Therapy:

Diminishing the Pain of Psychological Disorders

One of my favorite old songs starts "I beg your pardon, I never promised you a rose garden." I like the melody, but it's really the lyrics that stand out in my mind. Life is good, the song suggests, but it's definitely no rose garden—no Eden free of problems. A few statistics help to drive this point home:

- More than half of all college students report that they have thought about suicide at least once (Meehan et al., 1992), and about 10 percent of adolescents indicate that they have actually attempted suicide (Shaffer et al., 1991).

- About 10 percent of adults suffer from depression or related disorders at any given time (Strickland, 1992); almost half report that they have experienced a major depressive episode at some time in their life (Kessler et al., 1994).
- More than six million persons in the United States alone are currently involved in various kinds of self-help groups—groups focused on problems ranging from alcoholism and drug abuse to stuttering and the trauma of losing one's spouse.

Yes, there's certainly a lot of pain in life—more than enough psychological discomfort to go around. Yet there's no reason to despair, because there are also many effective techniques for alleviating such discomfort. Many procedures for treating various psychological disorders exist. To acquaint you with the most important of these, this chapter will proceed as follows.

First, we'll begin with **psychotherapies**—procedures in which a trained person establishes a professional relationship with the patient in order to remove or modify existing symptoms, change disturbed patterns of behavior, and promote personal growth and development (Wolberg, 1977). As you'll soon see, many forms of psychotherapy exist, ranging from *psychoanalysis*, the famous procedures devised by Freud, through modern procedures firmly founded on basic principles of learning and cognition. Next, we'll explore several forms of therapy that involve several persons rather than a single individual—*group therapies*. Third, we'll consider therapies focused on interpersonal relations—*marital* and *family therapy*. After reviewing these various forms of therapy, we'll turn to some basic questions about all these approaches: Are they successful in alleviating psychological disorders? And if so, are some more helpful than others? Next, we'll examine several *biologically based therapies*—efforts to deal with psychological disorders through biological means. Finally, we'll look at various *settings* for therapy. These range from large state institutions or other facilities providing full-time care through community health centers and other locations in which individuals generally receive treatment on a part-time outpatient basis.

PSYCHOTHERAPIES: *Psychological Approaches to Psychological Disorders*

Say the word *psychotherapy* and many people quickly conjure up this image: A "patient" lies on a couch in a dimly lit room, while a therapist sits in the background. The therapist urges the patient to reveal the deepest secrets of her or his mind—hidden urges, frustrated desires, traumatic early experiences. As these painful revelations are brought to the surface, the patient, suffering much emotional turmoil, moves toward psychological health.

Psychotherapies: Procedures designed to eliminate or modify psychological disorders through the establishment of a special relationship between a client and a trained therapist.

Therapeutic Alliance: The special relationship between therapist and client that contributes to the effectiveness of many forms of psychotherapy.

This popular image, however, has little to do with many modern forms of psychotherapy. In fact, it applies primarily to only one type, an approach developed by Freud that is now rarely used by psychologists (although it is still used by some psychiatrists). Psychotherapy, as it is currently practiced by psychologists and other professionals, actually occurs in many different settings, employs a tremendously varied range of procedures, and can be carried out with groups as well as with individuals.

What do these diverse procedures have in common? Most psychologists agree that two features are crucial: (1) establishment of a special relationship, sometimes known as the **therapeutic alliance**, between a person experiencing

psychological distress and a trained therapist—a relationship in which the distressed person feels free to reveal important and often embarrassing facts and has confidence in the therapist's genuine desire to help; and (2) efforts by the therapist to bring about beneficial changes in the client's behavior, feelings, or thoughts. In short, whatever form it takes, psychotherapy strives to place disturbed individuals in an environment in which they feel free to confide in another human being who is specially trained to help them change in beneficial ways. Let's take a closer look.

Learning Objective 13.1
Provide an overview of the different types of therapy and know the two crucial features of psychotherapy.

Learning Objective 13.2
Discuss the basis and application of psychoanalysis and evaluate psychoanalysis.

Learning Objective 13.3
Describe person-centered and Gestalt therapy.

Learning Objective 13.4
Discuss the application of classical conditioning, operant conditioning, and modeling in behavior therapies.

Learning Objective 13.5
Outline the basic assumptions underlying the cognitive approach to therapy, the characteristics of rational-emotive therapy, and Beck's cognitive behavior therapy for treating depression.

Psychodynamic Therapies: From Repression to Insight

Psychodynamic therapies are based on the assumption that abnormal behavior stems primarily from the complex inner workings of personality. More specifically, psychological disorders occur because something has gone seriously wrong with the balance of these hidden inner forces. Several forms of therapy are based on these assumptions, but the most famous is *psychoanalysis,* the approach developed by Sigmund Freud.

Psychoanalysis If Freud had known how many movies, television shows, and even cartoons would be based on his method of psychotherapy, he just might have changed it in several respects. He was a serious person who viewed himself as essentially scientific in orientation, and he would probably have found popular representations of his work thoroughly distasteful. But, as is often the case, there is a grain of truth in media representations of psychoanalysis: Freud *did* use a couch, and he *did* employ several other techniques that have become part of our conception of psychotherapy.

In order to understand Freud's methods, let's begin by briefly reviewing the reasoning that lay behind them. As you may recall from chapter 10, Freud believed that personality consists of three major parts: *id, ego,* and *superego,* which correspond roughly to desire, reason, and conscience. Freud suggested that psychological disorders stem from the fact that many impulses of the id are unacceptable to the ego or the superego and are therefore *repressed*—driven into the depths of the unconscious. There they persist, and individuals must devote a considerable portion of their psychic energy to keeping them in check and out of conscious experience—and to various *defense mechanisms* that protect the ego from feelings of anxiety. In short, Freud believed that hidden conflicts among the basic components of personality, if left unresolved, interfere with normal psychosexual development and so cause psychological disorders.

How can such problems be relieved? Freud felt that the crucial task was for people to overcome repression and come face to face with their hidden feelings and impulses. Having gained such insight into their inner conflicts, they would experience a release of emotion known as *abreaction,* and then, with their energies at last freed from the task of repression, they could direct these into healthy growth. Figure 13.1 (on page 486) summarizes these suggestions.

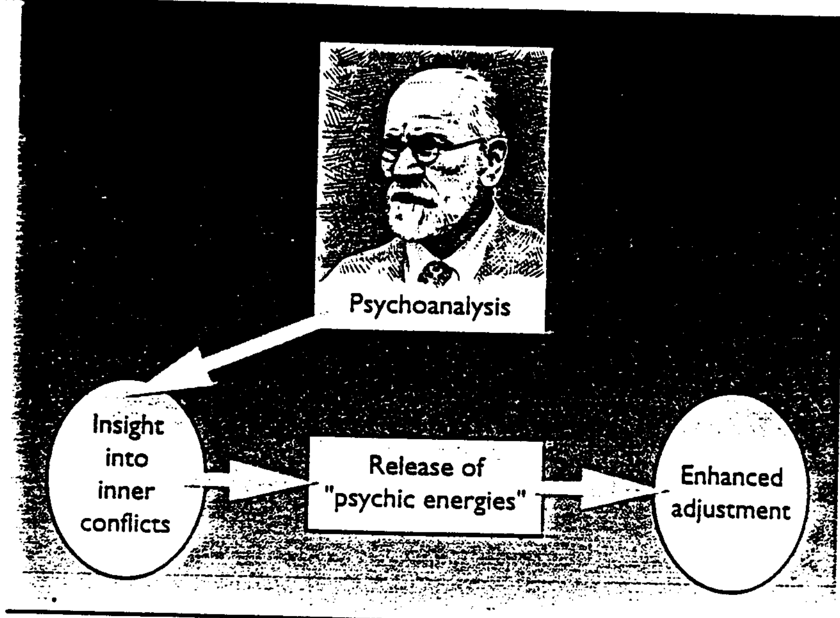
These ideas concerning the causes and cure of mental illness are reflected in the specific procedures used in psychoanalysis. As popular images suggest, the patient undergoing psychoanalysis lies on a couch in a partly darkened room and engages in **free association.** This involves reporting everything that passes through her or his mind, no matter how trivial it may appear to be. Freud believed that the repressed impulses and inner conflicts present in the unconscious would ultimately be revealed by these mental wanderings, at least to the trained ear of the analyst. As we saw in chapter 4, he felt that dreams were especially useful in this respect, since they often represented

Psychodynamic Therapies: *Therapies based on the assumption that psychological disorders stem primarily from hidden inner conflicts with repressed urges and impulses.*

Free Association: *A key procedure in psychoanalysis in which individuals spontaneously report all thoughts to the therapist.*

Psychoanalysis: An Overview of Its Major Goals

According to Freud's theory, psychotherapists can overcome psychological disorders by helping individuals gain insight into their hidden inner conflicts. Once such insight is obtained, presumably, it will no longer be necessary to devote "psychic energies" to repressing unacceptable impulses, and the disorders caused by these conflicts and their repression will disappear.



Freud's Famous Couch

This scene of Freud's London office, which he opened after fleeing Nazi persecution in Germany, shows the famous couch.

inner conflicts and hidden impulses in disguised form. As psychoanalysis progresses and the analyst gains understanding of the patient's problems, he or she asks questions and offers suggestions designed to enhance the patient's awareness of inner conflicts. It is through this process of *interpretation* that the patient finally gains increased insight.

During the course of psychoanalysis, Freud reported, several intriguing phenomena often occur. The first of these is **resistance**—a patient's refusal to report certain thoughts, motives, and experiences or his or her overt rejection of the analyst's interpretations (Strean, 1985). Presumably, resistance occurs because of patients' desire to avoid the anxiety produced as threatening or painful thoughts come closer and closer to consciousness.

Another aspect of psychoanalysis is **transference**—intense emotional feelings of love or hate toward the analyst on the part of the patient. Often, patients react toward their analyst as they did to an earlier crucial person in their lives—for example, one of their parents. Freud believed that the transference relationship could be an important tool for helping individuals work through conflicts regarding their parents, this time in a setting where the harm done by undesirable early relationships could be effectively countered. As patients' insight increases, transference gradually decreases and ultimately fades away.

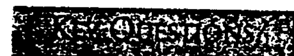
Resistance: Efforts by individuals undergoing psychoanalysis to prevent repressed impulses or conflicts from entering consciousness.

Transference: Strong positive or negative feelings toward the therapist on the part of individuals undergoing psychoanalysis.

Psychoanalysis: An Evaluation Psychoanalysis is probably the best-known form of psychotherapy. As noted by Hornstein (1992), early efforts by psychologists to ignore it (through the 1920s) and later to discredit it (in the 1930s and 1940s) largely failed: Psychoanalysis gained a firm grip on the public consciousness and refused to vanish, no matter how fervently psychologists trying to build a scientific field wished it to do so. Indeed, even one of the founders of experimental psychology—Edwin Boring—chose to undergo psychoanalysis when he experienced deep depression. To protect his reputation at the time (1934), Boring claimed that he was studying the relationship between psychology and psychoanalysis; in reality, though, he hoped for major benefits from this form of treatment (Hornstein, 1992). But he was bitterly disappointed. After ten months during which he saw his analyst four times a week, he concluded that the therapy had failed: He was no better off than before he entered treatment.

Unfortunately, Boring's experience seemed to be typical of the outcome of classical psychoanalysis: In general, its effectiveness has failed to match its fame. In the form proposed by Freud, it suffers from several major drawbacks that lessen its value. First, psychoanalysis is a costly and time-consuming process. Several years and large amounts of money are usually required for its completion. Second, it is based largely on Freud's theories of personality and psychosexual development. As chapter 10 explained, these theories are provocative but difficult to test scientifically. Third, Freud designed psychoanalysis for use with educated persons who already possessed high verbal skills. This limits the usefulness of psychoanalysis to what some have described as YAVIS patients—young, attractive, verbal, intelligent, and successful (Schofield, 1964). Other people, including many who may be desperately in need of psychological assistance, are left largely out in the cold (Snowden & Cheung, 1990). Finally, and perhaps most important, psychoanalysis has often adopted the posture of a closed logical system: A critic who raises questions about its validity or effectiveness is described as suffering from resistance and as showing severe psychological problems that prevent him or her from recognizing the obvious value of psychoanalysis! So, in sum, psychoanalysis has not turned out to be the major breakthrough that Freud predicted. While it may help some persons gain insights into their own personalities, it does not appear to be practical or highly effective in treating a wide range of psychological disorders.

Beyond Psychoanalysis: Psychodynamic Therapy Today Because of such problems, classical psychoanalysis is a relatively rare type of therapy today. However, modified versions introduced by Freud's students and disciples, including the neo-Freudians we discussed in chapter 10, are in more common use. These modified forms of psychodynamic therapy are generally briefer than classical psychoanalysis, requiring months rather than many years of treatment (Strupp & Binder, 1984), and focus less on the past than on patients' present life and personal relationships. A couch is seldom used; instead, client and therapist sit face to face. And the therapist plays a more active role than in classical psychoanalysis, directing and advising rather than merely listening most of the time. Modern forms of psychodynamic therapy put less emphasis on the role of unconscious inner conflicts and devote more attention to current ego functioning—how the ego acts as a controlling agent in the individual's life. In addition, social factors in the environment in which clients live are considered, and efforts are made to change these in beneficial ways. Despite these differences, however, the basic goal remains the same: helping patients gain insight into their hidden motives and conflicts.



