that it felt good to get negative emotions off their chests, the respondents noted how they understood themselves better. Some examples:

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It helped me think about what I felt during those times. I never realized how it affected me before.

I had to think and resolve past experiences. . . . One result of the experiment is peace of mind, and a method to relieve emotional experiences. To have to write emotions and feelings helped me understand how I felt and why.

Although I have not talked with anyone about what I wrote, I was finally able to deal with it, work through the pain instead of trying to block it out. Now it doesn't hurt to think about it.

The observations of these people and most others who participated in these early studies are almost breathtaking. They tell us that our own thought and emotional processes can help us heal.

BEYOND HEALTH: WRITING AND OCCUPATIONAL SURVIVAL

The early studies were just the beginning of a research odyssey that has taken the expressive writing literature in several directions. Soon after the results of the immune study were published, Stefanie Spera called. Stefanie was a psychologist with an outplacement company in Dallas. An outplacement company typically works with large corporations in the midst of “downsizing”—a polite way of saying the company was laying off a significant number of employees. The outplacement company offers a variety of services to those who have been laid off, including providing office space, secretarial support, and jobhunting skills.

Stefanie called because a large computer company had laid off about 100 senior engineers four months earlier and not one of them had found a new job. She was curious to know if expressive writing could help speed up these engineers getting new jobs.

Over the next few weeks, a sense of how the layoff had occurred started to emerge. The corporation had never had to lay people off in its history. On a Wednesday morning in January, about 100 people, averaging 52 years of age, were individually called into their supervisor's office and informed that they were being terminated with no possibility of being rehired. The employees, most of whom had been with the company since graduating from college almost 30 years earlier, were then escorted to their workspace by a security guard who watched them clean out their desks. They

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were then taken to the front door, relieved of their keys and security badges, and bid farewell. No forewarning, no retirement watches.

Six months later, an expressive writing study was under way with almost 50 people. Even though they were a rather embittered and hostile group, they were desperate to try anything that might increase their odds of finding another job.

The basic study was quite simple. Half were asked to write about their deepest thoughts and feelings about getting laid off for 30 minutes a day for five consecutive days. The other half wrote for the same period about how they used their time—a strategy based on “time management” (time management was all the rage at that time in the corporate world, despite little if any actual support for such a technique being helpful). A third group of 22 former employees did not write at all and served as another comparison group.

As with our other studies, those who were asked to write about their thoughts and feelings were extremely open and honest in their writing. Their essays described the humiliation and outrage of losing their jobs as well as more intimate themes—marital problems, illness and death, money concerns, and fears about the future.

The potency of the study was surprising. Within three months, 27 percent of the experimental participants landed jobs compared with less than 5 percent of those in the time management and no-writing comparison groups. By seven months after writing, 53 percent of those who wrote about their thoughts and feelings had jobs compared with only 18 percent of the people in the other conditions. Particularly striking about the study was that the participants in all three conditions had all gone on exactly the same number of job interviews. The only difference was that those who had written about their feelings were offered jobs.

Why did writing about getting laid off help these people find jobs more quickly? The key probably has something to do with the nature of anger. Those who had explored their thoughts and feelings were more likely to have come to terms with their extreme hostility toward their previous employer. Recall that these former employees felt betrayed by their company. Even during the initial interviews, it was difficult to stop them from venting their anger. In all likelihood when most of them went on interviews for new jobs, many would let down their guard and talk about how they were treated unfairly and lash out at their former employer—perhaps quite inappropriately so. Those who had written about their thoughts and feelings, on the other hand, were perhaps more likely to have come to terms with getting laid off and, in the interview, came across as less hostile, more promising job candidates.

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DOES WRITING WORK?: THE FIRST ROUND OF META-ANALYSES

The first expressive writing study was published in 1986, and the layoff study came out in 1993. Other labs were now starting to conduct and publish writing studies. Most of the studies worked, but some didn't.

At Stony Brook University, a lab headed by Arthur Stone was beginning to run some interesting writing studies. Arthur was a scientist known for having a critical mind and was keenly capable of finding the flaws and limitations of psychology projects. Unfortunately (or, as it turned out, fortunately), his skeptical eye soon was locked on the expressive writing research. Several of his students were interested in expressive writing work, and one of these was Josh.

At this point, over a dozen studies had been conducted and published in the scientific literature. Josh reasoned that this would be an opportunity to apply a statistical method known as meta-analysis to the expressive writing studies. Put simply, a meta-analysis allows us to examine multiple studies in a cumulative fashion, attempting to find out what the overall message (or finding) is from all the studies collectively. By doing this, we can begin to get a more precise estimate of an effect—in this case, to determine if there was strong evidence that expressive writing was helpful.

In other words, this method could tell us whether or not expressive writing was leading to health improvements relative to writing about emotionally neutral topics. Such an approach can address other important questions as well. Are there particular outcomes that appear to show greater or lesser benefit from writing? For example, does writing work better for physical health outcomes or for depression?

In many ways, Josh was well suited to this task. He had adopted his adviser's skepticism but, at the same time, was not wedded to any particular outcome. Josh had another interest—ways to measure hard, objective outcomes. By way of background, social science has a reputation for relying on people's self-reports, which are considered soft (or not related to anything important) in scientific parlance. Perhaps disclosing deep thoughts and feelings through writing was leading people to overestimate their health in their reports—maybe they felt some emotional connection to the researchers after this powerful disclosure process and were trying to help the researchers out. By examining different types of outcomes, Josh could look at a wider array of objectively measured outcomes such as those measuring immune function. After combing through the scientific articles and selecting the dozen or so best studies, Josh applied the meta-analytic methods. Several promising

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findings emerged. Most important, people who wrote about their deepest thoughts and feelings related to stressful or traumatic experiences had reliable improvements in health in the two to three months after writing. Although there were also improvements in people's self-reports of their health, there were equally large effects on people's physiological functioning.

There were some unexpected findings as well. The results of questionnaires that asked about health behaviors—such as healthy eating, exercising, taking medication, and the like—were not influenced by writing. Although some had suggested that writing may be beneficial as a result of better self-care activities, this explanation was not supported by Josh's analysis. Finally, he found that writing reliably but temporarily increased people's feelings of distress. Interestingly, the degree to which people felt distressed was unrelated to subsequent long-term mental or physical health changes. If you were thinking that a "no pain, no gain" explanation could account for the value of writing, it is not that simple. Even though most people felt somewhat distressed by writing, it turns out that suffering more in your writing doesn't lead to more improvements later.

One other observation was critically important: All of the early writing studies relied on people who were physically healthy. If this method is good for people's health, he asked, why haven't any researchers looked at people suffering from chronic disease?

When Josh's meta-analysis was published in the *Journal of Consulting and Clinical Psychology*, in 1998, it had an immediate impact. Researchers around the world realized that there might be something to this expressive writing and began conducting an array of innovative and interesting studies. Within the next several years, a surge of study findings were published that included wildly broad and diverse samples—people with a variety of acute and chronic disease, with major and minor mental health problems. Other studies employed people who were quite healthy but who were trying to master new skills, do better in college, or exhibit greater creativity.

The net effect of Josh's meta-analysis is that it demonstrated the potential value of expressive writing. His paper, however, challenged researchers at the time to explain why it worked. Clearly, when people wrote about emotional upheavals, something important was happening. But what? What precisely happens when people are given the opportunity to disclose their secrets and emotions to others?

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TRY EXPRESSIVE WRITING

Find a quiet time and place for this next writing exercise. Write for 20 to 30 minutes, focusing on your deepest emotions and thoughts about a stressful or upsetting experience in your life. Whatever you choose to write about, it is critical that you really let go and explore your very deepest emotions and thoughts. Write continuously, and don't worry about spelling, grammar, or style.

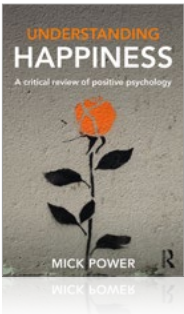
Warning: Many people report that after writing, they sometimes feel somewhat sad, although this typically goes away in a couple of hours. If you find that you are getting extremely upset about a writing topic, simply stop writing or change topics.

8

HAPPINESS: AN OVERVIEW

From Understanding Happiness: A critical review of positive psychology

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The word 'happiness' should be retired because it's so ambiguous.

(Daniel Kahneman, 2012)

INTRODUCTION

The world's greatest living psychologist (at least according to his friend Steven Pinker) and only living psychologist to have won the Nobel Prize for economics, Daniel Kahneman, is on record to have declared himself a pessimist (Kahneman, 2011). However, many people might still be puzzled at Kahneman's declaration that 'happiness', at least as a word, should be abandoned and replaced with something more useful given how much time, effort and money people spend on the pursuit of happiness. Perhaps, you might think, that is taking pessimism just a bit too far. But let us consider a few facts and figures.