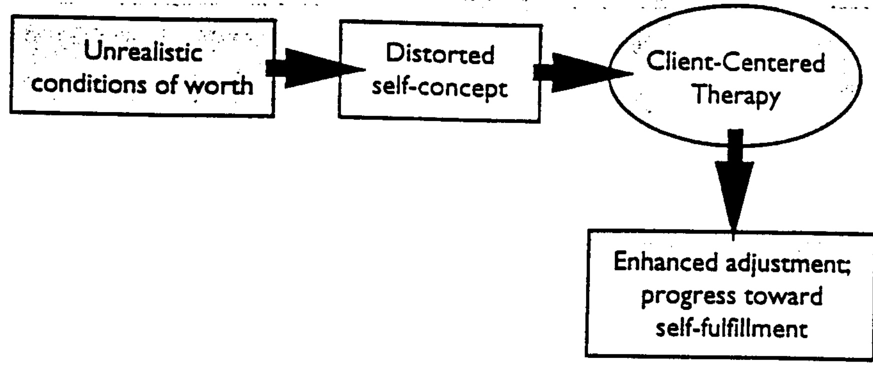
- What do psychodynamic therapies see as the basis for psychological disorders?
- Is the widespread public acceptance of psychoanalysis justified?

Humanistic Therapies: Emphasizing the Positive

Freud was something of a pessimist about basic human nature. He felt that we must constantly struggle with primitive impulses from the id. As we saw in chapter 10, many psychologists reject this view. They contend that people are basically good and that our strivings for growth, dignity, and self-control are just as strong as—if not stronger than—the powerful aggressive and sexual urges Freud described. According to such *humanistic* psychologists, psychological disorders do not stem from unresolved inner conflicts. Instead, they arise because the environment somehow interferes with personal growth and fulfillment.

Such views, of course, lead to forms of psychotherapy that are very different, both in purpose and procedure, from those developed by Freud.

FIGURE 13.2



The Nature of Client-Centered Therapy

Rogers (1959) believed that psychological disorders stem from unrealistic *conditions of worth*—conditions people believe they must fulfill in order to be loved and accepted. These produce distortions in the self-concept. Client-centered therapy is designed to eliminate such distortions by placing clients in an environment in which they receive *unconditional positive regard* from the therapist and feel valued as persons.

Humanistic therapies focus on the task of helping *clients* (note that humanistic therapists dislike the term "patient") to become more truly themselves—to find meaning in their lives and to live in ways consistent with their own inner values and traits. Unlike psychoanalysts, humanistic therapists believe that clients, not they, must take essential responsibility for the success of therapy. The therapist is primarily a guide and facilitator, *not* the one who runs the show. Let's take a closer look at several major types of humanistic therapy.

Humanistic Therapies: Forms of psychotherapy based on the assumption that psychological disorders stem from environmental conditions that block normal growth and development.

Client-Centered Therapy: A form of psychotherapy that concentrates on eliminating irrational conditions of worth—conditions people believe they must meet in order to be loved or accepted.

Conditions of Worth: In Rogers's theory, individuals' beliefs that they must meet certain unrealistic conditions in order to be loved or accepted.

Gestalt Therapy: A form of humanistic psychotherapy designed to increase individuals' awareness and understanding of their own feelings.

Person-Centered Therapy: The Benefits of Being Accepted Perhaps the most influential humanistic approach is the **client-centered therapy** developed by Carl Rogers (1970, 1980). Rogers strongly rejected Freud's view that psychological disorders stem from conflicts over the expression of primitive, instinctive urges. On the contrary, he argued that such problems arise primarily out of a distorted *self-concept*. According to Rogers, individuals often acquire what he terms unrealistic **conditions of worth** early in life. That is, they learn that they must be something other than what they really are in order to be loved and accepted. For example, they come to believe that they will be rejected by their parents if they harbor hostility toward their siblings. In response to such beliefs, people refuse to recognize large portions of their experience and emotions—any portions that violate their implicitly accepted conditions of worth. This in turn interferes with normal development of the self and causes people to suffer from various forms of maladjustment.

Person-centered therapy, as explained in chapter 10, focuses on eliminating such unrealistic conditions of worth through creation of a psychological climate in which clients feel valued as persons. Person-centered therapists offer *unconditional acceptance*, or *unconditional positive regard*, of the client and her or his feelings; a high level of *empathetic understanding;* and accurate reflection of the client's feelings and perceptions. In the context of this warm, caring relationship, freed from the threat of rejection, individuals can come to understand their own feelings and accept even previously unwanted aspects of their own personalities. As a result, they come to see themselves as unique human beings with many desirable characteristics. To the extent such changes occur, Rogers suggests, many psychological disorders disappear and individuals can resume their normal progress toward self-fulfillment (see Figure 13.2).

Gestalt Therapy: Becoming Whole The theme of faulty or incomplete self-awareness so prominent in client-centered therapy is echoed in a second humanistic approach, **Gestalt therapy** (Perls, 1969). As noted in chapter 3, the

German word *gestalt* means "whole," and this word captures the essence of Gestalt therapy. According to Fritz Perls (1969), originator of this form of psychotherapy, individuals often experience difficulties because key aspects of their emotions are not acknowledged in consciousness. In short, they have, in a sense, psychologically disowned parts of their own being. They must recapture these before they can attain an accurate and complete self-concept.

How can progress toward this goal be achieved? Gestalt therapists use many different tactics. They may directly challenge their clients to give up their "phony games" and see themselves accurately. They may ask them to portray unresolved conflicts, a process referred to as *taking care of unfinished business*. At such times, clients are urged to reexperience their emotions vividly—to scream, swear, or weep as the need arises. Presumably, once such feelings are recognized and released, the unfinished business will be completed and the client will become whole once again.

Some of the techniques Gestalt therapists have developed for helping individuals recognize their own feelings are quite ingenious. For example, in the *two-chair exercise*, clients move back and forth between two chairs. While sitting in one they play themselves, while in the other they assume the role of some important person in their life—wife, husband, mother, father. The ultimate goal, of course, is to increase their awareness of their feelings toward, and relations with, these important persons in their lives.

Humanistic Psychotherapy: An Overview While humanistic psychotherapies differ in many respects, they share a basic orientation: All reject the views, so powerfully promoted by Freud, that psychological disorders stem from repressed urges and hidden conflicts and that a therapist's key task is to force unwilling patients to gain insight into these conflicts. Further, all assume that human beings have the capacity to reflect on their own problems, to control their own behavior, and to make choices that will lead them toward more satisfying, fulfilling lives. And finally, all suggest that gaps in our self-concepts—flaws in our understandings of ourselves, our feelings, and our experiences—lie at the heart of much psychological distress.

Humanistic therapies have been criticized for their lack of a unified theoretical base and for being vague about precisely what is supposed to happen between clients and therapists. They have, however, helped to alter the dismal picture of human nature painted by Freud by calling attention to our capacities for growth and self-fulfillment. In addition, some of the central assumptions underlying humanistic approaches have been subjected to direct empirical test. For example, Rogers's view that the gap between an individual's self-image and his or her "ideal self" plays a crucial role in maladjustment has been investigated and often confirmed in many studies (e.g., Bootzin, Acocella, & Alloy, 1993). Also, research findings tend to confirm that therapists' personal warmth and ability to express empathy are predictive of their success, as suggested by Rogers's theory (e.g., Beutler, Crago, & Arizmendi, 1986). In these respects, then, humanistic therapies have made important and lasting contributions.

- How do humanistic therapies explain the occurrence of psychological disorders?
- What is the major focus of Rogers's client-centered therapy?
- What is the major focus of Gestalt therapy?

Behavior Therapies: Psychological Disorders and Faulty Learning

While psychodynamic and humanistic therapies differ in many important ways, they both place considerable emphasis on early events in clients' lives as a key source of current disturbances. In contrast, another major group of

Systematic Desensitization: Using the Principles of Classical Conditioning

After learning how to induce relaxation, this client, who has a fear of airplanes, is gradually exposed to stimuli that make her anxious.

therapies, known collectively as **behavior therapies**, focus primarily on individuals' current behavior. These therapies are based on the belief that many psychological disorders stem from faulty learning. Either the persons involved have failed to acquire the skills and behaviors they need for coping with the problems of daily life, or they have acquired *maladaptive* habits and reactions—ones that cause them considerable distress. Within this context, the key task for therapy is to change current behavior: to provide clients with the skills they need or to alter learned patterns of behavior that are causing them distress. In addition, behavior therapy often seeks to provide individuals with behaviors and strategies they can use to overcome their problems when they are not in the presence of the therapist—through guided *self-care* (Marks, 1994). Self-care is obviously important in the treatment of many medical conditions—for example, persons with some forms of diabetes must inject themselves with insulin every day or face the real threat of death. Similarly, many behavior therapists believe that persons with psychological disorders must practice the skills they acquire during therapy in appropriate situations; this, too, constitutes a kind of self-care and can play a major role in overcoming many psychological disorders.

What kinds of learning play a role in behavior therapy? As we saw in chapter 5, there are several forms of learning. Reflecting this fact, various forms of behavior therapy focus on specific types of faulty learning involving these basic processes.

Therapies Based on Classical Conditioning As you may recall from chapter 5, *classical conditioning* is a process in which organisms learn that the occurrence of one stimulus will soon be followed by the occurrence of another. As a result, reactions that are at first elicited only by the second stimulus gradually come to be evoked by the first as well (one example: your salivation to the beep of a microwave oven into which you've placed a container of popcorn). What does classical conditioning have to do with psychological disorders? According to behavior therapists, quite a bit (Bandura, 1969). Behavior therapists suggest, for example, that many *phobias* may be acquired in this manner. Stimuli associated with real dangers may acquire the capacity to evoke the intense fear reactions that at first were elicited only by the actual dangers. As a result, individuals experience intense fears in situations that really pose no threat to their well-being. In order to reduce such fears, behavior therapists sometimes employ the technique known as *flooding* (refer to chapter 5). This involves prolonged exposure to the feared stimuli, or to mental representations of them, under conditions where the persons suffering from the phobias can't avoid these stimuli. Under these conditions, *extinction* of fear can occur, and the phobias fade away (Levis, 1985).

Another technique based at least in part on principles of classical conditioning is known as **systematic desensitization**. In systematic desensitization, which is also used to treat various phobias, individuals first learn to how to induce a relaxed state in their own bodies—often by learning how to relax their muscles. Then, while in a relaxed state, they are exposed to stimuli that elicit anxiety. Since they are now experiencing relaxation, the conditioned link between these stimuli and anxiety is weakened, and extinction of anxiety reactions can occur.

> ***Behavior Therapies:*** *Forms of psychotherapy that focus on changing maladaptive patterns of behavior through the use of basic principles of learning.*
>
> ***Systematic Desensitization:*** *A form of behavior therapy in which individuals imagine scenes or events that are increasingly anxiety-provoking and at the same time engage in procedures that induce feelings of relaxation.*

A third behavioral technique based on principles of classical conditioning is known as *aversion therapy* (Lovaas, 1977). Here, stimuli that have previously been associated with positive feelings, and so are conditioned stimuli for them, are associated instead with negative feelings. For example, consider the case of a man who is sexually aroused by young children and finds it difficult to resist making advances to them. How can such a person be helped—assuming that he *wants* to change? One possibility is as follows. The therapist

shows the man color slides of attractive children, precisely the kind that he finds arousing. A few seconds after each slide appears, the man receives a harmless but painful electric shock. As the process continues, the man's emotional reactions to these stimuli change. Initially his feelings are positive; but as the slides of the children are paired over and over again with shocks, his feelings begin to take on a distinctly negative tone. After all, the slides are now signals for the occurrence of a very unpleasant event.

If such treatment is successful, as it has been in several studies (Bucher & Lovaas, 1968), the man may find that he is no longer sexually excited by children and can seek more appropriate sexual partners. Many psychologists find delivering unpleasant stimuli to their clients unacceptable, however, and so an alternative procedure known as *covert desensitization* has gained increasing use. In this procedure, clients are merely asked to imagine aversive stimuli; they never actually receive them. Yet research with this technique suggests that it can often prove highly effective (e.g., Cautela, 1985).

Therapies Based on Operant Conditioning Behavior is often shaped by the consequences it produces; actions are repeated if they yield positive outcomes or if they permit individuals to avoid or escape from negative ones. In contrast, actions that lead to negative results are suppressed. These basic principles are incorporated in several forms of therapy based on *operant conditioning*. These differ considerably in specific procedures, but all incorporate the following basic steps: (1) clear identification of undesirable or maladaptive behaviors currently shown by individuals; (2) identification of events that reinforce and so maintain such responses; (3) efforts to change the environment so that these maladaptive behaviors no longer receive reinforcement.

Several techniques incorporate these principles. One of these is based on the principle of *shaping* discussed in chapter 5. This involves helping individuals to acquire desired responses not currently in their repertoire by offering them reinforcement for responses that more and more closely resemble the desired ones. An illustration of this procedure is provided by the following case:

> A three-year-old . . . boy lacked normal verbal and social behavior. He did not eat properly, engaged in self-destructive behavior such as banging his head and scratching his face, and manifested ungovernable tantrums. He had recently had a cataract operation, and required glasses. . . . He refused to wear his glasses and broke pair after pair. The technique of shaping was decided upon to counteract the problem of glasses. Initially, the boy was trained to expect a bit of candy or fruit at the sound of a toy noisemaker. Then training was begun with empty eyeglass frames. First the boy was reinforced with candy or fruit for picking them up, then for holding them, then for carrying them around, then for bringing the frames closer to the eyes, and then for putting the empty frames on his head. . . . Through successive approximation, the boy . . . learned to wear his glasses up to twelve hours a day (Wolf, Risley, & Mees, 1964).

Operant principles have also been used in hospital settings, where a large degree of control over patients' reinforcements is possible (Kazdin, 1982). Several projects have involved the establishment of **token economies**—systems under which patients earn tokens they can exchange for various rewards, such as television-watching privileges, candy, or trips to town. These tokens are awarded for various forms of adaptive behavior that will help a patient function effectively after leaving the hospital. Thus, keeping one's room neat, participating in group meetings or therapy sessions, coming to meals on time, and eating neatly all yield tokens. The results of such programs have been impressive. When individuals learn that they can acquire various rewards by

Token Economies: *Forms of behavior therapy based on operant conditioning, in which hospitalized patients earn tokens they can exchange for valued rewards when they behave in ways the hospital staff consider to be desirable.*

behaving in certain adaptive ways, they often do so, with important benefits to them as well as to hospital staff (Paul, 1982; Paul & Lentz, 1977).

Another technique based on principles of operant conditioning involves decreasing the probability of an undesirable response by increasing the likelihood of another response that is *incompatible* with it. For example, persons suffering from insomnia can learn various techniques for inducing relaxation, a state incompatible with feeling tense and wide awake: this can help them to get to sleep (e.g., Borkovec, 1982). Similarly, persons trying to quit smoking can learn to pop a piece of gum into their mouths whenever the craving for a cigarette arises. Since gum chewing is clearly incompatible with smoking, this response may help them avoid slipping back into smoking unintentionally—the kind of *absent-minded transgression* we considered in chapter 4.

Finally, I should mention the relationship between another principle of operant conditioning—*punishment*—and criminal behavior. While these principles have not been incorporated into specific forms of therapy, a growing body of evidence indicates that punishment *can* be effective in deterring a wide range of crimes (e.g., Schneider, 1990). Perhaps the most dramatic evidence in this respect has been reported recently by Brennan and Mednick (1994). These researchers obtained data on criminal arrests and subsequent punishment for a very large sample—all the men born in Copenhagen, Denmark, during 1944 (a total of 28,879 individuals). Results indicated that when offenders received some form of punishment (a fine, probation, or prison), the likelihood that they would be arrested again for another crime was significantly lower than when they did not receive any punishment. Further, and also consistent with learning theory principles, Brennan and Mednick found that the greater the proportion of arrests resulting in punishment, the lower the rates of future criminal recidivism (further arrests). In other words, punishment for various crimes did seem to deter the people convicted of them from engaging in additional crimes. Finally, recidivism rates increased among persons for whom punishment was discontinued—those who, for example, were released from prison before serving their entire sentence.

In sum, although punishment for criminal behavior does not constitute a form of therapy, the findings obtained by Brennan and Mednick (1994) suggest that it can be effective in deterring such behavior, as basic aspects of learning theory predict. However, in order to produce these effects, punishment must be applied in a manner consistent with learning theory principles—a criterion that is, unfortunately, often not met by the criminal justice systems of many nations.

MODELING: CHANGING BEHAVIOR THROUGH OBSERVING OTHERS

Seeing other people act in fearless ways can often help individuals overcome phobias.

MODELING: BENEFITING FROM EXPOSURE TO OTHERS Chapter 5 explained how we sometimes acquire new forms of behavior through observational learning—observing the actions and outcomes of others (Bandura, 1977, 1986). This is not the only way in which we are affected by exposure to others' behavior, however. Seeing other persons act in various ways can weaken or strengthen our tendencies to engage in or avoid certain behaviors. For example, a motorist driving at 55 miles per hour in a 55-mph zone may soon speed up to 65 if she notices that everyone else is passing her. In this case, her restraints against engaging in a prohibited behavior are weakened when she sees others break the prohibition. Conversely, a student talking to a friend in class may quickly fall silent if he notices that everyone else is quiet and listening carefully to the instructor. In this case, restraints are strengthened by exposure to the actions of others. Even emotional reactions can be intensified or reduced when we observe outward signs of emotion—or their absence—in others (Izard, 1992). The process through which exposure to others affects our behavior is known as *modeling*, and the effects it produces are varied and far-ranging in scope.

A substantial body of evidence indicates that modeling principles can be used effectively in treating several different psychological disorders. Modeling has been used to change a wide range of maladaptive behaviors, ranging from sexual dysfunctions (Kelley & Byrne, 1992) to the inability to control one's temper (Bandura, 1986). Perhaps the most impressive application of modeling, however, has been in efforts to alleviate various phobias (Bandura, Adams, & Beyer, 1977; Bandura, 1986). Many carefully conducted studies indicate that individuals who experience intense fear of relatively harmless objects can be helped to overcome such fears through exposure to appropriate fearless social models (Bandura, Blanchard, & Ritter, 1969).

Modeling techniques have also been found to be very successful in modifying the behavior of highly aggressive children and adolescents (Schneider & Byrne, 1987). These youngsters often behave aggressively because they lack basic social skills: They don't know how to ask for what they want in a nonaggressive manner, how to refuse a request without angering the requester, and so on. The results of many studies indicate that modeling can be used to teach such skills quickly and efficiently (Schneider, 1991). A dramatic illustration is provided by a study conducted recently by Bienert and Schneider (1993).

INADEQUATE SOCIAL SKILLS: ONE CAUSE OF AGGRESSION

Highly aggressive children are often lacking in basic social skills. When they learn appropriate social skills through modeling therapy, their tendency to behave aggressively toward others often decreases.

These researchers exposed highly aggressive sixth graders to social skills training aimed specifically at teaching them how to deal with feelings of anger, stay out of fights, and respond nonaggressively to teasing. The children watched videotapes in which models showed both effective and ineffective actions, and also read passages in which other children coped successfully or unsuccessfully with problem situations. After only ten one-hour sessions, the participants showed significantly lower levels of aggression and significant improvements in the ratings they received from peers and teachers. In contrast, a control group of highly aggressive children who were *not* exposed to the modeling procedures showed no improvements in these respects. Further, the benefits of the modeling procedures were still visible one year later when the children moved to junior high schools. Findings such as these indicate that modeling can be effective in helping individuals deal with a wide range of psychological problems.

KEY QUESTIONS

- According to behavior therapies, what is the basis for psychological disorders?
- On what principles of learning are behavior therapies based?
- What specific changes do behavior therapies based on operant conditioning attempt to produce?

COGNITIVE THERAPIES: Changing Disordered Thought

A central theme in modern psychology—one I've emphasized at several points in this book—is this: Cognitive processes exert powerful effects on emotions and behavior. In other words, what we *think* strongly affects how we *feel* and what we *do*. This principle forms the foundation for another major approach to psychotherapy: **cognitive therapy**. The basic idea behind cognitive therapy is that many psychological disorders stem from faulty or distorted modes of thought. Change these, it is reasoned, and the disorders, too, can be alleviated. We'll now consider several popular forms of such therapy.

Cognitive Therapy: Psychotherapy that concentrates on altering faulty or distorted modes of thought so as to alleviate psychological disorders.

RATIONAL-EMOTIVE THERAPY: OVERCOMING IRRATIONAL BELIEFS Examine the list of beliefs or assumptions below:

Everyone who meets me should like me.

I should be perfect (or darn near perfect) at everything I do.

Because something once affected my life, it will always affect it.

It is unbearable and horrible when things are not the way I would like them to be.

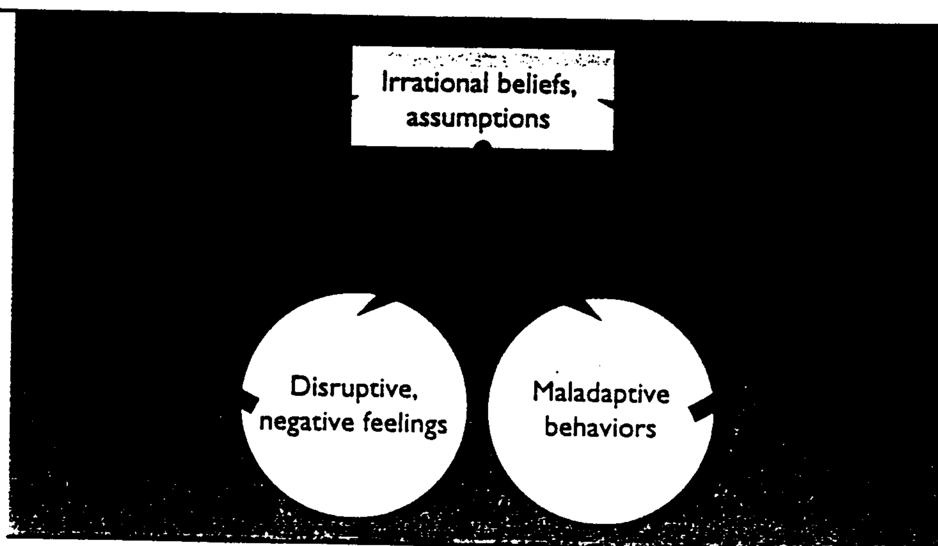
It is impossible to control my emotions, and I can't help feeling the way I do about certain things.

Be honest: Do such assumptions ever underlie your own thinking? You may strongly protest that they do not, but Albert Ellis (1987), originator of one influential form of cognitive therapy, believes that thoughts like these are extremely common. Having been through psychotherapy myself, I realize that such assumptions have certainly influenced my own thinking—especially the first two listed above. I really *did* want to be liked by everyone—including all the students in my classes. And I *did* believe, implicitly, that I had to be perfect (or darn near perfect, anyway).

Ellis contends that such *irrational thoughts* lie behind many psychological disorders. He suggests that there are compelling reasons for having such thoughts. Most persons, he reasons, have strong desires for success, love, and a safe, comfortable existence. Life, however, often fails to gratify these desires. Irrational thinking, then, is a harmful but understandable reaction to the unavoidable disappointments and frustrations of life.

Ellis asserts that while such irrational beliefs take many different forms, most center on the tendency to escalate reasonable desires into "musts," as in "I *must* be loved by everyone" or "I *must* experience continuous success to be happy." Closely linked to such ideas are tendencies Ellis describes as *awfulizing* or *catastrophizing*—beliefs that if a certain event occurs or fails to occur, it will be a calamity of unbearable proportions from which one can never hope to recover. Here are two examples: "If I don't get that promotion, *my career will be completely over.*" "If I can't get into that course, *my semester will be totally ruined.*"

Ellis maintains that people are often their own worst enemies. They cause their own disturbances by worrying about their inability to reach impossible goals and by convincing themselves that they simply cannot tolerate the normal frustrations and disappointments of life. To make matters worse, once such thoughts take hold, negative feelings and maladaptive behaviors soon follow; as Ellis puts it, irrational ideas create disruptive feelings and behavior, which then serve to sustain and even intensify the irrational beliefs (see Figure 13.3).



Rational-Emotive Therapy

According to Ellis, many psychological disorders stem from irrational thoughts. These create disruptive feelings and maladaptive behaviors, which in turn sometimes trap people in a vicious circle. Rational-emotive therapy seeks to break this cycle.

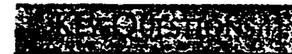
How can this self-defeating cycle be broken? Ellis suggests that the answer involves forcing disturbed individuals to recognize the irrationality of their views. **Rational-emotive therapy (RET)** is designed to accomplish this task. During this procedure the therapist first attempts to identify irrational thoughts and then tries to persuade clients to recognize them for what they are—badly distorted views of reality. For example, imagine that a therapist practicing RET is confronted with a client who says, "I just had an important article rejected for publication. It's so depressing. All that work down the tubes. I *can't stand it* when that happens!" The therapist might reply, "So you had an article rejected. Doesn't that happen to other people too? Why do you think your colleagues have to love everything you do, or that you have to be perfect?" Actually, my therapist said many things like this to me during my own rational-emotive therapy; his comments helped me recognize the irrational assumptions that were interfering with my adjustment.

Beck's Cognitive Behavior Therapy for Depression The discussion of depression in chapter 12 noted that this common and serious psychological disorder has an important cognitive component: It stems, at least in part, from distorted and often self-defeating modes of thought. Recognizing this important fact, Beck and his colleagues (Beck, 1985) have devised a **cognitive behavior therapy** for alleviating this problem. Like Ellis, Beck assumes that depressed individuals' problems result from illogical thinking about themselves, the external world, and the future. Moreover, he contends, these illogical ideas and tendencies are often maintained in the face of evidence that contradicts them. In an important sense, then, they are both self-defeating and self-fulfilling. What are the cognitive tendencies that foster depression? Among the most important are these:

1. A tendency to overgeneralize on the basis of limited information—for example, to see oneself as totally worthless because of one or a few setbacks.
2. A tendency to explain away any positive occurrences by interpreting them as exceptions to the general rule of failure and incompetence.
3. A tendency toward selective perception—especially, perception of the world as a dangerous, threatening place.
4. A tendency to magnify the importance of undesirable events—to perceive them as the end of the world and unchangeable.
5. A tendency to engage in absolutistic, all-or-none thinking—for example, to interpret a mild rejection as final proof of one's undesirability.

How can such tendencies be altered? In contrast to rational-emotive therapy, Beck's cognitive behavior therapy does not attempt to disprove them. Rather, the therapist and client work together to identify the individual's assumptions, beliefs, and expectations and to formulate ways of testing them. For example, if a client voices the belief that she is a total failure, the therapist may suggest that this assumption should be evaluated. Together, the client and therapist then determine ways to test the assumption's accuracy. These tests are designed to provide the client with success experiences, thereby refuting her negative views, helping her toward enhanced self-esteem, and alleviating her depression.

Considerable evidence suggests that these procedures are highly effective in overcoming depression and helping depressed persons return to healthy,



- What do cognitive therapies see as the basis for psychological disorders?
- What is the major focus of rational-emotive therapy? How do cognitive behavior therapies attempt to alleviate depression?

Rational-Emotive Therapy: *A cognitive therapy that focuses on changing irrational beliefs.*

Cognitive Behavior Therapy: *A form of psychotherapy designed to overcome depression by changing self-defeating patterns of thought.*

active lives (Clark, Beck, & Brown, 1989; Robinson, Berman, & Neimeyer, 1990). So there seems to be a grain of truth to the old belief that the problems experienced by many depressed persons are "all in their minds." Depression often *does* seem to stem from maladaptive patterns of thought, and for this reason forms of therapy focused on changing these aspects of cognition can often prove highly effective.

Group Therapies: *Working with Others to Solve Personal Problems*

Learning Objective 13.6
Outline the characteristics of the different types of group therapy and the use of self-help groups.

All of the therapies we have considered so far are conducted on a one-on-one basis: One therapist works with one client. As you may already know, however, this is not the only approach to helping individuals deal with psychological problems. In recent decades, **group therapies**, in which treatment takes place in groups, have grown tremendously in popularity. We'll now examine several important types of group therapy, beginning with types that are closely linked to the individual therapies we considered earlier.