In relation to tourism and happiness, in 2013 the World Tourism Organization (see www.unwto.org) estimated that there were over 1 billion international travellers worldwide who spent over US\$1.4 trillion in order to travel. In relation to alcohol and happiness, in the UK alone the expenditure on alcohol has been estimated for 2012 at approximately £38 billion (Institute of Alcohol Studies, www.ias.org.uk). Similarly, in the week leading up to Christmas 2011 UK shoppers had spent £8 billion in shops by Christmas Eve at a rate of an estimated £2.5 million every minute, with the total expenditure for Christmas in the UK coming in at a staggering £69.1 billion (*Daily Mirror*, 19 December 2011, accessed at www.mirror.co.uk). There are bucketloads of such figures that could be rolled out, but they all lead to the one question: What is it that we are trying to buy? Haven't we been told that money can't buy love? That money can't buy happiness? So why do we seem to behave as if the opposite were true?

To return to the world's greatest living psychologist, what is even more puzzling about Daniel Kahneman is that as a self-confessed pessimist he moved from Israel to work in the United States. If there is one country in the world that has elevated the pursuit of happiness to a major cultural preoccupation, then it has to be the US. Enshrined in the American Declaration of Independence are the immortal words:

We hold these truths to be self-evident – that all men are created equal; that they are endowed by their Creator with certain inalienable rights, that among these are life, liberty, and the pursuit of happiness.

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Those of us who are a little sceptical of such high ideals might suggest that Americans have been more preoccupied with the pursuit of wealth than the pursuit of happiness, given that more than half of the world's billionaires live in the US (Wilkinson and Pickett, 2010). However, a more constructive response might be to point to the development of the positive psychology movement in the US and to argue that surely this movement follows in the great tradition begun in the Declaration of Independence. The founder of this movement, the psychologist Martin Seligman, describes its origins to have taken place in his back garden when his 5-year-old daughter Nikki asked him why he was always so grouchy. As Seligman writes:

Nikki ... was throwing weeds into the air and dancing and singing. Since she was distracting me, I yelled at her, and she walked away. Within a few minutes she was back, saying, 'Daddy, I want to talk to you.'

'Yes, Nikki?'

'Daddy, do you remember before my fifth birthday? From when I was three until when I was five, I was a whiner. I whined every day. On my fifth birthday I decided I wasn't going to whine anymore. That was the hardest thing I've ever done. And if I can stop whining, you can stop being such a grouch.'

This was an epiphany for me. In terms of my own life, Nikki hit the nail right on the head. I was a grouch.

(Seligman, 2002, p. 28)

This insightful question from a wise 5-year-old seems to have led to a mid-life crisis in which the inventor of Learned Helplessness, a state that would surely make anyone a grouchy old man, rediscovered his inner positive self and then wrote, as it states on the front cover, *The New York Times* Bestseller *Authentic Happiness* (2002), and a whole truckload of similar books besides.

One crucial point that we must make about the positive psychology movement (we will return to it frequently in later chapters) is that surely it must be annoying to older generations to see some of their ideas repackaged and recycled? Wasn't that a positive psychology movement back in the 1950s when the great (and, of course, subsequently very rich) Norman Vincent Peale wrote classics such as *The Power of Positive Thinking*, *The Power of Positive Living*, *The Amazing Results of Positive Thinking*, *The Power of Positive Thinking for Young People*, and, my favourite title of all, *Stay Alive*

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All Your Life? I guess you begin to get the idea. Anyway, Norman's conquest of positive thinking includes examples that sound just like Seligman in his back garden:

Altogether too many people are defeated by the everyday problems of life. They go struggling, perhaps even whining, through their days with a sense of dull resentment at what they consider the 'bad breaks' life has given them. ... By learning how to cast them from the mind, by refusing to become mentally subservient to them, and by channelling spiritual power through your thoughts, you can rise above obstacles which ordinarily might defeat you.

(Peale, 1953, pp. vii–viii)

On the basis of this continual pursuit of happiness and all things positive, you might naively assume that Americans should come top of the happiness league tables that are now generated from large-scale surveys of how people feel. Absolutely not! An extremely insightful and highly recommended book by Richard Wilkinson and Kate Pickett, *The Spirit Level: Why Equality is Better For Everyone* (2010), includes a wealth of charts and figures demonstrating why the US, of all the developed countries, typically comes bottom on almost all indicators that are relevant to health, well-being and quality of life. Figure 1.1 presents the case, showing that of all the developed nations, the US has the greatest income inequality, which in turn is linked to a variety of negative indicators such as the Index of Health and Social Problems.

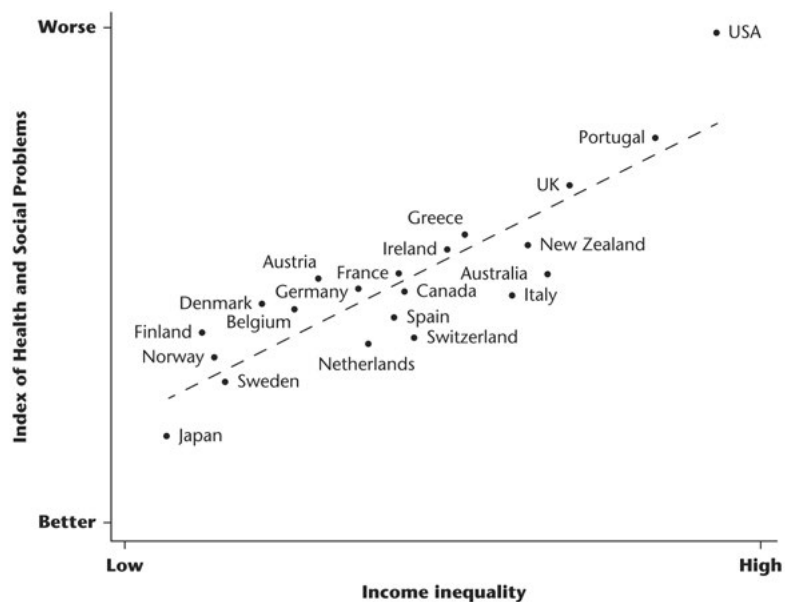


FIGURE 1.1 Income inequality and the Index of Health and Social Problems.
Source: Wilkinson and Pickett (2010). Reproduced with permission.

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In order to understand the consequences of such an unequal society whilst being bombarded by positive thinking and the pursuit of happiness, Wilkinson and Pickett point to the work of the US psychologist Jean Twenge, who, in publications such as *Generation Me* (2006), has identified some worrying longitudinal trends in the US. In a summary of studies carried out between the 1950s and the 1990s, Twenge found that there has been a continuous upward trend in the levels of anxiety over those 40 years for both men and women in the US. Over a similar time period, studies also seem to show that people in the US report increasingly positive levels of self-esteem on standardised measures of esteem. The paradox therefore seems to be that Americans are becoming both more anxious and more positive about themselves at the same time, which seems to present a puzzling scenario. In explanation, Twenge has argued that high self-esteem can come in two varieties: the first is a genuine healthy style that is open to experience and to feedback from others; in contrast, the second is a type of defensive egotism or narcissism that is not open to experience or to feedback from others, but which provides a defence against social-evaluative threats. We will examine this defensive self-esteem and a number of other similar problems in detail in Chapter 2. However, it is important to point out the possible links to the 'Have a nice day – Have a nice life' think positive movement with which the US is currently preoccupied.

The problem with all such simplistic philosophies is that they come with a psychological blindness that can put people at risk, whilst leading to the apparent paradoxes such as why we are wealthier but not happier, or why we think more positively but act more negatively. In Chapter 3 we will consider more sophisticated psychological models such as our own SPAARS model (Power and Dalgleish, 2008) and Kahneman's (2011) arguments for two major systems: System 1, which operates largely automatically and outside of awareness, and System 2, which is largely conscious and controlled. However, at this point we will just note the entertaining book by Barbara Ehrenreich *Smile or Die: How Positive Thinking Fooled America & The World* (2009) (published in the US under the title *Bright-Sided*). In a nutshell, Ehrenreich argues that the think positive movement is just one of the many tricks by which the rich enjoy being rich but try to keep the poor, the infirm, the unemployed and the disabled quiet about their situations: 'Just think positive and you too could be President!' However, and just to set the balance straight, we are certainly not arguing that positive psychology is all bad, but that in the popular press unfortunately it has become synonymous with a simplistic happiology industry; in later chapters we will examine many of the plusses, including issues about strengths and virtues, the importance of forgiveness, gratitude and acts of kindness in our interpersonal

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relations, and the assessment and improvement of our quality of life. The issue for us is that the positive psychology movement in its popular presentation appears to throw the baby out with the bathwater. For example, so-called 'negative' emotions, which got such a bad press in Seligman's writings at the beginning of the movement, are essential parts of us and, when used in the appropriate way, also add to our strengths, virtues, and improve the quality of our interpersonal relationships (see Chapter 3).