Psychodynamic Group Therapies

Techniques developed by Freud for individual therapy have also been modified for use in group settings. Perhaps the most popular form of psychodynamic group therapy is **psychodrama**—a form of therapy in which group members act out their problems in front of other group members, often on an actual stage. Psychodrama also involves such techniques as *role reversal*, in which group members switch parts, and *mirroring*, in which they portray one another on the stage. In each case the goal is to show clients how they actually behave and to help them understand *why* they behave that way—what hidden inner conflicts lie behind their overt actions (Olsson, 1989). While psychodrama is highly appealing to many persons, it is subject to the same criticisms as all psychodynamic therapies, so its potential benefits may be somewhat overstated by its often ardent supporters.

Behavioral Group Therapies

In contrast, there is very compelling evidence for the effectiveness of *behavioral group therapies*—group approaches in which basic principles of learning are applied to solving specific behavioral problems. Such therapy has been found to be especially successful in teaching individuals basic *social skills* and in helping them learn how to stand up for their own rights—*assertiveness training*. In assertiveness training, for example, individuals practice such skills as expressing their feelings: verbally communicating their reactions to others, demonstrating their emotions nonverbally, expressing disagreement with others, and accepting praise by agreeing with it. By practicing these skills with and in front of other group members, people can often achieve major gains quite rapidly. In many cases the therapist first models the appropriate behavior and then provides group members with opportunities to practice these actions. During therapy sessions individuals also learn that no catastrophe will follow if they don't do it "right"—other members and the therapist are there to help them, not to damage their egos. This, too, is an important advantage.

***Group Therapies:** Therapies conducted with groups of clients.*

***Psychodrama:** A form of psychodynamic group therapy in which people act out their problems in front of fellow group members.*

Humanistic Group Therapies

Psychologists who practice humanistic therapies have been by far the most enthusiastic about the potential benefits of adapting their therapeutic techniques to group settings. Indeed, interest in group therapy originated among humanistic therapists, who developed two forms of this type of therapy—**encounter groups** and **sensitivity-training groups**. Both of these techniques focus on the goals of personal growth, increased understanding of one's own behavior, and increased openness and honesty in personal relations. In both, group members are encouraged to talk about the problems they encounter in their lives. The reactions they receive from other group members are then crucial in helping them understand their own responses to these problems. The major difference between encounter groups and sensitivity-training groups lies in the fact that encounter groups carry the goal of open exchange of views to a greater extreme: Members in these groups are encouraged to yell, cry, touch each other, and generally act completely uninhibited. In contrast, sensitivity-training groups are somewhat more subdued.

Self-Help Groups: Supporting One Another

Members of self-help groups meet to discuss shared problems and find ways of coping with them.

Humanistic group therapies use any of several ingenious warming-up exercises to get the process of open exchange of views started. In one, for example, participants are blindfolded and wander around the room communicating only by touch. These procedures are designed to help members realize that normal restraints and rules don't operate in the group setting: that they are free to say and do almost anything—and so to come face to face with their own distorted self-concepts and perceptions.

Do such groups actually produce beneficial changes? Many persons who have participated in them attest that they do, but most research on this issue has been relatively informal in nature, so it is hard to reach firm conclusions (Kaplan, 1982). In any case, literally millions of people have participated in such groups; their sheer popularity may indicate that they are meeting a real need of some kind.

Self-Help Groups: Help from Our Peers

When we are anxious, upset, or otherwise troubled, we often seek comfort and support from others. Long before there were psychologists or psychiatrists, people sought informal help with their personal difficulties from family, friends, or clergy. This natural tendency has taken a new form in **self-help groups** (Christensen & Jacobson, 1994). These are groups of persons who are experiencing the same kinds of problems and meet to help each other in their efforts to cope with their difficulties. Self-help groups are a fact of life in the 1990s; indeed, it has been estimated that at any given time, almost 4 percent of all American adults are involved in such groups (Jacobs & Goodman, 1989). What kinds of problems do self-help groups address? Almost everything you can imagine—and then some. Self-help groups have been formed to help their members cope with alcoholism (Alcoholics Anonymous is perhaps the most famous of all self-help groups), the death of a spouse, rape, AIDS, childhood sexual abuse, being a single parent, divorce, stuttering, abusive spouses, breast cancer—the list is almost endless.

***Encounter Groups:** A form of group therapy in which people are urged to tell other group members exactly how they feel; designed to foster personal growth through increased understanding of one's own behavior and increased honesty and openness in personal relations.*

***Sensitivity-Training Groups:** A form of group therapy designed to foster personal growth through increased understanding of one's own behavior and increased honesty and openness in personal relations.*

***Self-Help Groups:** Groups of individuals experiencing the same kinds of difficulties that meet to discuss their shared problems and find solutions.*

KEY QUESTIONS

- What is the major focus of psychodynamic group therapies such as psychodrama?
- What is the major focus of behavioral group therapies?
- What is the major focus of humanistic group therapies?
- What are self-help groups, and what do they provide?

A guiding principle behind these groups is that people who share a problem have a unique understanding of it and can offer one another a level of empathy that those who have not experienced the problem—no matter how concerned—can provide. Do self-help groups succeed? Few scientific studies of the impact of such groups have yet been conducted, but there is some indication that they can yield important benefits (Christensen & Jacobson, 1994; Stuart, 1977). In any case, these groups do provide their members with emotional support and help them to make new friends. Given the frequency with which many people relocate, this in itself can be beneficial.

THERAPIES FOCUSED ON INTERPERSONAL RELATIONS: *Marital and Family Therapy*

Learning Objective 13.7
Discuss the basic assumptions of therapies focusing on interpersonal relations and the characteristics of marital and family therapy.

The therapies we have considered so far differ greatly in many respects, yet in one sense they are all related: They search for the roots of psychological disorders in processes operating within individuals. Another group of therapies adopts a sharply different perspective. According to practitioners of this *interpersonal* approach, disturbed or maladaptive interpersonal relationships lie at the heart of many psychological disorders (Gurman, Kniskern, & Pinsof, 1986). In other words, individuals experience personal difficulties because their relations with others are ineffective, unsatisfying—or worse. Several forms of therapy based on this idea are described below.

MARITAL THERAPY: *When Spouses Become the Intimate Enemy*

In the United States more than 50 percent of all marriages now end in divorce, and several million Americans have been married three or more times (Brody, Neubaum, & Forehand, 1988). Keeping people who are poorly matched in joyless marriages is certainly not a useful goal or one likely to promote favorable psychological adjustment. However, growing evidence indicates that in many cases the downward spiral that characterizes failing marriages can be stopped, and even reversed, if intervention occurs early enough in the process (Hendrick, 1989). Then the pain to both spouses and children can be reduced. What are the goals of such **marital therapy**, or *couple therapy*? These are closely linked to the factors that tend to disrupt such intimate relationships.

First, it appears that many couples get into serious difficulties largely because of a lack of appropriate *communication skills*. Happy couples, married or otherwise, tend to keep the channels of communication open. They talk to each other more often and more easily, sharing feelings, concerns, goals, and plans. They provide each other with more positive, and less negative, feedback than do unhappy couples (Lauer & Lauer, 1985). They have more problem-solving sessions in which they discuss how to deal with difficulties in their relationships and get along better (Margolin & Wampold, 1981). An important task for couple therapy, then, is improving the communication skills of both partners. The therapist works to foster such improvements in many different ways, including having each partner play the role of the other person so as to see their relationship as the other

Marital Therapy: *Psychotherapy that attempts to improve relations and understanding in couples.*

does, and having couples watch videotapes of their interactions. The latter procedure often leads to remarkable insights into just how poorly the couple has been communicating.

A second problem demonstrated by poorly adjusted couples involves *attributions*—explanations each partner offers for the other's behavior. Unhappy couples tend to explain each other's behavior in unflattering terms (Brehm, 1992; Holtzworth-Munroe & Jacobson, 1985). For example, they explain negative actions by their spouse, such as coming home late or failing to do agreed-upon chores, as stemming from *internal* causes such as stable traits: "She's irresponsible," or "He's just lazy." In contrast, happy couples faced with the same behaviors give the partner an out, assuming that some external factor beyond her or his control is to blame: "She must have missed the train," or "He's been so busy, he couldn't get to the chores." Couple therapy, therefore, is often directed toward the goals of helping both partners to recognize and change these destructive attributional patterns.

In sum, various forms of couple therapy focus on the task of arming couples with basic social skills they need to live together in a more harmonious manner. As a result of such training, couples' interpersonal relations can improve dramatically, and the overall adjustment—and happiness—of both partners may be substantially improved.

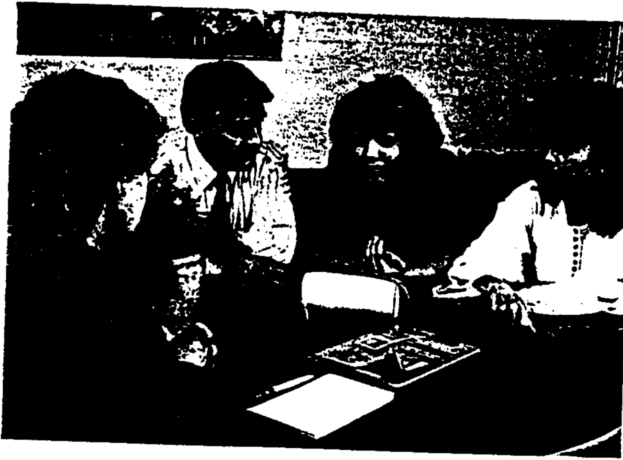
Family Therapy: Changing Environments That Harm

Let's begin with a disturbing fact: When individuals who have been hospitalized for the treatment of serious psychological disorders and who have shown marked improvements finally return home, they often experience a relapse. All the gains they have made through individual therapy seem quickly to vanish (Carson, Butcher, & Coleman, 1988). This fact points to an unsettling possibility: Perhaps the problems experienced by such persons can be traced, at least in part, to their families—or more specifically, to disturbed patterns of interaction among family members (Hazelrigg, Cooper, & Borduin, 1987). To the extent this is true, attempting to help one member of a family makes little sense. Once he or she is back in the same disordered home environment, any benefits of therapy may be very short-lived. In one respect, returning such persons to their families is akin to throwing a person who has just been saved from drowning back into deep, icy waters (Goldenberg & Goldenberg, 1985).

Recognition of this important fact has spurred the development of several types of **family therapy**—therapies designed to change the relationships among family members in constructive ways. One type of family therapy is known as the *communications approach* (e.g., Selvini-Palazzoli et al., 1978). This approach focuses on the fact that family members often send each other contradictory messages: "I forgive you—but don't touch me!" or "I don't care if you win; just do your best—but don't expect any hugs if you lose!" The primary goal of the communications approach is helping members of the family to recognize such conflicted messages and change them.

Another type of family therapy is known as *structural family therapy*. Here, it is assumed that relations *between* family members are more important in producing psychological disorders than aspects of personality or other factors operating largely *within* individuals (Minuchin & Fishman, 1981). Careful analysis of patterns of interaction within families often reveals key causes of distress. In one common pattern, a mother and child form a close relationship or *subsystem* within the family that all but excludes

***Family Therapy:** A form of psychotherapy that focuses on changing interactions or relations among family members.*



FAMILY THERAPY

Family therapy is based on the view that many psychological disorders stem from disturbed interpersonal relations among family members.

the father. This, in turn, may strain the relationship between the two parents to the point where the child, sensing conflict, develops various symptoms, such as disruptive behavior at school or illness that has no apparent physical cause. Another frequent pattern is one in which hostility between the parents is reflected in rivalry between siblings, who take sides in each dispute and may, as a result, bear most of the distress produced.

How can such destructive patterns be changed? In structural family therapy, the therapist may interact with the family almost as an insider and so gain insight into repeated patterns occurring within it. Thus, the therapist tries to determine who dominates the power structure, who gets blamed when things go wrong, who usually tries to patch things up, and so forth. Then, armed with this information, the therapist employs a wide range of techniques to facilitate positive change. In many cases, this involves efforts to alter specific behaviors (Gurman, Kniskern, & Pinsof, 1986). In others, the therapist may use modeling procedures to demonstrate more effective means of interacting. And in still other cases, the therapist tries to induce family members to recognize distorted thinking about one another or unfavorable patterns of attributions (Duck & Barnes, 1992).

Research on family therapy indicates that in many cases it is quite successful. For example, after undergoing such therapy, family members are rated by therapists, teachers, and other observers as demonstrating more adaptive behavior and better relations with each other than was true before (Hazelrigg, Cooper, & Borduin, 1987). The stability of such changes remains to be determined (Wellisch & Trock, 1980), but family therapy does seem to offer a promising new approach to dealing with psychological disorders when these seem to stem from interactions among family members.

KEY QUESTIONS

- What is the major focus of marital or couple therapy?
- What is the major focus of family therapy?

Please see the **Key Concept** page for an overview of the major forms of psychotherapy discussed in this section.

PSYCHOTHERAPY: Some Current Issues

Learning Objective 13.8
Discuss the major findings concerning the effectiveness of psychotherapy and whether some forms of therapy are more successful than others.

Learning Objective 13.9
Discuss the importance of including multicultural awareness in psychotherapy.

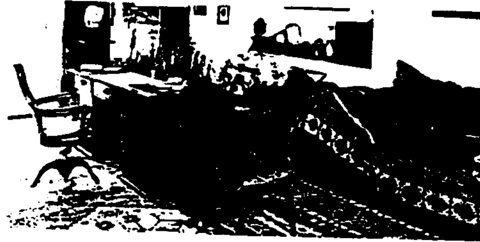
Psychotherapy has definitely arrived. While some people continue to view it with skepticism, ever-growing numbers of distressed individuals seek it out. Perhaps the magnitude of this shift is best illustrated by the following fact: In the 1950s only 1 percent of the U.S. population had ever had contact with a trained therapist; currently this figure is approaching 10 percent.

What accounts for this change? Part of the answer involves shifting attitudes toward the idea of participating in psychotherapy. Once, there was a stigma attached to this process. People spoke about it in hushed tones and did their best to conceal the fact that someone in their family—or they themselves—had received therapy. This was certainly true in my own family when my grandmother, suffering from deep depression, received prolonged medical care. I was ten years old at the time and knew quite well that something important was happening; but my parents refused to discuss it with me and brought the topic up only when they thought I was out of earshot—which wasn't always the case!

KEY CONCEPT

Major Forms of Psychotherapy

Therapy	Major Focus	Key Procedures
Psychoanalysis (Freudian)	Bringing repressed feelings and impulses into consciousness	Free association Dream interpretation Analysis of resistance
Humanistic Therapies (Client-Centered Therapy)	Eliminating unrealistic conditions of worth Correcting distortions in self-concept	Therapist's expression of unconditional positive regard for client Therapist's empathy toward client and reflection of client's feelings and reactions
Behavior Therapies	Changing maladaptive patterns of behavior Overcoming/changing past faulty learning	Systematic desensitization Shaping of adaptive behavior through reinforcement Modeling
Cognitive Therapy	Changing faulty or distorted modes of thought Changing irrational beliefs and assumptions	Clarification of the irrational nature of client's beliefs Evaluation of self-defeating ideas and assumptions to demonstrate that they are false
Group Therapies	Inducing beneficial individual change or change in important interpersonal relations (e.g., family, couple) in context of group setting	Group activities, mutual empathy, and guidance to increase individuals' self-insight and help them to learn new social skills



Freud's office in Vienna

Systematic desensitization in process

A family therapy session

While negative attitudes about psychotherapy have not entirely vanished, they have certainly weakened considerably. As a result, growing numbers of people are now willing to seek assistance in dealing with psychological problems that threaten their happiness and adjustment. Another factor is the growing sophistication—and effectiveness—of psychotherapy itself. In recent decades many new forms of therapy have been introduced, and these are applicable to a wider range of disorders and a broader range of people than was true in the past. These trends, too, have contributed to the veritable boom in psychotherapy.

This is not to suggest, however, that important questions no longer exist. On the contrary, as psychotherapy has grown in popularity, such questions have become increasingly crucial and have received growing attention. Several of these issues are considered below.

Does Psychotherapy Really Work? An Optimistic Conclusion

In 1952 Hans Eysenck, a prominent psychologist, dropped a bombshell on his colleagues: He published a paper that reported data indicating that psychotherapy is ineffective. Specifically, Eysenck reported that about 67 percent of patients with a wide range of psychological disorders improve after therapy, but that *about the same proportion of persons receiving no treatment also improve.* This was a disturbing conclusion for psychologists and quickly led to a great deal of soul-searching—and research—within the field. After all, if the same proportion of people recover from psychological disorders with and without therapy, why bother?

Fortunately, the findings of subsequent studies pointed to a very different conclusion: Contrary to what Eysenck suggested, psychotherapy *is* helpful (Bergin & Lambert, 1978; Clum & Bowers, 1990; Shapiro & Shapiro, 1982). Apparently, Eysenck had overestimated the proportion of persons who recover spontaneously without any therapy. And he also *under*estimated the proportion who improve as a result of therapy. For example, in a major review of evidence on this issue, Smith, Glass, and Miller (1980) found that in almost five hundred separate studies, the average person receiving therapy showed fewer symptoms or difficulties than 80 percent of those who had not yet received therapy (persons who were still on waiting lists for such help). These findings have been confirmed over and over again in more recent reviews conducted with increasingly sophisticated procedures such as meta-analysis (e.g., Elkin et al., 1989).

Additional support for the effectiveness of therapy is provided by studies indicating that the more treatment individuals receive, the greater the improvement they demonstrate. In other words, as therapy progresses, persons receiving it continue to improve and show fewer symptoms and less and less distress (Howard et al., 1986; Orlinsky & Howard, 1987).

Such effects are not limited to therapy conducted with adults. Recent reviews indicate that therapy is also successful with children and adolescents (e.g., Kazdin, 1993; Weisz et al., 1992). Again, these reviews indicate that youngsters receiving therapy show greater improvements than most who do not receive treatment. Indeed, the average young person receiving therapy tends to score better, on various measures of adjustment, than 70 to 80 percent of those not receiving therapy.

Finally, additional studies have compared the effectiveness of psychotherapy with drug therapy, which we'll consider in the next section. Results indicate that certain forms of psychotherapy are at least as effective as drug therapy and may be superior to it in some respects. For example, in a review of existing

evidence concerning the relative benefits of cognitive therapy and drug therapy for depression, Hollon, Shelton, and Loosen (1991) found that these two forms of treatment were about equally effective in alleviating the symptoms of this disorder. However, cognitive therapy appeared to be superior to drug therapy in terms of rates of relapse—the proportion of persons who become depressed again after treatment has been completed. Fewer persons who received cognitive therapy showed relapse into depression than persons who received drug therapy, and cognitive therapy alone was about as effective in this respect as a combination of both drug and cognitive therapy.

One note of caution: many of these findings are based on the results of carefully controlled studies in which participants voluntarily entered treatment, in which efforts were focused on dealing with specific problems, and in which therapists were trained in using certain techniques immediately before therapy was administered. As noted by Weisz, Weiss, and Donenberg (1992), these conditions tend to load the dice in favor of positive outcomes for the types of therapy studied, and it is not clear whether similar positive outcomes would be obtained under more normal clinical conditions. However, even in the face of such concerns, existing evidence seems to suggest that psychotherapy really does work. It is certainly not equally effective for all persons or for all disorders and does not necessarily totally eliminate various psychological problems (Robinson, Berman, & Neimeyer, 1990); but overall, it is considerably better than hoping that these problems will go away by themselves.

Are Some Forms of Therapy More Successful Than Others? Solving a Persistent Puzzle

The procedures used in various forms of therapy differ sharply. It seems only reasonable, then, to expect that some types of therapy will be more effective than others. But brace yourself for a surprise: Comparisons among therapies have generally yielded inconclusive results. Despite the contrasting procedures various forms of therapy employ, they all seem to yield roughly equivalent benefits (Hollon, DeRubeis & Evans, 1987; Hollon, Shelton, & Loosen, 1991; Kiesler, 1985; Luborsky, Singer, & Luborsky, 1975). How can therapies employing sharply different procedures yield similar results? Here are two possibilities.

Differences among Various Therapies Exist, but We Have to Search for Them in the Right Places First, it is possible that some forms of therapy *are* more effective than others, but only with respect to certain types of disorders. As Kiesler (1966) put it, in comparing various psychotherapies we should not ask, "Which is better?" Rather, we should inquire, "What type of treatment by what type of therapist is most effective in dealing with what specific problems among specific persons?" In short, it would be surprising if one type of psychotherapy was superior to others in all cases. It is much more likely that some types will prove to be more useful in dealing with certain types of psychological disorders and when administered by certain therapists. Many psychologists accept this view, although they realize that from a practical perspective, comparing the success of many types of therapy in overcoming a wide range of psychological disorders is a huge task (Stiles, Shapiro, & Elliott, 1986).

Various Types of Psychotherapy Yield Equivalent Benefits Because They Have a Common Core Another possibility is that while various forms of therapy do differ in rationale and procedures, these differences, from a practical point of view, are relatively unimportant. Under the surface,

all share common, crucial features, and it is this shared core that accounts for their similar effectiveness. What is this common nucleus? It may consist of several key features.

First, all major forms of psychotherapy provide troubled individuals with a special type of setting—one in which they interact closely, usually one-on-one with a highly trained, empathetic, professional. For many clients this exposure to another person who seems to understand their problems and genuinely to care about them may be a unique experience or at least one they have rarely encountered. The experience is very reassuring and may play an important role in the benefits of many forms of therapy.

Second, every form of therapy provides individuals with an explanation for their problems. No longer do these seem to be mysterious and, perhaps, the result of hidden character flaws. Rather, as therapists explain, psychological disturbances stem from understandable causes, many of which lie outside the individual. This is something of a revelation to many persons who have sought in vain for a clue as to the origins of their difficulties.

Third, all forms of therapy specify actions that individuals can take to cope more effectively with their problems. No longer must they merely suffer silently or wring their hands in despair. Rather, they are now actively involved in doing specific things that the confident, expert therapist indicates will help.

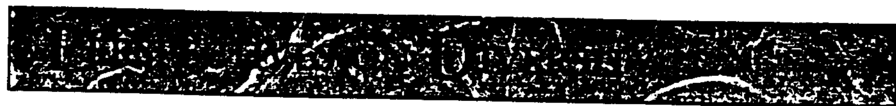
Fourth, as I mentioned at the start of this chapter, all forms of therapy involve clients in what has been termed the *therapeutic alliance*—a partnership in which powerful emotional bonds are forged between client and therapist, and in which both work to solve the client's problems.

Combining all of these points, the themes of *hope* and *personal control* seem to emerge very strongly. Perhaps diverse forms of therapy succeed because all provide people with increased hope about the future plus a sense of heightened personal control. At least individuals in therapy have taken their fate into their own hands and are doing something constructive about it. To the extent this is the case, it is readily apparent why therapies that seem so different on the surface can all be effective. All cast a bright, comforting light into the emotional darkness of troubled people and in this manner help bring about positive change.

While many forms of therapy appear to be effective, it is important to note that all were first developed for use with white, middle-class patients. Is psychotherapy effective for other, ethnically and culturally diverse groups, too? And if not, how must therapeutic methods be altered to encompass such diversity? For information on these and related issues, please see the **Perspectives on Diversity** section.

KEY QUESTIONS

- Is psychotherapy effective?
- Are some types of psychotherapy more effective than others?



Psychotherapy: The Necessity for a Multicultural Perspective

In chapter 12, we saw that subtle forms of bias may play a role in the diagnosis of many psychological disorders. Individuals' race, sex, ethnic background, and social class all seem to influence the specific disorders attributed to them as well as judgments concerning the severity of such problems (Lopez, 1989). Thus, for example, blacks are more likely to be diagnosed as schizophrenic and less likely to be diagnosed as showing affective (mood) disorders than whites. Similar patterns occur for Hispanics, Native Americans,

and individuals of Asian descent (Snowden & Cheung, 1990). While such findings may reflect actual differences in the underlying incidence of these disorders, growing evidence suggests that subtle—and usually unconscious—bias also plays a role (Lopez, 1989).

If racial and ethnic factors can influence the diagnosis of psychological disorders, it seems possible that they may play a role in psychotherapy as well. For example, therapists and clients may find it difficult to communicate with one another across substantial cultural gaps, with the result that the therapeutic process is slowed or even brought to a halt. Even worse, most forms of psychotherapy were originally developed for, and have been largely used with, persons of European descent. As a result, such procedures may not be entirely suitable for use with individuals from very different backgrounds. This possibility has received considerable attention from psychologists in recent years and has led to the suggestion that psychotherapies must be made more *culturally sensitive* (Rogler et al., 1987). This suggestion, in turn, involves three major points.

First, efforts must be made to make psychotherapy accessible to members of various ethnic groups, especially groups that are economically disadvantaged. Such persons seek psychological help far less often than other members of society, despite the fact that their need for it is just as great, possibly greater (Snowden & Cheung, 1990). Special efforts are needed to overcome language barriers and to place government-supported programs in minority communities where they will be accessible to people who don't have cars.

Second, the types of therapy employed should be consistent with the cultural, economic, and educational background of individuals to whom they are applied. For example, it would probably be quite inappropriate to employ psychoanalysis or other techniques requiring a high degree of verbal skills in a community where most people have not completed high school.

Third, therapy should take account of established values and traditions within minority cultures. For example, therapists working with people of Hispanic descent should consider the fact that Hispanics' views concerning the roles of males and females can be quite different from those of other groups in U.S. society (Rogler et al., 1987).

Finally, therapy—and other forms of social intervention—should be designed to deal with the unique problems of various ethnic groups. While basic psychological disorders appear to be much the same throughout the world, different cultural and ethnic groups often confront unique sets of circumstances and threats to their well-being. A prime example of such a circumstance is the tragically high rate of assaultive violence among young African-American men (Rodriguez, 1990; Rosenberg & Mercy, 1991). While violent crime has increased dramatically in all ethnic groups, the risk of becoming the victim of such assaults is far higher for African-American men than for any other group in the United States. Indeed, homicide is the leading cause of death among male *and* female African Americans ages fifteen to thirty-four. While other ethnic groups are also at risk, the mortality rate for young African-American men is almost ten times that for white males of the same age (Hammond & Yung, 1993).

As a result of these alarming rates of violent death, many urban African-American children grow up in an environment in which they must confront fears that other children largely escape—the very real fear of being shot, often as an innocent bystander to others' disputes. Needless to say, this can be a negative factor for psychological development. To bring these points into focus, consider the following fact: One survey found that more than 55 percent of eighth-grade boys and 45 percent of eighth-grade girls living in an impoverished Chicago neighborhood had personally seen someone shot (Shakoor & Chalmers, 1991).

What can psychologists do to help end this tragic carnage and its negative effects on African-Americans' emotional well-being? Two researchers who have studied this issue, Hammond and Yung (1993), offer several suggestions. For example, they recommend that young African Americans be given training in specific social skills—skills that may help them defuse violence and prevent its occurrence. Several programs of this type have been adopted by schools (Hammond, 1991), and while it is still too early to determine whether they will be successful, they do seem to offer one promising approach to this problem.

Similarly, Hammond and Yung (1993) suggest that psychologists and other health professionals must be trained to understand ethnic diversity and the cultures of the persons they seek to help. Only then can they comprehend the fact that young African Americans face a very different set of circumstances from those facing young Americans in many other ethnic groups, and gain crucial insights into the causes behind the alarming rates of violence.

In sum, all forms of psychotherapy, as well as other intervention techniques, should be conducted against a backdrop of awareness of cultural differences. If important ethnic and cultural differences are overlooked, much effort may be wasted, and even dedicated, talented therapists may fail to accomplish their major goals.