POPULAR CONCEPTIONS AND MISCONCEPTIONS OF 'HAPPINESS'

One of the puzzles of modern economics is that, despite the genuine increase in the wealth of the developed nations, there has not been an equivalent increase in the happiness of people populating those nations (e.g. Diener and Biswas-Diener, 2008). One interpretation has been that although physical capital has increased, there has been a concomitant decline in social capital, that is, in the quality of the social support and social networks with which we all enrich our lives. Although the reasons for the decline in social capital are likely to be complex (Layard, 2011), we can take one simple example: the impact of television over the past 50 years has been considerable. A study of television's impact in the Kingdom of Bhutan, located to the east of Tibet in the Himalayas, has come up with some dramatic results. The Kingdom of Bhutan has taken a unique approach to the state of its population in that it has introduced an economic population measure known as Gross National Happiness (GNH), which sits alongside other economies' preoccupation with Gross National Product (GNP). In the time since television was introduced into Bhutan in 1999, there has been a dramatic decline in social capital, or GNH, to the extent that the Bhutanese Government is likely to cut down the number of TV channels and the amount of TV coverage that will be available in the future (Layard, 2011; MacDonald, 2003).

One of the problems that economists struggle with is the relationship between objective and subjective indicators of states such as happiness; our emphasis throughout this book is very much that it is not the objective event or situation but the subjective appraisal of an event or situation that is more important in determining the consequent emotional state (see Power and Dalglish, 2008). Although there may be thresholds below which material deprivation and poverty do impact on happiness (Diener, 2003), above these thresholds the impact on happiness and on quality of life is likely to be more subjective or appraisal-based (e.g. Power, 2003), which is why the relationship between health and well-being indicators with income inequality emerges in the wealthy developed nations.

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A second issue that the economic approach to happiness raises is that the type of happiness referred to by economists, that is, the type that might relate to how many zeros there are in your income and how many cars are parked outside your house, is not the same as the brief momentary states of happiness that are the equivalent of states of anxiety, anger or sadness. The term 'happiness' is an umbrella term that needs to be divided into at least two different meanings (e.g. Argyle, 2001): one refers to brief transitory emotions such as joy, amusement or ecstasy, and the other refers to concepts such as meaning in life, self-actualisation, life satisfaction and a mood-like state of continuing contentment (e.g. Layard, 2011). The second type should not be labelled 'happiness', as we will argue throughout this book, because of its confusion with the first type of 'happiness'. Authors' opinions vary as to the extent aspects of these two general categories should be included under each heading, but, allowing for these differences, these two types of happiness have also been referred to as the hedonic and eudaimonic approaches respectively (e.g. Ryan and Deci, 2001), or a related distinction between 'experienced well-being' and 'life satisfaction' by Daniel Kahneman (2011).

Samuel Franklin, in his elegant *The Psychology of Happiness* (2010), also argues that it is the eudaimonic rather than the hedonic by which we should lead our lives, and he suggests, with others, that the 'pursuit of happiness' enshrined in the American Declaration of Independence refers to this virtuous form of happiness. Although the primary focus in this book will be on the more permanent states variously referred to as life satisfaction, contentment, actualisation and so on, nevertheless, some of the discussion will inevitably spill over into considerations of the transitory emotions of happiness when we consider states such as romantic love (see Chapter 2). We are also mindful of the fact that the distinction between hedonic and eudaimonic may be more a theoretical than a practical one. Paul Dolan, for example, has argued in *Happiness by Design: Finding Pleasure and Purpose in Everyday Life* (2014) that we should not see pleasure and purpose as separate but rather as two sides of the activities we engage in and that the best activities may give us a sense of both.

HAPPINESS – TEMPORARY EMOTION VERSUS PERMANENT STATE

So, what is 'happiness'? Attempts to define happiness within the psychology literature generally reflect the breadth of scope that, according to Averill and Moore (2000), is so mocking of analysis. For example, Wessman and Ricks (1966) proposed that happiness:

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Appears as an overall evaluation of a quality of the individuals own experience in the conduct of his vital affairs. As such, happiness represents a conception abstracted from the flux of affective life indicating a decided balance of positive affectivity over long periods of time. (*pp.* 240–241)

Similarly, Veenhoven (1984) suggests that happiness is ‘the degree to which an individual judges the overall quality of his life-as-a-whole favourably’ and is ‘not a simple sum of pleasures, but rather a cognitive construction which the individual puts together from his various experiences’.

It seems clear that conceptualisations of happiness such as these are referring, as we noted above, to a different type of construction that are not the same as brief states of anger, sadness, fear or disgust. Clearly, there are positive emotions that are circumscribed in the same way as the ones we have discussed: the emotions of joy, exhilaration, ecstasy and so on are most usually about the achievement of a particular valued goal and, indeed, the term happiness is also frequently used in this way. However, we must also distinguish happiness as an emotion from pleasure that results from drive satisfaction, consistent with the distinction that we have made previously between emotions, drives and sensations (Power and Dalgleish, 2008; Power, 2014); thus, the satiation of food, thirst, sex or other drives may be accompanied by feelings of pleasure, which may in turn lead to the appraisal of happiness, but could lead under many circumstances to appraisals other than happiness (e.g. Rozin, 1999). In this chapter, therefore, we will begin by briefly examining circumscribed positive emotions such as joy before proceeding to a more detailed discussion of happiness as defined above by authors such as Veenhoven and Wessman and Ricks.

Joy may be conceptualised as the emotional state related to an appraisal that a valued goal has been achieved, or that movement towards such an achievement has occurred. So, for example, somebody might feel joy when she is able to go and book her summer holiday. Such an analysis of joy clearly distinguishes it from what is called life satisfaction. Joy is very much an emotional reaction to a specific goal in a specific domain, whereas life satisfaction, it seems, casts its appraisal net much wider. It is perfectly feasible for an individual to experience joy with respect to a specific goal whilst not being generally happy when all goals in all domains are considered together (cf. Fredrickson, 2005); similarly, it is possible for an individual to be happy in general, that is, high in life satisfaction, whilst also feeling some fear, anger or sadness as a result of appraisals concerning specific goals in specific domains.

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The circumscribed positive emotion of joy is very much the antithesis of the negative emotions, though it can contribute to the experience of emotional conflict. Descartes, in his *The Passions of the Soul* (1649/1989), recounts the tale of a man who, whilst being sad at his wife's death, was also unable to contain his joy at his new-found freedom because she was no longer alive to trouble him. Such conflict between feelings of joy at the achievement of goals that we may feel uncomfortable with and negative emotions towards those goals is frequently the subject of therapeutic work (see Power, 2010). Much of this conflict not only incorporates our own goals but also those of others, such as in the experience of the wonderful German emotion of *Schadenfreude*, which is very much the opposite of envy, and which involves joy at another's misfortune, and can often prove distressing. Whether it involves being secretly pleased that one of our classmates did not succeed in getting a distinction in his exams, or feeling a surge of exhilaration when someone's perfect relationship breaks down, feelings of *Schadenfreude* can disturb us because they reveal wants, needs and goals that we perhaps did not realise we had and that feel uncomfortable and incongruent with our idealised models of our selves.

In the Introduction we noted several definitions of the broad emotional state of happiness. Although these attempts at definition capture some of the breadth of the concept, research into the nature of happiness has, for the most part, been conducted outside of such definitional guidelines or theoretical frameworks. Such research has tended either to ask people what they feel makes them happy, or has examined the correlates of happiness in people who claim to be happy (e.g. Veenhoven, 2000). The findings from these approaches have revealed a number of issues and paradoxes that, in our view, underline the need for a carefully thought-out, theoretical framework before we can achieve any measure of understanding of the concept of happiness. In the sections that follow we consider some of this research and some of the issues that it has generated. We must note, though, that in order to assess whether or not individuals are happy, researchers have devised a number of fairly straightforward self-report measures, but because of the wide-ranging nature of the concept, it is not always happiness that these inventories actually measure. There now exist questionnaires that look at 'positive affect', 'subjective well-being', 'satisfaction with life', 'quality of life' and a number of other related constructs. Although there are clearly debates about the relationships between these different concepts, it is our broad assumption in this chapter that they are all more or less intended as synonyms for the concept of happiness when taken in its broadest sense, but which we take to mean life satisfaction and quality of life (e.g. Layard, 2011).