Biologically Based Therapies

Mind and body are intimately linked, so in one sense everything we think, remember, feel, or do reflects activity in the central nervous system. This basic fact has led some researchers to conclude that all psychological disorders ultimately stem from, or at least involve, biological causes. In this section we'll consider forms of therapy deriving from this belief—approaches generally known as **biologically based therapies**.

Early Biological Therapy

Electrical devices such as this one (from the author's collection of antiques) were widely used by physicians in the late nineteenth century to "treat" many psychological disorders.

Early Forms of Biological Therapy

Early efforts to treat psychological disorders through biological means were described in chapter 12. As you may recall, such procedures were quite primitive and included skull surgery, beatings, and restraining devices. Lacking scientific knowledge, people were willing to try almost anything to free persons suffering from psychological disorders from the evil influences believed to cause their bizarre behavior.

It is somewhat more unsettling to realize that crude efforts at biological intervention continued even into the present century. The device shown in the photo (part of the author's collection of antiques) was in common use by physicians in the late nineteenth and early twentieth centuries. The physician would apply the electrodes to various portions of patients' anatomy and deliver electric shocks in efforts to counter anxiety, depression, and many other psychological disorders. Needless to say, such efforts were largely ineffective.

Electroconvulsive Therapy

The idea of using electric shock to treat psychological problems did not disappear in the twentieth century; it merely reentered psychiatry in another form. In the 1930s, many physicians believed that schizophrenics rarely had epileptic seizures. This observation, it turned out, was false. However, it led a Hungarian psychiatrist, Von Meduna, to suggest that inducing such seizures artificially might be an effective means of treating this serious disorder. At first psychiatrists produced convulsions by the injection of a drug such as camphor, but after observing the use of shock to render animals unconscious in slaughterhouses, two Italian physicians, Cerletti and Bini, proposed using powerful electric shocks instead (Bini, 1938). This procedure—known as **electroconvulsive therapy (ECT)**—became quite common, and it remains in fairly widespread use today. In fact, more than 90,000 patients receive ECT each year in the United States alone (Weiner, 1985).

***Biologically Based Therapies:** Forms of therapy that attempt to reduce psychological disorders through biological means such as drug therapy or surgery.*

***Electroconvulsive Therapy (ECT):** A treatment for depression in which patients receive powerful electric shocks to the head.*

ECT involves placing electrodes on the patient's temples and delivering shocks of 70–130 volts for brief intervals (less than one second). These are continued until the patient has a seizure, a bodywide muscle contraction lasting at least thirty seconds. In order to prevent broken bones and other injuries, a muscle relaxant and a mild anesthetic are usually administered before the start of the shocks. Patients typically receive three treatments a week for several weeks.

Surprisingly, ECT seems to work, at least with certain disorders. It is especially effective with severe depression and appears to help many persons who have failed to respond to other forms of therapy (National Institutes of Mental Health, 1985). My grandmother received this treatment for severe depression in the early 1950s. After a number of ECT sessions, she returned, more or less, to her old self. But she clearly found these treatments very disturbing; she refused to discuss them even with me, her favorite grandson. All she would say was, "I only pray, Bobby, that it never happens to *you!*"

Electroconvulsive Therapy Today

In electroconvulsive therapy, an electric current passes through the brain for less than a second, causing a brief seizure.

Unfortunately, there are important risks connected with ECT. It is designed to alter the brain, and it does, apparently producing irreversible damage in at least some cases. This has led many researchers to criticize its use and to call for its elimination as a form of therapy (Breggin, 1979). In addition, although the procedure itself is painless (patients are anesthetized before the shocks are delivered), many, like my grandmother, find it very frightening. ECT continues in use because it yields rapid improvements among depressed persons who might otherwise be at considerable risk for suicide (Martin et al., 1985). Clearly, however, it is a form of therapy that should be used with caution, and only when other, less drastic forms of therapy fail.

Learning Objective 13.10
Discuss the basic assumption that underlies the biological approach to psychotherapy and survey the early forms of biological therapy.

Learning Objective 13.11
List the types of drugs used in therapy and discuss their effectiveness.

Psychosurgery

In 1935 a Portuguese psychiatrist, Egas Moniz, attempted to reduce aggressive behavior in psychotic patients by severing neural connections between the prefrontal lobes and the remainder of the brain. The operation, known as *prefrontal lobotomy*, seemed to be successful: Aggressive behavior by unmanageable patients did decrease. Moniz received the 1949 Nobel Prize in Medicine for his work—but, in one of those strange twists of history, he was later shot by one of his lobotomized patients!

Encouraged by Moniz's findings, psychiatrists all over the world rushed to treat a wide range of disorders through various forms of **psychosurgery**—brain operations designed to change abnormal behavior. Tens of thousands of patients were subjected to prefrontal lobotomies and related operations. Unfortunately, it soon became apparent that results were not always positive. While some forms of objectionable or dangerous behavior did decrease, serious side effects sometimes occurred: Some patients became highly excitable and impulsive; others slipped into profound apathy and a total absence of emotion; a few became living vegetables, requiring permanent care.

In view of these harmful outcomes, most physicians stopped performing prefrontal lobotomies. Totally banned in the Soviet Union as early as 1951, prefrontal lobotomies had all but faded from the scene worldwide by the 1960s. This dramatic decline also stemmed from the development of drugs for treating psychoses—substances we'll consider in detail below. Today psychosurgery, when it is performed, takes a much more limited form than prefrontal lobotomy. Instead of cutting connections between whole areas of the brain, modern-day brain surgery focuses on destroying tiny areas or on interrupting specific neural circuits.

Psychosurgery: *Efforts to alleviate psychological disorders by surgical means.*

While such operations sometimes seem to be effective in treating depression and uncontrollable aggression, even this limited type of psychosurgery raises important ethical questions. Is it right to destroy healthy tissue in a person's brain in the hope that this will relieve symptoms of psychological disorder? And since the benefits are uncertain, should such irreversible procedures be permitted? These and related issues have led many to view psychosurgery as a very drastic form of treatment—something to be tried only when everything else has failed. As a result, fewer than one hundred such operations are now performed in the United States each year, and psychosurgery is no longer an important form of treatment for psychological disorders.

DRUG THERAPY: The Pharmacological Revolution

THE PHARMACOLOGICAL REVOLUTION

Drugs effective in treating a wide range of psychological disorders were developed during the 1950s and 1960s. As a result, the number of full-time patients in psychiatric hospitals decreased dramatically.

In 1955, almost 600,000 persons were full-time resident patients in psychiatric hospitals in the United States. Twenty years later, this number had dropped below 175,000. Were Americans achieving mental health at a dizzying pace? Absolutely not. What happened in those years was something many describe as a *pharmacological revolution:* A wide range of drugs effective in treating many serious psychological disorders was developed and put to use. So successful was **drug therapy** in reducing major symptoms that hundreds of thousands of persons who had previously been hospitalized for their own safety (and that of others) could now be sent home for treatment as outpatients. What are these wonder drugs, and how do they produce their beneficial effects? It is to these questions that we turn next.

ANTIPSYCHOTIC DRUGS If you had visited the wards of a psychiatric hospital for seriously disturbed persons before about 1955, you would have observed some pretty wild scenes—screaming, bizarre actions, nudity. If you had returned just a year or two later, however, you would have observed a dramatic change: peace, relative tranquillity, and many patients now capable of direct, sensible communication. What accounted for this startling change? The answer involves development of *antipsychotic drugs*, sometimes known as the *major tranquilizers*. The first of these was *reserpine*, which, as early as the 1950s, was found to exert a calming effect on mental patients. But reserpine produced harmful side effects such as low blood pressure and, in some patients, severe depression. Thus, its usefulness was quite restricted.

Much more effective relief of psychotic symptoms was provided by a family of drugs known as *phenothiazines*. The antipsychotic effects of these drugs were discovered by accident. Phenothiazine is also found in antihistamines—drugs widely used to relieve the symptoms of colds and allergies. As antihistamines came into widespread use for colds, it was found that they also had tranquilizing effects. This led chemists to examine other phenothiazines; and in 1950 a new derivative called *chlorpromazine* (trade name Thorazine) was produced. It was an immediate success, and within a few months it had been given to almost two million patients. Chlorpromazine was soon followed by many other related drugs in the same chemical family, although today, there are also some antipsychotic drugs that are not phenothiazines.

Drug Therapy: Efforts to treat psychological disorders through administration of appropriate drugs.

Antipsychotic drugs relieve a wide range of symptoms, including hallucinations, thought disorders, anxiety, and extreme hostility. The overall result is nothing short of amazing. Patients who are almost totally out of touch with reality and must be given custodial care can, after receiving the drugs, communicate with others and care for themselves. Perhaps even more important, they improve to the point where they become candidates for vari-

ous forms of psychotherapy. The scope of the changes produced is perhaps best summarized by the following statistic: In the mid 1950s, 70 percent of all persons diagnosed as suffering from schizophrenia spent most of their lives in mental hospitals. At present, this figure is less than 5 percent.

How do the antipsychotics produce such remarkable effects? Current evidence suggests that they block dopamine receptors in the brain. As noted in chapter 12, the presence of an excess of this neurotransmitter, or increased sensitivity to it, may play a role in the development of schizophrenia. Whatever the precise mechanisms involved, there can be little doubt that the development of antipsychotic drugs has helped transform many previously hopeless patients into ones responsive to psychotherapy.

The use of these drugs, however, is not without drawbacks. They often produce fatigue and apathy as well as calming effects. And after receiving antipsychotic drugs for prolonged periods of time, many patients develop a side effect called **tardive dyskinesia:** loss of motor control, especially in the face. As a result, they experience involuntary muscle movements of the tongue, lips, and jaw. These motor reactions produce difficulties with speech and sometimes result in bizarre facial expressions. In order to avoid such side effects, many psychiatrists no longer place patients on maintenance doses of the drug. Rather, they employ *target dosing:* They administer drugs only when serious symptoms appear and discontinue medication when the symptoms are eliminated. One new antipsychotic drug, *clozapine,* seems to be effective without producing tardive dyskinesia. It is very expensive, however, and this limits its potential use.

While the antipsychotic drugs are certainly of great value, they do not provide a total answer to schizophrenia and other serious psychological disorders. True, the most bizarre symptoms of schizophrenia decrease under medication. However, this does not usually result in an individual who can return to normal life. Persons on antipsychotic drug therapy often remain somewhat withdrawn and show relatively slow reactions and reduced levels of affect. And more serious symptoms often reappear if the drug therapy is stopped. In short, antipsychotic drugs seem to relieve the major symptoms of schizophrenia but don't deal with the causes that underlie them. Thus, it is imperative that persons receiving drug therapy also receive other forms of psychotherapy if they are capable of participating in them. Otherwise they may remain seriously disturbed, and unless they have families willing to care for them when they are released from mental institutions, they may join the ranks of homeless street people, of which there are already several million in the United States alone.

Antidepressant Drugs Shortly after the development of chlorprmazine, drugs effective in reducing depression also made their appearance. There are two basic types of such compounds: the *tricyclics* and the *monoamine oxidase inhibitors* (MAO inhibitors). Both seem to exert their antidepressant effects by increasing the concentration of certain neurotransmitters, primarily serotonin and norepinephrine, in the synaptic gap. It appears, however, that there may be several different types of depression and that antidepressant drugs may exert their effects through a wide range of biochemical mechanisms. While these drugs influence neurotransmitter concentrations very quickly, their antidepressant effects are delayed, often taking several days or longer to appear. This suggests that the biochemical mechanisms underlying depression are complex, to say the least.

Both tricyclics and MAO inhibitors produce potentially dangerous side effects. For trycyclics, these include drowsiness, irregularity in heartbeat, blurred vision, and constipation. For MAO inhibitors, the most important side effect is *hypertension*—a rise in blood pressure above normal levels. In

***Tardive Dyskinesia:** A side effect of prolonged exposure to antipsychotic drugs in which individuals experience involuntary muscular movements, especially of the face.*

some cases MAO inhibitors can trigger a *hypertensive crisis* involving severe headache, intracranial bleeding, and even death. Because of such side effects, MAO inhibitors are used less frequently than tricyclics in the treatment of depression.

Since both tricyclics and MAO inhibitors show delayed action and because of their potential side effects, several other, even more effective drugs have been developed. Among these, *fluoxetine* (Prozac) is perhaps the most widely used. This drug, which seems to operate by blocking the reuptake of serotonin, has fewer and milder side effects than older antidepressants. Yet it matches or exceeds the tricyclics in terms of countering depression. For these reasons, it is now the most widely prescribed antidepressant in the United States (Grilly, 1989). Prozac has been the subject of controversy, however, because a small number of persons experience dangerous side effects from it: They become manic, hyperactive, or even dangerously violent (Angier, 1990). A newer drug, Zoloft, seems less likely to produce such effects.

One final point: while drugs *are* often effective in treating depression, research evidence suggests that they are not necessarily more effective than several forms of psychotherapy, especially cognitive behavioral and cognitive therapies (Robinson, Berman, & Neimeyer, 1990). Since psychotherapy avoids the potential dangers involved in the use of any drug, it appears to be the more conservative form of treatment.

ANTIANXIETY DRUGS Alcohol, a substance used by many people to combat anxiety, has been available for thousands of years. As I'm sure you know, however, it has important negative side effects. Synthetic drugs with antianxiety effects—sometimes known as *minor tranquilizers*—have been manufactured for several decades. The most widely prescribed at present are the *benzodiazepines.* This group includes Valium, Ativan, Xanax, and Librium. In 1989, over 52 million prescriptions for these drugs were written in the United States alone (Shader, Greenblatt, & Balter, 1991). Another widely used antianxiety drug is *propanediol* (meprobamate); this drug seems to exert antianxiety effects mainly by reducing muscular tension. Yet another drug that has recently attained favor among physicians in treating mild anxiety is BuSpar.