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On the prototypical happiness questionnaire, the respondent is asked, on a single- or multiple-item scale, how happy he or she is. Examples of such questionnaires include the Satisfaction with Life Scale (Diener *et al.*, 1985), the Depression-Happiness Scale (McGreal and Joseph, 1993), the Memorial University of Newfoundland Scale of Happiness (Kozma and Stones, 1980) and the Oxford Happiness Inventory (Hills and Argyle, 1998) (see Argyle, 2001, and Larsen and Fredrickson, 1999, for reviews). Convergent validity for such measures of happiness is surprisingly good. For example, Sandvik *et al.* (1993) found a strong relationship between self-reports of emotional well-being and interview ratings, peer ratings, reports of the average ratio of pleasant to unpleasant moods, and an index of a memory for pleasant and unpleasant events. Furthermore, such measures are claimed to be uncontaminated by social desirability (Diener *et al.*, 1991), and show structural invariance across time and cultural group (e.g. Vitterso *et al.*, 2002).

However, when looked at more closely, there may be fundamental limitations with the approach and with the conclusions that are reached. For example, the most famous of the happiness researchers is Ruut Veenhoven in the Netherlands, who has established the World Database of Happiness, and who is founder of the *Journal of Happiness Studies* (see www.worlddatabaseofhappiness.eur.nl). Veenhoven's surveys are typically based on a single item along the lines of:

All things considered, how happy would you say you are these days?

This question is typically rated on a 4-point scale that runs from Unhappy to Very Happy, though his website lists about a thousand variants of this and related questions that range from 3-point to 10-point rating scales. We will consider later in the section on quality of life why such single-item questions are weaker in terms of reliability and validity in comparison to multiple-item scales, especially when they are translated across different languages and cultures in which the term 'happiness' has very different interpretations. For example, on the basis of these single questions, Veenhoven has argued that individualistic cultures are happier than collectivist cultures and that income inequality does not affect

happiness. In direct contradiction to these conclusions, we know from the work of Wilkinson and Pickett (2010) (see Figure 1.1 above and Figures 1.2 and 1.3 later) that income inequality really does matter for health, well-being and happiness, and that many collectivist cultures (e.g. Japan) score very highly on the relevant indicators. The moral, as we argue throughout this book, is that because of its multiple ambiguities, surveys with single items that ask you to rate 'happiness' are

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fraught with conceptual and empirical problems and should be avoided except where 'happiness' refers to the brief emotion state and, in English, is better referred to as 'joy' or 'elation' or something similar.

PLEASURE VERSUS PAIN

The possibility that happiness might be defined as the absence of pain and the presence of pleasure has engaged philosophers from the Greeks onwards (see Darrin McMahon's *The Pursuit of Happiness*, 2006, for an entertaining account) and, more recently, has provided the backbone that underlies both psychoanalytic and behavioural approaches within psychology. But to begin with the philosophers, if there is one philosopher who still lends his name to indulgent pleasures, then it has to be Epicurus. Epicurus says 'The pleasure of the stomach is the beginning and root of all good, and it is to this that wis-dom actually refer' (Long and Sedley, 1987, p. 117). Even during his life, Epicurus was misunderstood because of such remarks, and misrepresented as an orgiastic hedonist, but to quote further from him:

But when we say that pleasure is the end, we do not mean the pleasures of the dissipated and those that consist in having a good time ... but freedom from pain in the body and from disturbance in the soul. (p. 114)

If we are in any doubt that pleasure does not equate with hedonistic indulgence for Epicurus, then the following quote surely seals it:

For what produces the pleasant life is not continuous drinking and parties or pederasty or womanizing or the enjoyment of fish and other dishes of an expensive table, but sober reasoning which tracks down the causes of every choice and avoidance, and which banishes the opinions that beset souls with the greatest confusion. (p. 114)

In fact, Epicurus comes close to the philosophers of the virtuous life, to whom we will return in the next section. This was just an opportunity to put the record straight for poor old misunderstood Epicurus.

In his *Nicomachean Ethics*, Aristotle makes the point that, just as slaves cannot be happy if they are denied the opportunity to pursue virtuous activities (higher order goal fulfilment), neither can the victim of torture be happy merely by virtue of being a good person (that is, because of the lack of fulfilment of lower order biological

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goals). These are contentious points; the first seems to be an argument against any form of hedonism, whilst the latter seems to provide objections to certain forms of spiritualism or religious happiness.

The principal objection to taking an entirely bottom-up approach to happiness (that is, that happiness can derive from the fulfilment of low-level goals in the various goal domains) is that individuals seem to habituate fairly rapidly to such events (e.g. McIntosh and Martin, 1991). So, events that at one time seem very positive come to be perceived as less positive when people get used to experiencing those events. For example, the brand new Alfa Romeo sitting in the driveway may be a source of great joy; however, after a few months the owner will become used to seeing the car parked outside and it will no longer be a source of such positive affirmation. Or the first time you try the Anglo-Indian dish chicken tikka masala you might be overwhelmed with pleasure, but try and eat it every day and you are soon likely to grow tired of it and perhaps even nauseous at the thought of it. This habituation process suggests that the path to happiness does not lie with increasingly indulgent satisfaction of such low-level goals, but requires also the satisfaction of higher level, less materially dependent, more psychologically important goals and needs. The circle returns to Epicurus.

What about the possibility of happiness when there is no such fulfilment of low-level basic goals and needs? It seems unlikely that the biological and psychological systems, with their evolutionary imperatives to satisfy basic goals and needs such as hunger, thirst and physical comfort, could be continually short-circuited such that the absence of satisfaction of these needs is not an impediment to the individual's overall happiness. As Aristotle retorts: 'Those who say that the victim on the rack or the man who falls into great misfortune is happy if he is good are . . . talking nonsense' (*Nicomachean Ethics*, 1153b, 19). This notion of the fulfilment of basic needs prior to the achievement of higher order aims is central to a number of theories in humanistic psychology (e.g. Maslow, 1968) and is central to the more recent development of the measurement of quality of life (e.g. Power, 2003), which we will return to later in this chapter. However, we will step briefly back into the recent history of psychology where the ideas of pleasure and pain have played a much more significant role than perhaps they do in modern academic psychology.

Behaviourism was the dominant force in psychology throughout much of the twentieth century, especially in the US, although the development of the computer and cognitive science has led to its substantial decline. At the core of behaviourism are the principles of pleasure and pain, which provide the conditions for learning

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through either classical conditioning (identified by Pavlov) or operant conditioning (identified by Skinner and others) (see Power and Champion, 2000). For example, in the famous Pavlov studies of the conditioning of salivation in dogs, the dogs learned that the sound of the dinner-bell led to the pleasure of food, so that eventually they salivated just at the sound of the dinner-bell even when no food was presented. Equally, in conditioned emotional responses, if a painful stimulus such as an electric shock occurred after the dinner-bell instead of the pleasurable lunch, then the dogs would show signs of distress at the sound of the bell because they learned to associate it with pain.

Skinner extended this analysis to show that we can also learn through operant conditioning that if behaviour leads to the termination of a painful stimulus such behaviour is quickly learned through so-called negative reinforcement. However, one of the main turning points in psychology came when Skinner applied the behavioural pleasure–pain analysis to ‘verbal behaviour’. Skinner’s book *Verbal Behavior* (1957) was shredded by a young linguist, Noam Chomsky, in a couple of pages of review in 1959, in which Chomsky argued that it would be mathematically impossible to learn a language with only pleasure–pain-based learning mechanisms. As Chomsky demonstrated, most of what we say or write consists of unique utterances and sentences that we could not have learned previously (though, in support of Skinner, I have one or two academic colleagues who seemed to have learned their lectures Skinnerian style). Chomsky’s proposed solution was that we have an innate universal grammar- or language-acquisition device, from which our spoken language develops with the minimal language input that it receives in social interaction (Chomsky, 1965). However, Chomsky’s solution has in turn been heavily criticised (e.g. see Eysenck and Keane, 2015). The important point to make here is that, although pleasure and pain mechanisms are of importance in much of what we do, the developments in language and other areas of cognitive science have highlighted that they cannot provide the whole story and that much of what we do is not motivated simply by seeking out pleasure or avoiding pain, as any sado-masochist would tell you. We will consider more general frameworks later in this chapter when drive-related pleasure and pain are considered as one level in complex hierarchical structures that may provide a more adequate approach to well-being and quality of life.

Finally in this section, we note the well-known thought experiment that the political philosopher Robert Nozick presented in his book *Anarchy, State and Utopia* (1974), which is often cited against simple models of hedonism and, in its more recent Jeremy Bentham form, utilitarianism. Nozick imagined a science fiction scenario of an Experience Machine that would offer its user the possibility of non-stop pleasure

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for the rest of his or her life. Would you choose to spend the rest of your life in such a state of perfect pleasure? No, answered Nozick, an answer that demonstrates that simple hedonistic models must be wrong. However, although Nozick's conclusion perfectly suits our argument in this book, and in a perfectly biased world we would simply rest our case at this point, in fact the situation is not quite as straightforward as Nozick would have us believe. In a series of classic studies in psychology, Olds and Milner (e.g. 1954) carried out brain stimulation studies in rats, in which they found an area of the brain, the lateral hypothalamus that, if directly stimulated with a small electrical current or chemical substance, led the rats to seek out constant stimulation in preference to food, water or the opportunity to copulate, to the point where the rats died from a lack of food and water. Olds and Milner, therefore, had previously carried out the experiment that Nozick simply imagined. Of course, you might argue, ok, just because it works like that for rats, it is not like that for us humans. Although this may be true for the majority of humans, unfortunately there are a minority who become addicted to drugs and alcohol in a way that leads to deterioration in their health, just as the rats continued the brain stimulation until they died. Perhaps Aristotle had already answered this question.

BACK TO PHILOSOPHY AND THE VIRTUOUS LIFE

Aristotle's concept of eudaimonia provides a key starting point in any discussion of happiness. In his *Nicomachean Ethics* (1095a, 15–22), Aristotle says that eudaimonia means 'doing and living well'. One important move in Greek philosophy to answer the question of how to achieve eudaimonia is to bring in another important concept in ancient philosophy, *arete* (that is, 'virtue'). Aristotle says that the eudaimonic life is one of 'virtuous activity in accordance with reason', to which, as we noted earlier, even Epicurus subscribed. Socrates presented a more extreme version of the virtuous life with his disagreement with those who thought that the eudaimonic life is the life of honour or pleasure, and he criticised the Athenians for caring more for riches and honour than the state of their souls. The Stoic philosophers developed this Socratic viewpoint with Stoic ethics presenting a strong form of eudaimonism. According to the Stoic philosophers such as Zeno, virtue is necessary for eudaimonia. To quote from Stobaeus, the finest compiler of writings from Greek philosophy:

The bastion of Stoic ethics is the thesis that virtue and vice respectively are the sole constituents of happiness and unhappiness. These states do not in the least depend, they insisted, on the possession or absence of things conventionally

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regarded as good or bad – health, reputation, wealth etc: It is possible to be happy even without these.

(Long and Sedley, 1987, p. 357)

The Stoic philosophers thereby denied the importance to eudaimonia of external goods and circumstances, in contrast to what Aristotle had proposed. He thought that severe misfortune (such as the death of one's family and friends) could rob even the most virtuous person of eudaimonia.

The proposals of Aristotle and the more extreme versions of eudaimonia from Socrates and the Stoic philosophers have had a considerable influence on modern proposals, with writers such as Maslow on self-actualisation and Erikson on adult development, which we will examine in more detail in the section on quality of life later in the chapter. However, to give away the punch-line first we have to side with Aristotle because we believe that it is only for some people under special or extreme circumstances that the denial or excessive control of basic needs and drives can provide a sense of 'virtue' and goodness (as we will examine in Chapter 6 with some extreme religious practices). However, for the majority of us ordinary folk, who are neither saints nor martyrs, we achieve the virtuous life through continuing satisfaction of the basic needs in addition to whatever higher ideals we might possess.

THE HEDONIC TREADMILL

There exists a plethora of research findings concerning the relationship between measures of happiness on self-report measures, such as those described above, and a variety of demographic and resource variables (see Argyle, 2001, and Layard, 2011, for comprehensive summaries). To overview briefly we will start with the very complex and changing views on the possible relationship between income and happiness. It has been found that income is related to well-being, though for some time it was assumed that this relationship was only significant below a minimal level of income and was therefore much stronger in poorer countries (Vitterso *et al.*, 2002).

The effect seems possibly to be to do with relative income compared to others in a community or culture rather than the absolute level of income (Wilkinson and Pickett, 2010). However, more careful analyses by Deaton (2008) of the extensive Gallup World Poll data from 132 countries showed that when the logarithm of income or GDP is used rather than the raw value, no such threshold occurs in the data when country

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log income per person is plotted against life satisfaction. Kahneman and Deaton (2010), in further detailed analyses of 450,000 US respondents in a subsequent Gallup survey, replicated the positive relationship between life satisfaction and log income, but in contrast showed that a measure of current emotional well-being did show a threshold effect at about US\$75,000. That is, with an income below \$75,000 in the US, respondents' emotional well-being increased with income, but then plateaued at around this value with no further increases in current well-being. As Kahneman and Deaton demonstrate, the question 'What is the relationship between income and happiness?' needs to be deconstructed into which type of 'happiness' (current affect or life satisfaction) and into which type of income variable (log income, relative income, income inequality). A more recent analysis of longitudinal Gallup World Poll data across 135 countries by Diener *et al.* (2013) showed similar findings for log GDP data, with the strongest effect being for life evaluation. When they used household income, effects were also obtained for current well-being, but they found that the effects were primarily mediated by material possessions, optimism and financial satisfaction, and that they did not adapt across time.

Other variables have been less well studied than the income question. Age and education show only small correlations with subjective reports of happiness (Diener, 1984). Okun and George (1984) found a surprisingly small correlation between health and reports of happiness when objective measures of health are employed, though there is a small but clear effect (Power *et al.*, 2005). Finally, unemployment has been a predictor of unhappiness in some studies (e.g. Clark, 2003), and marriage has been a consistent but weak positive predictor of subjective reports of happiness, with married individuals being reportedly happier than single individuals (e.g. Helliwell and Putnam, 2005). Even putting aside basic methodological issues, for example, that perhaps it is happy people who get married, rather than married people who are happy (though recent evidence suggests that both statements may be true to some extent: see Lucas *et al.*, 2003, for summary findings from a longitudinal German study), the general lack of positive correlational findings between what objectively might be thought of as desirable resources or qualities and subjective reports of happiness requires explanation.

It seems that objective life situations and resources are, at best, only weak predictors of happiness. Indeed, this has been starkly illustrated in some comparative studies; for example, in a classic study, Brickman *et al.* (1978) found that recent lottery winners are often no happier than control participants, only slightly happier than recently paralysed accident victims, and no happier than they were before they won the lottery. Overall, Andrews and Withey (1976) found that age, sex, race, education,

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income, religion, occupation, employment status and size of city only accounted for approximately 11 per cent of the total variance in subjective judgements of happiness. Similarly Kammann (1982) concluded that objective life circumstances routinely account for less than 5 per cent of the variance in subjective judgements of happiness. One of the attempts to account for how both highly negative events and highly positive events affect levels of happiness in the medium to long term was suggested by Philip Brickman and his colleagues in their classic study of lottery winners versus accident victims. They suggested that, as with many physiological processes, there are important adaptational psychological processes that impact on us. Brickman and colleagues argued that, equivalent to these physiological adaptation processes, hedonic adaptation occurs through similar homeostasis, such that we return to our original level of happiness as we 'recover' from both highly positive events such as winning the lottery, and highly negative events such as serious traffic accidents.

In his book *Happiness: Facts and Myths* (1990), Michael Eysenck referred to this adaptation process as the 'hedonic treadmill', and this is the term that has come to be widely used. The proposal is that we all have a 'happiness set-point', such that like on a treadmill, we always return to the point at which we started whatever happens in the intervening period. Eysenck presented numerous examples that, included increasing wealth, increasing achievement and increasing sporting ability, in all of which the expectations change such that an athlete could be happier after winning his school 100 metre championships than after coming second in the Olympic Games. The failed hope or expectation in the Olympics from not winning gold can be viewed even in a negative manner with second place being seen as a failure. Or, perhaps, to give a current example from the world of banking, the banker who receives million dollar bonuses every year will simply come to expect these as normal, with 'happiness' only occurring if the bonus is several times more than expected. Of course, the same bonus dropped into an African Shanty Town and shared between 10,000 would give such a level of utilitarian happiness that would make even Jeremy Bentham cry with joy (preserved as he is in his glass case in University College London). The important point that Brickman, Eysenck and others made is that happiness is simply a temporary state from which we all recover relatively quickly, perhaps even returning to a set-point to which we are genetically shackled.