The most common use for antianxiety drugs, at least ostensibly, is as an aid to sleep. At first glance, they seem safer for this purpose than *barbiturates,* since they are less addicting. However, substances deriving from the benzodiazepines remain in the body for longer periods of time than do those from barbiturates and can cumulate until they reach toxic levels. Thus, long-term use of these antianxiety drugs can be quite dangerous. In addition, when they are taken with alcohol, their effects may be magnified; this is definitely a combination to avoid. The benzodiazepines seem to produce their effects by chemically binding to receptors at synapses, thus blocking neural transmission. Common side effects of these antianxiety drugs include fatigue, drowsiness, and impaired motor coordination, so people taking them should avoid driving or operating power tools.

- What is electroconvulsive therapy?
- What is psychosurgery?
- What drugs are used in the treatment of psychological disorders?

LITHIUM AND MOOD DISORDERS In the late 1940s, findings were reported indicating that compounds of lithium, such as lithium carbonate, could be effective in treating *manic disorders.* For more than twenty years this evidence was largely ignored, mainly because researchers could not conceive of any mechanisms through which this simple substance could produce these changes. Now, however, it seems clear that lithium *is* indeed helpful in treating manic

disorders. About 60 to 80 percent of manic states can be quickly brought to a close by administration of lithium (Campbell, Perry, & Green, 1984). It can sometimes terminate depressive episodes, especially in persons with bipolar disorders. Lithium can be quite dangerous: Excessive doses can cause convulsions, delirium, and even death—and for many patients the effective dose is close to the overdose level. Thus, it is crucial that blood levels of lithium be closely monitored in persons who take it. Another problem is that after people have taken the drug for two years or more, manic episodes occur again when it is discontinued. Since it *is* effective in diminishing wild mood swings, though, lithium continues in widespread use.

THE SETTING FOR THERAPY: From Institutional Care to the Community

Earlier I noted that during the 1950s and 1960s, there was literally an outpouring of patients from psychiatric hospitals, produced in large measure by the *pharmacological revolution.* Where did these people go? How are they receiving treatment today? These are the issues we'll now consider.

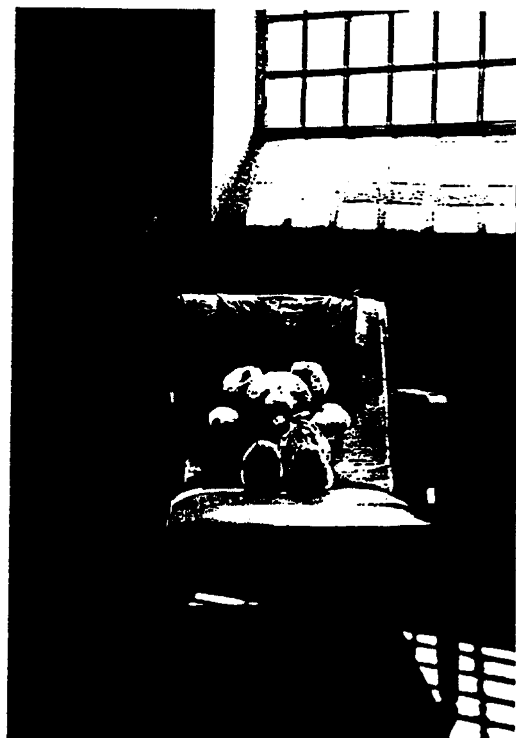
STATE INSTITUTIONS: Custodial Care

When large state institutions for treating psychological disorders were founded, in the nineteenth century, they offered a major breakthrough: No longer would persons suffering from mental afflictions be chained, tortured, and abused. Instead, they would receive enlightened medical care. The promise of these institutions, however, was not fulfilled. Most were built in isolated rural areas, mainly because land was less expensive there than in cities; as a result, attracting competent medical staff was a serious problem. Further, budgets rarely kept pace with growing patient populations. The result was predictable: These large state-supported facilities soon became largely *custodial.* They provided little in the way of active treatment, and few patients ever left "cured" of their problems. Yet despite this fact, there was little choice for the families of seriously disturbed individuals: It was either commitment to one of these large institutions or remaining at home. Nothing in between existed.

Partly in response to these conditions, many private institutions for the treatment of psychological disorders were founded. Depending on the physicians who ran them, they adopted different methods of treatment, and provided sharply contrasting *therapeutic environments*—different settings for interactions with staff and different living conditions. Many of these institutions were *psychodynamic* in orientation, since psychiatry as a field was heavily influenced by Freudian concepts. In such institutions the staff endeavored to provide an environment in which early damage to the patients' personalities could be repaired. They conducted therapy with all patients who could participate in these procedures and assigned patients to living quarters on the basis of their problems. Other private institutions adopted different approaches. For example, in some, *milieu therapy* was practiced. This approach, which had important ties to humanistic therapies, provided an environment designed to foster independence and self-respect among patients. The atmosphere was warm and accepting, and

INSTITUTIONS FOR TREATING PSYCHOLOGICAL DISORDERS

Large state institutions for treating psychological disorders were placed far from urban areas and operated on limited budgets. As a result, they were often able to provide only custodial care to patients.



Learning Objective 13.12
Survey the different types of environments that were created as alternatives to psychiatric hospitals.

Learning Objective 13.13
Know the goals of the different types of prevention programs and be able to discuss the research concerning their effectiveness.

patients were kept busy with occupational therapy, recreational activities, and other projects.

Needless to say, only relatively wealthy persons were fortunate enough to enter such private facilities. For most persons suffering from psychological disorders, hospitalization meant being sent—often against their will—to the large custodial state institutions described above.

COMMUNITY MENTAL HEALTH CENTERS: *Bringing Care to Where It's Needed*

As large mental hospitals discharged more and more patients who responded well to drug therapy, the question of where these persons should go for continued treatment rose to prominence. That many patients required further treatment was obvious, but in the 1950s there was nowhere for them to receive it. In the United States and in other countries, the answer was the founding of **community mental health centers.** Distributed throughout the country geographically, these centers were designed to bring treatment for psychological disorders directly to the community—to where people lived.

What kind of services do community mental health centers deliver? A broad range. First, such centers provide *outpatient services*—treatment for patients who live at home and come to the mental health center once or twice a week, or as the need arises. Such treatment includes *aftercare*—treatment for persons newly released from the hospital—as well as various kinds of assessment and therapy. The basic goal is simple: to provide these services to people without disturbing their daily routines.

In addition, some community mental health centers offer *inpatient services:* They provide a place where persons requiring further hospitalization can receive it—again, in a location close to their homes. This makes it much easier for friends and relatives to visit than was true for the geographically isolated state institutions. And in keeping with the philosophy of active treatment rather than custodial care, patients receive therapy during their stays.

Third, community mental health centers provide *emergency services*—places to which people can turn in moments of crisis, even late at night and over weekends. These services are delivered by satellite storefront clinics that remain open at night or at the emergency rooms of local hospitals, to which community mental health centers provide teams of trained professionals.

Finally, these centers provide *consultation services*—advice and training to help members of the community deal with psychological problems. For example, such programs have trained physicians, teachers, and clergy in how to deal with psychologically disturbed persons. And they have taught police skills valuable in dealing with family violence and other situations in which people's emotions run high.

***Community Mental Health Centers:** Facilities for the delivery of mental health services located in communities where clients live.*

***Primary Prevention:** Techniques aimed at preventing the occurrence of psychological disorders.*

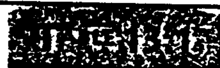
***Secondary Prevention:** Techniques that focus on early detection of psychological disorders so that minor disturbances will not develop into major ones.*

***Tertiary Prevention:** Techniques designed to minimize the harm done by psychological disorders.*

PREVENTION: *Heading Off Trouble before It Begins—or Becomes Serious*

Therapies, whatever their nature, are designed to correct or repair damage that has already occurred: They swing into action *after* individuals have begun to experience psychological disorders. A different approach to psychological problems is *prevention.* When psychologists use this term, they refer to one of three goals: (1) **primary prevention**, or preventing disorders from developing; (2) **secondary prevention**, or early detection and treatment so that minor disorders do not become major ones; and (3) **tertiary prevention**, or efforts to minimize the harm done to the individual and to society. In an important

Parent's History	Current Family Situation	Parent's Approach to Child Rearing
Experience of abuse or neglect	Social isolation	Infrequent praise
Lack of affection from own parents	Marital discord	Strict demands
Large family	Parental retardation or illiteracy	Low level of supervision
Teenage marriage	Stressful living conditions	Early toilet training
		Disagreements with partner over child-rearing practices

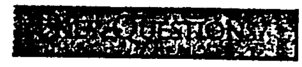


Factors Related to Child Abuse

The greater the extent to which a parent experiences the factors and conditions shown here, the greater the likelihood that the parent will abuse his or her children. (*Source:* Based on data from Nietzel & Himelein, 1986.)

sense, prevention is where a considerable part of the action promises to be in the mental health field in the years ahead. Efforts are now underway to help prevent many serious psychological disorders—and social problems—through a wide range of programs. The scope of these efforts and of the problems they address is extremely broad (e.g., Berman & Jobes, 1991). As an example of such work, let's look at recent efforts aimed at preventing child abuse.

Child Abuse Each year many thousands of children are physically abused by their parents. Indeed, in the United States alone, more than 1 million cases of child abuse are reported each year (Krugman & Davidson, 1990). Can anything be done to reduce this tragedy? Growing evidence provides a mildly encouraging answer. Conditions associated with child abuse by parents have been identified (see Table 13.1), and programs designed to help counter the effects of these conditions—and so to reduce the incidence of child abuse—have been devised and tested (e.g., Wolfe, Sandler, & Kaufman, 1981). The results obtained have been encouraging. Consider, for example, a project involving 400 pregnant women who, because of a cluster of factors such as those in Table 13.1, were at risk for abusing their children. One group received free transportation to medical appointments. A second received nine visits to the home by a nurse during pregnancy in addition to the free transportation. Women in a third group also received regular visits by a nurse that extended to the child's second birthday. Moreover, during these visits, the nurse provided health consultations and information about parenting. In contrast, women in a control group received none of these benefits. Results were clear: 19 percent of those in the control group abused or neglected their children within the first two years of life. In contrast, only 4 percent of those receiving the maximum intervention showed such behavior. (The other two groups were in between.) These findings, and similar results in other research, indicate that appropriate preventive programs can substantially reduce the incidence of child abuse.



- What kind of care have psychologically disturbed persons received in large state institutions?
- Why is the number of persons in such institutions much lower now than it was?

Psychoanalysis in Action

Taken from an actual therapy session, this dialogue illustrates one psychoanalyst's use of interpretation (Baker, 1985, pp. 41–42).

PATIENT: You know, I really didn't want to come today. I just don't seem to have very much to talk about. (long silence) I'm just not really sure what to say; maybe you can suggest a topic.

THERAPIST: You'd like for me to tell you what to talk about, to give you some structure?

PATIENT: Sure, after all, that's what I'm paying you for. (pause) It seems that you just sit there all the time not saying anything. I'm not really sure this is helping very much.

THERAPIST: Perhaps we should talk about your feeling that I'm not giving you what you want.

PATIENT: It's not so much want, it's what I *need.* You always just sit there; you never give me advice; you never tell me what to do. I thought therapy would be different from this.

THERAPIST: You expected more?

PATIENT: I expected *something.* You know, it's a little irritating to pay out good money and feel like you're not getting your money's worth.

THERAPIST: So it feels as if I'm cheating or depriving you in some way. Perhaps that is why you're feeling so angry today.

PATIENT: I'm not feeling angry. (pause) Well . . . I guess I am a little. In fact, I really didn't even want to come.

THERAPIST: Perhaps there's a relationship between those feelings . . . feeling angry and then wanting to withdraw.

PATIENT: You know, I think I do that a lot. I feel uncomfortable being angry at you. It doesn't seem justified somehow and yet I do feel angry and feel like I just want to not come and not talk; or not pay my bill or do something to get even. I guess I do that a lot. I mean, when I get angry, I get quiet and I just don't talk.

THERAPIST: Perhaps that is why you were so quiet at the beginning of the hour. It was a way of indirectly letting me know that you were angry, while at the same time protecting yourself and me from that anger and your fears of what it might do.

PATIENT: I guess you are right. I am afraid of anger and I have a lot of difficulty letting people know directly when I feel they have done something bad or hurt me in some way. So I just . . . withdraw.

Person-Centered Therapy in Action

The following dialogue between Carl Rogers and a young man, who is upset over his relationship with his mother, illustrates the technique of reflection. Note how skillfully Rogers helped his client clarify his feelings toward his stepfather. Without prompting, he moved from a blunt statement of mutual hatred, to one of unilateral hatred, to an expression of respect (Raskin, 1985, pp. 167–168).

CLIENT: You see I have a stepfather.

THERAPIST: I see.

CLIENT: Let's put it this way. My stepfather and I are not on the happiest terms in the world. And so, when he states some thing and, of course, she goes along, and I stand up and let her know that I don't like what he is telling me, well, she usually gives in to me.

THERAPIST: I see.

CLIENT: Sometimes, and sometimes it's just the opposite.

THERAPIST: But part of what really makes for difficulty is the fact that you and your stepfather, as you say, are not . . . the relationship isn't completely rosy.

CLIENT: Let's just put it this way, I hate him and he hates me. It's that way.

THERAPIST: But you really hate him and you feel he really hates you.

CLIENT: Well, I don't know if he hates me or not, but I know one thing, I don't like him whatsoever.

THERAPIST: You can't speak for sure about his feelings because only he knows exactly what those are, but as far as you are concerned . . .

CLIENT: . . . he knows how I feel about it.

THERAPIST: You don't have any use for him.

CLIENT: None whatsoever. And that's been for about eight years now.

THERAPIST: So for about eight years you've lived with a person whom you have no respect for and really hate.

CLIENT: Oh, I respect him.

THERAPIST: Ah. Excuse me. I got that wrong.

CLIENT: I have to respect him. I don't have to, but I do. But I don't love him, I hate him. I can't stand him.