The conclusions from the 'hedonic treadmill' theory would be very tempting for the approach that we take in this book, in which we argue that chasing happiness is as likely to be successful as chasing the pot of gold at the end of the rainbow or the

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mirage in the desert. As conducive to our own argument as this theory is, we must, however, point to some weaknesses in the theory that mean it has to be modified (cf. Diener *et al.*, 2006). In the next section, we will consider some of Seligman's and others' work on the contribution of circumstances and activity to levels of happiness, which runs counter to hedonic treadmill theory, but at this point we just want to note the work of Laura Carstensen (e.g. 2006) on so-called 'socio-emotional selectivity theory'. The theory argues that, as time horizons reduce with age, people become increasingly selective, investing greater resources in emotionally meaningful goals and activities. Ageing becomes associated with a preference for positive over negative information in both attention and memory (the 'positivity effect'). Older adults often spend more time with familiar individuals with whom they have had rewarding relationships, which increases positive emotional experiences and reduces emotional risks as individuals become older. At the same time, older adults report that they are better able to regulate their negative emotions compared to when they were younger, so typically report fewer and less extreme 'downs' in comparison to younger people. The net effect is that people are often surprised at the wisdom and emotional capacity that they develop with age, as we have shown in our studies on attitudes to ageing (Laidlaw *et al.*, 2007), to which we will return in Chapter 3. The important point to make here is that there may actually be a slow drift upwards in the 'set-point' across the lifespan, even if in the short to medium term the Brickman treadmill model has some validity for some types of life events for some of the people some of the time. Overall, however, the hedonic treadmill theory does not account for why some life events do change our happiness levels upwards or downwards, nor why people on average become more positive across their lifespan.

MARTIN SELIGMAN

Another major area of criticism of the hedonic treadmill approach to happiness comes from the work of Martin Seligman and colleagues. For those who have reached the age of consent, you can log onto Seligman's website at www.authentichappiness.sas.upenn.edu, where you can join a community claimed to be 2 million users worldwide, who regularly complete positive psychology questionnaires, presumably because if you know the right answers you will get positive feedback and feel good about yourself!

Seligman and colleagues, such as Sonja Lyubomirsky, Mihaly Csikszentmihalyi and others, have produced what they have called the 'happiness formula' (e.g. Seligman, 2002):

$$H = S + C + V$$

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In this formula, *H* refers to the enduring level of happiness that you experience, *S* refers to the genetic or biological set-point, *C* refers to the conditions or circumstances of your life, and *V* refers to the factors under your voluntary control. Seligman has summarised a range of studies of twins and adoptees to show that behavioural traits have a relatively high amount of genetic determination, such that 50 per cent of our personality comes from our genetics. However, in contrast to the hedonic treadmill approach, which basically assumes that all personality is predetermined, Seligman and colleagues have included two factors that contribute the remaining 50 per cent to levels of happiness and that can be changed; namely, the circumstances and voluntary control of activities factors.

The circumstances in the formula include factors such as income and wealth, marriage, fulfilling social lives and religious belief. These factors all have extremely complex relationships to enduring happiness, which any examination of the relationship between money and happiness indicates. For example, in his book *Authentic Happiness* (2002), Seligman summarised analyses of surveys of income and national happiness such as those from the World Values Survey in the 1980s and 1990s, which demonstrated that there is a threshold in income below which you do find a positive correlation between income and happiness, the threshold being at about US\$8,000 in the 1990s, though the more recent figures provided by Wilkinson and Pickett (2010) suggested that this threshold had increased to about US\$25,000. Above these thresholds, Seligman and others have summarised the income data to show that there is no correlation between income and happiness, which leads Seligman to conclude erroneously that income redistribution is unnecessary because it does not make the poor any happier once they are at this minimum threshold. However, we now know from the more recent work of Deaton (2008), Diener et al (2013) and Kahneman and Deaton (2010) summarised earlier that when log income data is used there is no threshold effect and that, contrary to Seligman, there is a continuing increase in life satisfaction and experiential well-being with increases in income. A second problem, as we showed earlier in Figure 1.1, is in relation to health and social problems; it may not be absolute income that is crucial in relation to indicators of health and well-being in a society, but the inequality in income.

Figures 1.2 and 1.3, taken from Wilkinson and Pickett's analyses, dramatically demonstrate the differences between absolute income and income inequality. These figures show the impact in developed nations of income (Figure 1.2) versus income inequality (Figure 1.3) on the UNICEF index of child well-being in the world's 22 richest nations. Figure 1.2 clearly supports Seligman's claim that there is no relationship between absolute income and child well-being in the world's rich

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nations, despite the wide income range covered, from Portugal at the lowest to the US at the highest.

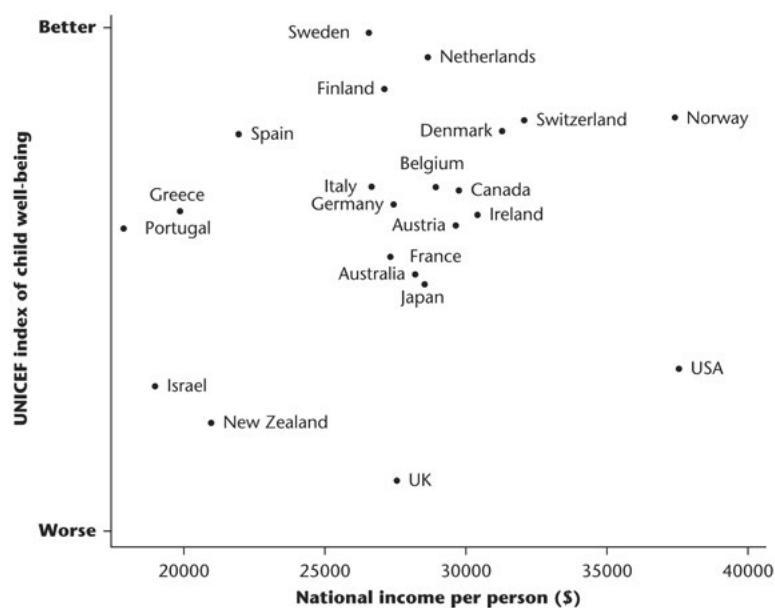


FIGURE 1.2 Absolute income and the UNICEF index of child well-being.
Source: Wilkinson and Pickett (2010). Reproduced with permission.



FIGURE 1.3 Income inequality and the UNICEF index of child well-being.
Source: Wilkinson and Pickett (2010). Reproduced with permission.

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Figure 1.3 highlights what happens when absolute income is replaced by income inequality. Now there is a strong relationship with child well-being revealed, with the highest level of income inequality in the US being associated with low child well-being, and the low income inequality, especially in the Scandinavian countries, being associated with high levels of child well-being. Seligman and his colleagues need to rethink and re-analyse their data, as well as their politics.

The final element in the Seligman equation is the 'V' or voluntary control factor. Again, this is a wide-ranging concept, and it originally included directives from Seligman such as 'Do not dwell on the past', 'Get rid of your negative emotions', 'Forgive and forget' and 'Increase your optimism'. This earlier work of Seligman could be seen to contribute to the split in the American psyche that Jean Twenge, as we noted earlier, has identified with both the increase in self-esteem and the concurrent increase in anxiety and depression. Contrary to Seligman, you do not need to walk away from your negative emotions and from your past as if you were merely a piece of computer hardware that could be reformatted and the disk wiped clean (cf. Kashdan and Biswas-Diener, 2014). Fortunately, more recently Seligman himself and many within the positive psychology movement have shifted away from this one-coloured coat and now wear a coat of many colours; thus, the excellent *Oxford Handbook of Positive Psychology* edited by Lopez and Snyder (2009) presents a much more diverse approach, with many thoughtful analyses of topics such as wisdom, resilience, emotion expression, courage and humility that we will return to throughout this book (especially in Chapter 7) and with which we are in agreement.

WELL-BEING, QUALITY OF LIFE AND OTHER ABSTRACT STATES

Some years ago in Britain the newspapers carried a story of a man who committed suicide when he realised that he had not won the National Lottery. The situation was this: the man in question had selected a set of numbers that he entered into the lottery each week, subscribing six or seven weeks in advance. Eventually, he hit lucky and his numbers matched those drawn out of the hat for the maximum jackpot. However, on checking again the following day after a night of celebration, he found that his lottery entry was not valid because his advance subscriptions had lapsed the week before. Unable to cope with having thought that he had won millions of pounds when he had actually won nothing, the man committed suicide. What is perhaps most puzzling about this case is the fact that, prior to his false lottery win, the man concerned was reportedly very happy. The objective circumstances of his life that had previously made him happy were no different and were exactly the same after his

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false win; however, it seems that the man's goals and dreams in various domains of his life had shifted in line with his supposedly new-found fortune and the inability to attain these new goals and needs seems to have led to desperate unhappiness and his suicide.

The proposal that life satisfaction and well-being may be a function of goal fulfilment across various domains and levels, even allowing for the fact that individuals can invest more heavily in one domain or another, entails that such states are necessarily dynamic, with the possibility of change, even after long periods of apparent stability. A sense of satisfaction and well-being lasting minutes, hours, days, weeks or months will arise out of a process of psychological negotiation in which the goals and needs in one domain are pursued and realised. As Diener and Biswas-Diener have emphasised in their book *Happiness: Unlocking The Mysteries of Psychological Wealth* (2008), our sense of satisfaction is often more about the process than it is about the end-point of that process. As anyone who has children will recognise, even if earlier in life having children might have seemed like the end-point of a goal, having children is in fact just the beginning of a process of being a parent that never actually comes to an end. As with many goals, one apparent end-point merely opens up a new set of goals and processes. To take a different example, imagine that your goal had been to be a professor in a university. Once you have achieved that goal, there is then a whole new set of goals and processes that open up, such as walking around absent-mindedly, wearing different coloured socks and having a hairstyle that looks like you dress in front of the Van de Graaff generator every morning before you go to work. Joking, of course.

In order to understand how people make judgements about their position in life and their sense of satisfaction or dissatisfaction with their life, we have been working for many years to understand what is known as 'quality of life'. The phrase 'quality of life' is used in many different ways, and a major issue that faces this area of work is how the term should be defined and conceptualised. One of the key distinctions that has been made is that between health-related and non-health-related quality of life (e.g. Spilker, 1996). The starting point for a number of the health-related definitions has been the well-known World Health Organization (WHO) (e.g. 1958) definition of health as: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. The inclusion of the phrase 'well-being' in the WHO definition has led some researchers to focus too narrowly on self-reported psychological well-being, or the even more restricted notion of 'happiness', as being the only aspect of quality of life of importance (e.g. Dupuy, 1984). However, 'well-being' and 'happiness' have to be seen as the narrower terms that may be important

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aspects of quality of life, but which are not the only aspects to be considered. The challenge has been to specify the range of health-related and non-health-related aspects of quality of life that should also be included, such that 'quality of life' is not simply another term for 'well-being'.

The original WHO definition of health provides us with an excellent starting point for defining quality of life (WHOQOL Group, 1995), but it leaves open two key questions. First, what other areas should be included in addition to the physical, mental and social? And, second, should the conceptualisation include, for example, objective characteristics of the individual in addition to the individual's subjective evaluation? Other definitions and measures of quality of life take many varied approaches to these two questions. Nevertheless, there may now be an emerging consensus for both of these key issues. In addition to the physical, mental and social aspects, there is now a recognition that spiritual and religious aspects need to be included in health-related quality of life (e.g. Power *et al.*, 1999; see Chapter 6), and a range of aspects of the individual's physical environment needs to be included in non-health-related quality of life.

In relation to the second issue of the objective and the subjective, although many of the earlier measures of quality of life included both objective characteristics (e.g. being able to run for a bus or walk up a flight of stairs) and subjective characteristics (e.g. rating satisfaction/dissatisfaction with level of physical mobility), the more recent measures have focused solely on the subjective (WHOQOL Group, 1998a). It seems to make sense now that subjective and objective indicators should be kept separate. To give an extreme example, how can an individual living in poverty in a village in India report a higher level of happiness and quality of life than a multi-millionaire in Manhattan? This problem has led economists such as the Nobel-prizewinning Amartya Sen (Sen, 2001) to suggest that subjective indicators should be rejected because of their discordance with objective economic indicators. However, as psychologists within the positive psychology movement would agree, the discordance between the objective and the subjective is crucial and often provides a testament to how the human spirit can overcome and even flourish under adversity.

Our starting point, therefore, was to agree a definition of quality of life as follows:

individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the persons' physical health,

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psychological state, level of independence, social relationships
and their relationship to salient features of their environment.

(WHOQOL Group, 1995, p. 1404)

A series of focus groups were then carried out in 15 different centres worldwide in order to generate different items and facets for the different domains of health, relationships and personal environment that were included in the definition. A pilot measure was developed after analysis of the focus group material, which was then tested and further refined in a series of field tests (WHOQOL Group, 1998a, 1998b).

TABLE 1.1 WHOQOL DOMAINS AND FACETS

Physical domain	Pain and discomfort
	Energy and fatigue
	Sleep and rest
Psychological domain	Positive feelings
	Thinking, learning, memory and concentration
	Self-esteem
	Bodily image and appearance
	Negative feelings
Level of independence	Mobility
	Activities of daily living
	Dependence on medical substances and treatments
	Work capacity
Social relationships	Personal relationships
	Social support
	Sexual Activity
Environment	Physical safety and security
	Home environment
	Financial resources
	Health and social care: accessibility and quality
	Opportunity for new information and skills
	Recreation and leisure activities
	Physical environment (pollution / noise / climate)
	Transport
Spirituality / religion / personal beliefs	

Source: WHOQOL Group (1998a, 1998b)

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The resulting domains and facets are shown in Table 1.1 and these have been found in subsequent studies to be the important domains and facets that apply across the adult lifespan in over 40 cultures that have now been tested (e.g. Power, 2003).

One of the opportunities that data collected in this way offered was the possibility of examining the actual structure and content of quality of life. Partly inspired by Maslow's (e.g. 1968) original hierarchy of needs and subsequent work in personality theory, a number of influential approaches have conceptualised quality of life as a hierarchical structure or pyramid with overall well-being at the top, broad domains (such as physical, psychological and social) at the intermediate level, and then specific facets or components of each domain at the bottom (e.g. Spilker, 1990). This overall hierarchical approach was adopted by the WHOQOL Group. As a preliminary test of this predicted hierarchy, a table of facet and domain inter-correlations was produced. The most notable finding was that, whereas the experts had relegated sexual activity to the physical domain (facet-to-corrected-domain $r = 0.16$), the data showed that respondents considered sex to be part of the social relationships domain ($r = 0.41$), to which it was moved. The difference may of course tell us something about experts versus real people! On a variety of psychometric criteria (see WHOQOL Group, 1998a), five of the facets (sensory functions, dependence on non-medicinal substances, communication capacity, work satisfaction, and activities as a provider/supporter) were dropped from the generic measure. (It was noted, however, that some of these might need to be included in subsequent illness-specific or group-specific modules.) With these deletions, there were now 24 specific facets and several items measuring overall quality of life. In deciding on the number of items to choose for each retained facet, the decision was taken to select four items per facet, because four is the minimum number required for the scale reliability analyses that were carried out in subsequent psychometric testing of the instrument. These decisions led to the selection of $25 \times 4 = 100$ items (including the four general items); thus, the revised field trial WHOQOL became known as the WHOQOL-100.

The hierarchical model of quality of life that we have developed since the early 1990s in the form of the WHOQOL provides a much more complex multidimensional view of Aristotle's eudaimonia than do one-dimensional approaches that simply measure 'well-being' or ephemeral emotion states of 'happiness'. However, one of the important early questions that happiness proponents directed at us was whether or not our complex account of quality of life could, at the end of the day, simply be reduced to happiness and that a Veenhoven-type single-item measure of happiness (such as the 'All things considered, how happy would you say you are these days?' noted earlier) would do just as well as our 100-item WHOQOL. There is the

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technique of multiple regression that can tackle such a question at least from the statistical point of view. To this day, I can remember sitting in my office at WHO in Geneva in September 1995 when John Orley, the then coordinator of the WHOQOL, asked me to run the analysis based on the data from our first 15 centres to see if there really was more to quality of life than mere 'happiness'. It was with some trepidation that I loaded up the statistics package, SPSS, and carried out the multiple regression analysis.

The outcome of the statistical analysis is summarised in Table 1.2, a revised version of the equation which uses data from our field trial study (WHOQOL Group, 1998a) from 7,701 respondents in 19 different centres worldwide. The basic assumption of the analysis in Table 1.2 was that if 'happiness' (a facet covered in the psychological domain as 'positive feelings') were to explain all of quality of life, then only this facet would be significant when all the remaining 23 WHOQOL-100 facets were subsequently included in the analysis. However, the actual analysis showed that a further 19 of the facets continued to offer a significant contribution (as shown in the column labelled 'Sign.' standing for 'significance level' in Table 1.2) to the statistical account of overall quality of life, even when the positive feelings facet was included first in the multiple regression. That is, all of the different domains, including physical, psychological, relationships, independence, environment and personal beliefs, make a separate but important contribution to our overall assessment of our own quality of life. The statistics provided powerful support for both our own conceptualisation and the information that came back from focus groups worldwide that 'quality of life' is a far broader concept than the notions of happiness or well-being and that it is not reducible to these one-dimensional concepts. As mentioned above, the concept of quality of life was construed initially as a useful adjunct to traditional concepts of health and functional status. An overall health assessment, therefore, would have included a single measure of the person's physical health, a measure of functioning and a measure of quality of life. Early attempts at assessments that went beyond physical health status sometimes took the form of a rating on a single scale, but, as we have stated, these scales unfortunately condensed a complex multidimensional concept into a single dimension. To devise a measure of quality of life that is both reliable and valid, a broad range of potentially independent domains covering all important aspects of quality of life is necessary. Furthermore, to devise a measure that is reliable and valid cross-culturally requires a different approach to instrument development (e.g. Bullinger *et al.*, 1996). Our collection of data from a large number of different cultures has allowed the question to be asked, therefore, of whether or not there is something universal about the aspects of our

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lives that contribute to our overall sense of well-being and quality of life. Although the term 'quality of life' itself does not translate well into all languages, our analyses across a wide variety of cultures suggest that there are universal aspects of this concept that may well be linked in to other universals in areas such as language, emotion and social relationships (e.g. Power and Dalgleish, 2015). As the saying goes, not only should we add years to life, but we should also add life to years.

TABLE 1.2 REGRESSION EQUATION FOR HAPPINESS AND QUALITY OF LIFE

<i>Model</i>	<i>Beta</i>	<i>t</i>	<i>Sign</i>
Positive feelings	0.136	12.119	.000
Energy	0.157	13.565	.000
Sleep	0.034	3.514	.000
Think	0.029	2.613	.009
Esteem	0.145	12.165	.000
Body Image	-0.091	-8.708	.000
Neg feel	-0.062	-5.978	.000
Mobility	0.04	3.838	.000
Daily activities	0.039	2.89	.004
Work	0.166	15.466	.000
Relationships	0.122	9.932	.000
Support	0.025	2.533	.011
Sex satisfaction	0.055	5.992	.000
Home	0.089	8.135	.000
Finances	0.07	6.978	.000
Social services	0.096	10.346	.000
Leisure	0.14	13.024	.000
Environment	0.024	2.49	.013
Transport	-0.093	-9.036	.000
Meaning	-0.038	-4.401	.000

Finally, one very straightforward question to ask cross-culturally is whether or not the confusion that occurs in English between 'happiness' – the brief emotion state – versus 'happiness' – the long-term state of satisfaction with life – also occurs in other languages. For example, in German, the word *Gluck* shares the same problem as the English word happiness in that it can refer either to the momentary state or to long-term satisfaction. In Spanish, there is a similar problem with the word *felicidad*, which also refers to both, but which is then distinguished by which verb (*ser* or *estar*) accompanies the noun. In Portuguese, *alegria* is more likely to be used for the momentary state, and *felicidade* for long-term satisfaction, but again it is acceptable

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to use either word to refer to both. But our favourite is in Russian in which счастье ('little happiness') refers to the momentary state of happiness and счастливый ('big happiness') refers to the permanent state of well-being. It is both reassuring and worrying at the same time, therefore, that languages other than English share some of the confusion between the two types of 'happiness', even if they do not always have a word or phrase for 'quality of life'.

THE HAS AND THE HAS-NOTS

In order to conclude this chapter and line up some of the key issues for the forthcoming chapters, we can attempt to summarise some of the main points from what we have said so far together with their implications for the understanding of well-being and quality of life. One simple formula for what counts and does not count in life may be to categorise people into the HAS and the HAS-nots:

1. H = Healthy lifestyle
2. A = Adaptability
3. S = Sociability.

The final point is that having a healthy lifestyle in general contributes to well-being and quality of life. We will consider in later chapters how factors such as physical exercise, good diet, good sleep habits, avoidance of smoking and low to moderate alcohol use can all help towards a positive state of physical and mental health. And we emphasise healthy lifestyle as opposed to simply a state of health because the increasing numbers of chronic diseases that occur in our ageing affluent societies mean that many people are living longer but with accompanying chronic conditions such as diabetes, arthritis, high blood pressure and so on. The point is that it is possible to manage these chronic conditions well or badly such that many people with chronic conditions still report good quality of life, as we have found in our international studies of older adults (Power *et al.*, 2005).

The second feature that we have noted is adaptability, which refers to the capacity of an individual, a family or a larger group to cope well with significant changes in the conditions of their lives, whether these changes affect just those individuals or the larger group as a whole. The story of how *Homo sapiens* colonised Europe and survived through an ice age is indicative of just how adaptable our species has proven to be, and we will return to this issue in Chapter 6. However, there is still considerable variation between individuals and groups in how well they adapt. In Chapter 3, when we consider the range of negative emotions, we will be particularly

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interested in individual differences that people have in dealing with their negative emotions and how problems in emotion and emotion regulation can cause difficulties both physically and psychologically for individuals, and also impact on the quality of relationships, as we will explore in Chapter 2. The third feature for the HAS is sociability. We do not imply a one-size-fits-all model of sociability, but note that for healthy sociability there are considerable variations. In Chapter 2, we will examine the importance of an intimate confiding relationship for everyone, whether or not that is a heterosexual physical relationship or some other intimate relationship. Equally, good sociability includes a range of other types of relationships that serve different social support functions. Now we are not denying that it may be possible for an ascetic monk to live alone quite contentedly in a cave on a remote island rock such as Skellig Michael, miles off the coast of Kerry in south-west Ireland. In fact, such a monk would be motivated to live such a life because of his relationship to an imaginary being, and, as we will see in Chapter 6 on religion, there can be many benefits from a deep commitment to such belief systems. The problem is how you cope if your god appears to abandon you and does not provide the support that a real person should.

Finally, we know that the world is full of HAS-nots, and maybe even one or two of you have got as far as to start reading this book. Although we have not set out to write a self-help guide on how to be a HAS rather than a HAS-not, and in contrast to the shelf-loads of such books that fill all popular psychology bookshops, there may nevertheless be plenty of suggestions buried beneath all the evidence that we will examine. Undoubtedly, there will be pointers provided on how to avoid the excesses of too much or too little and how, instead, to take the 'good enough' route through life that will maximise your opportunities without being sunk by the chains of perfectionism, nor defeated by the sibyls of unrealistic pessimism. If we convert even one HAS-not into a HAS along the way, there would be much proverbial rejoicing in the positive psychology heaven. However, throughout this book we also want to present the other side of the argument with the case for the HAS-nots. Our species has become the most successful to date because of its diversity and its capacity to be creative. If we all wandered around smiling and making lemonade out of lemons, we would probably still be living in caves and telling ourselves how lucky we were just to be there. Oh what a beautiful cave!

Dissatisfaction with what we have has been a great motivator for invention – for tools that are more powerful and sharper than the previous ones, for modes of transport that are more efficient and faster, for social organisations that freed some people up from subsistence existence to be creators and inventors. Progress in technology and

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progress in social organisation have resulted from complex and multiple different types of motivation, not simply the pursuit of happiness. We must acknowledge, therefore, that our cultures and societies have benefited as much from the HAS-nots as from the HAS. You need only to read the biographies of the great contributors to science, such as Copernicus, Darwin and Newton to say that by positive psychology standards they might well have been discarded into the bucket of the HAS-nots. This proposal is not to deny that the extremes at the negative end of H, A and S are problematic, but equally problematic are the extremes at the positive end, the people whom the French writer Gustav Flaubert referred to as the 'stupid happy'. The stupid happy score 10 out of 10 on all the authentic happiness scales, but, as we will show in subsequent chapters, they are just as likely to develop illnesses and die younger than the people who score low on these scales. Ultimately, however, our argument is in favour of diversity, for societies in which Prozac does not have to be put into the water for all. There are situations under which it is better to anticipate the worst outcome rather than the best, because terrible things do sometimes happen, when the illusion that we control our universe is readily shattered, as we will show in subsequent chapters.