THERAPIST: There are certain things you respect him for, but that doesn't alter the fact that you definitely hate him and don't love him.

CLIENT: That's the truth. I respect anybody who has bravery and courage, and he does.

THERAPIST: . . . You do give him credit for the fact that he is brave, he has guts or something.

CLIENT: Yeah. He shows that he can do a lot of things that, well, a lot of men can't.

THERAPIST: M-hm, m-hm.

CLIENT: And also he has asthma, and the doctor hasn't given him very long to live. And he, even though he knows he is going to die, he keeps working and he works at a killing pace, so I respect him for that, too.

THERAPIST: M-hm. So I guess you're saying he really has . . .

CLIENT: . . . what it takes.

Beck's Cognitive Therapy in Action

The following dialogue between Beck and a client epitomizes his approach to therapy. When the client came in, he was upset over the poor job he did wallpapering a kitchen. Note how Beck gets the client to realize that he was exaggerating his negative appraisal (Beck et al., 1979, pp. 130–131).

THERAPIST: Why didn't you rate wallpapering the kitchen as a mastery experience?

PATIENT: Because the flowers didn't line up.

THERAPIST: You did in fact complete the job?

PATIENT: Yes.

THERAPIST: Your kitchen?

PATIENT: No, I helped a neighbor do his kitchen.

THERAPIST: Did he do most of the work?

PATIENT: No, I really did almost all of it. He hadn't wallpapered before.

THERAPIST: Did anything else go wrong? Did you spill paste all over? Ruin the wallpaper? Leave a big mess?

PATIENT: No, the only problem was that the flowers didn't line up.

THERAPIST: Just how far off was this alignment of the flowers?

PATIENT: (holding his fingers about an eighth of an inch apart) About this much.

THERAPIST: On each strip of paper?

PATIENT: No . . . on two or three pieces.

THERAPIST: Out of how many?

PATIENT: About twenty or twenty-five.

THERAPIST: Did anyone else notice it?

PATIENT: No, in fact my neighbor thought it was great.

THERAPIST: Could you see the defect when you stood back and looked at the whole wall?

PATIENT: Well, not really.

ENVIRONMENTAL STIMULI AND BEHAVIOR MODIFICATION

The Use of Operant Conditioning Principles

Using **operant conditioning** principles to modify behavior has its roots in the work of B. F. Skinner. It emphasizes how stimuli that follow responses influence them. Such stimuli are labeled **consequent stimuli,** and examples include the use of positive reinforcers or rewards as well as aversive stimuli used to punish certain actions. The responses such stimuli control and maintain are called **operants,** because they operate or produce effects in the environment. Operants are responses that are voluntarily emitted. Familiar examples include selecting a television program, walking to a restaurant, and turning on an air conditioner to cool a room.

Operants make up a large part of our daily responses. The process through which they are acquired is called **operant conditioning,** and three basic elements must be presented for such learning to occur. The elements are called the ABCs of behavior and they are described below and in Figure 5.1.

Antecedent Stimuli Such stimuli precede a behavior and can affect our actions in one of two ways. In *operant conditioning,* antecedent stimuli function *as cues or signals that certain responses will be reinforced or punished.* They are called **discriminative stimuli** (S^d), because they help us to *discriminate, or distinguish,* between things in our environment that will lead to rewards or punishment from those that do not. Thus we can make appropriate choices about what actions to take. They include such things as the coin slot on a candy machine or a teacher's announcement of an upcoming exam. When faced with such stimuli, we might decide to purchase a snack or to start studying in order to prepare for an exam. Such choices increase the chances of obtaining a reward (e.g., the snack, getting a good grade on an exam). Other choices, such as waiting until the last minute to study, could lead to a low grade on the exam.

There is a second type of antecedent stimuli that affects our actions. They "automatically trigger" certain responses, thoughts, and feelings. Such "triggers," for example, cause various reflexes to occur (e.g., removing our hand from a hot object, closing our eyes in the wind), or they initiate overlearned habits or responses (e.g., automatic response sequences discussed in Chapter 1, such as bringing our car to a stop at a red light, or, quickly reaching for a piece of chocolate as soon as it's offered). They also initiate a variety of thoughts and emotions, such as feeling anxious when an exam is passed out in class and thinking "I'm not going to do well on this test."

Behavior These are specific actions that occur in the presence of antecedent stimuli. Thus, you put money into the candy machine, apply pressure to your brake to stop your car, and hug or shake the hand of your friend you have not seen for awhile. In addition to overt actions being influenced by antecedents, it is also important to note that they may "cue" or "trigger" various thoughts and feelings. When faced with preparing for an exam, some students treat it as a challenge; they become energized and think "I know I can do well on this test." They typically decide to study hard. Others automatically become anxious and spend a lot of time worrying or thinking "No

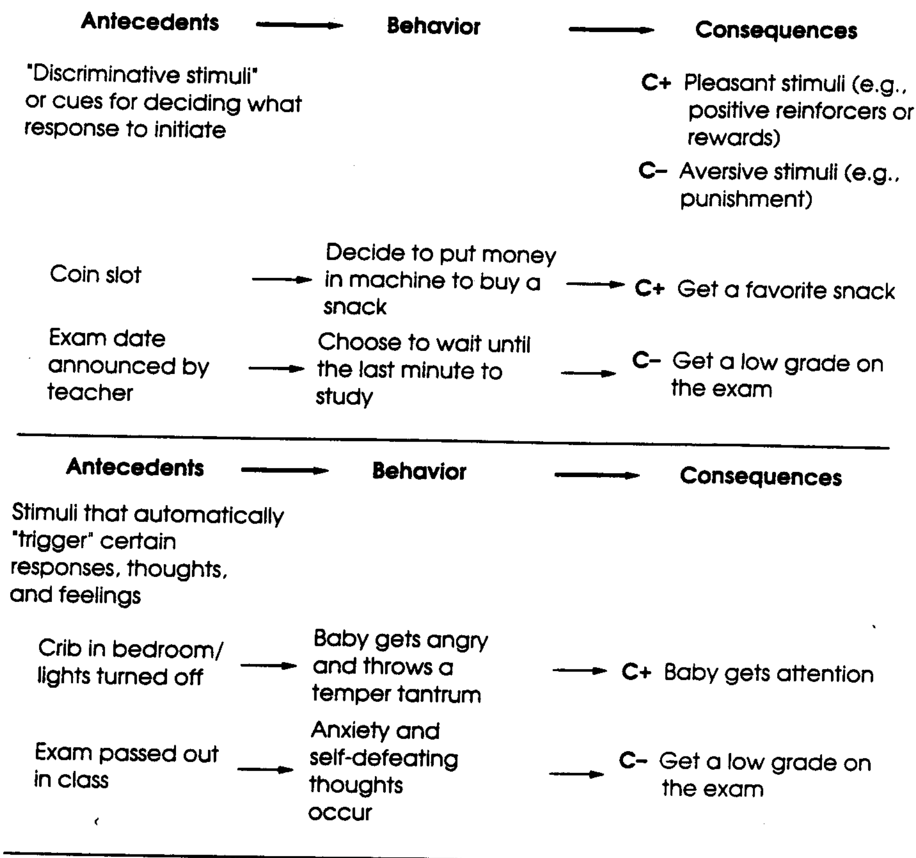


Figure 5.1 *Common examples of ABCs of behavior.*

matter how hard I study, I'm going to fail this exam." Their subsequent efforts at studying are then hampered.

Consequences Overt behaviors and our internal thoughts and feelings are typically followed by pleasant or unpleasant stimuli. When the consequent stimulus is pleasant, that is, a positive reinforcer or reward, the behavior is likely to increase in frequency. Thus, you will continue to put money into candy machines to receive a sweet treat, to stop at an intersection to avoid an accident or traffic ticket, and to hug or shake the hand of a friend in order to obtain a warm greeting in return. Most young children would rather stay awake and play with their parents or guardian. A temper tantrum occurs, and someone returns to calm the child. Such attention is generally reinforcing, and the youngster learns to throw a temper tantrum to get attention.

When the consequent stimulus is unpleasant (e.g., punishment is administered), the behavior is likely to decrease in frequency. Thus, if failing to brake leads to an accident or traffic citation, you are less likely to run a stop sign in the future. Or, for test-anxious students, exams arouse anxiety and self-defeating thoughts; performance suffers; and a low grade typically results. This, of course, leads to more anxiety about

flunking out of school and additional negative thoughts about oneself. Taking exams and anything associated with them, including studying, soon become aversive, and people begin to avoid them.

USING PRINCIPLES OF OPERANT CONDITIONING TO MODIFY BEHAVIOR

Methods for using operant conditioning principles to change behaviors have become very popular. Behavioral modification techniques have been taught to teachers, sales managers, military officers, therapists, parents, coaches, and ministers just to name a few of the types of people trained in their use. In addition to providing processes to help manage other people and to create more pleasant and effective environments, *behavior modification also can help us change personal behaviors.* When used to modify or change our actions and thoughts, behavioral techniques are sometimes called **self-management procedures.**

The process described in this section to modify behavior is simply an elaboration of the basic elements of operant conditioning discussed earlier. It has the following seven parts:

1. *Identify the problem, and select a specific target behavior.*
2. *Monitor how much of the target behavior currently exists.*
3. *Control antecedent stimuli.*
4. *Break response chains.*
5. *Manage consequent stimuli.*
6. *Obtain social support.*
7. *Monitor and record progress towards changing behavior.*

Let us now examine each of the components in more detail.

1. Identify the Problem and Select a Specific Target Behavior

To modify our own or someone else's behavior, specific behavioral goals or outcomes that a change process will achieve must be stated. Such behavioral goals or outcomes are called **target behaviors.** To begin to think about target behaviors, it is sometimes helpful to first state them in general terms. Friends and neighbors have said to me that they wished they could reduce their cigarette smoking, lose some weight, or play golf better. Colleagues have often said they want their students to learn the content, have good attitudes, or act creatively in the classroom. Such statements represent good ways to initiate thinking about behavioral changes we might want in ourselves or others.

The latter statements, however, are too general to design specific learning experiences that will achieve the proposed changes. Instead, it is important to be more detailed and specific about how many cigarettes to cut back on, how much weight to lose, and what content must be learned and to what degree. More appropriate targets would include statements like; "I want to reduce my smoking by a total of ten cigarettes a week," "I need to lose 15 pounds," or "I want my students to be able to list ten famous events in history between 1800 and 1870."

Research demonstrates that having clear and specific goals for modifying behavior has several advantages. They focus our time and energy in specific directions and enhance our motivation and commitment to learn (Cervone et al., 1991; Kirschen-

baum, 1985). More important, these authors note that having some objective in mind helps us identify what knowledge and skills are needed to make changes in our actions. We are then in a better position to acquire what is needed.

Select Targets That Are Important to You The risk of failure lurks in the background anytime attempts to change behavior are made. There are two things people typically do that produce failures. One is not pick the most important target behavior. A close friend was concerned about losing weight and improving her study habits. She was 40 pounds overweight but had close to a dean's list grade point average. She had said on a number of occasions that losing weight was very important to her. Yet she decided to work on her study habits. Why? "Because they are easier for me to do something about." Within two weeks she had completely lost interest in improving her already good study habits. *To maintain interest in a behavior modification plan, select target behaviors that are really important to you.*

Do Not Try to Do Too Much at Once A mistake is to assume you can quit smoking within a week, lose 40 pounds in a month, improve your grade point average overnight, or run a marathon two months after starting a jogging program. Trying to do too much at once only sets you up for a failure experience and a lot of frustration. Learning to change takes time, sometimes a great deal of time. There are two things you can do that will lessen the chances of biting off more than you can chew.

1. *Work with a single behavior.* Exercise 5.1 identifies two or three specific targets for each statement. We are usually confronted with alternative ways of obtaining our goals. Any one of the alternatives in Exercise 5.1 is probably desirable. It is difficult, however, to develop and use behavioral change plans for everything at the same time. It is much better to pick one alternative. An easy way to do this is mentally to rank order your alternatives in terms of importance. That is, you establish priorities among your options and select the one that is most important to you.

2. *Think of the specific behavior as composed of several interconnected units.* Many of our actions can be thought of as links on a chain. Rather than try to change a target behavior all at once, work on each link in the chain. For example, I might want to jog a mile each day, or I might want my son to pick up all his toys each day. It is unlikely, however, that I will be able to get either to happen all at once. I might look at the task of jogging as composed of quarter-mile subunits. Similarly, picking up toys could have subunits of 3, 6, 9, and 12 toys. Or losing weight by cutting out "junk food" snacks might be done in increments of 3, 6, 9, 12, and 15 snacks per week. Reducing smoking might be done by gradually cutting back 4, 8, 12, 16, 20, and 24 cigarettes a week over a period of time.

Analyzing a response into its component parts is important for the process of reinforcing behaviors. We will later examine how to reinforce behaviors using such information. For now, it is important that you be able to analyze a response into reasonable subunits.

State Target Behaviors in a Positive Manner What would you rather do: lose 25 pounds of body fat or reduce the number of calories you consume each week? Stop biting your nails or keep your hands at your side or on a desk? Cease being a nicotine addict or reduce the number of cigarettes you smoke? Raise a miserable grade point average or spend two more hours a day studying? In each case, both parts of the statement will

accomplish the same goal. How you package your target behaviors is important to maintaining interest in the plan. Stating the target in terms of "body fat," "nail biting," or "nicotine addiction" may keep you from focusing on taking constructive actions. To change behavior, develop a positive attitude and state your targets accordingly.

Increase the Strength of Replacement Behaviors Replacement behaviors are target behaviors that are alternatives to engaging in the bad habit. In some cases they are incompatible with the bad habit. For habits such as eating high-calorie snacks, smoking, drinking alcoholic beverages, or using abusive language, it is not enough simply to try to reduce their occurrence. It is also a good idea to increase behaviors that will replace the bad habit. A plan for consuming fewer high calorie snacks, for example, might also contain a plan for increasing the amount of exercise and the number of nutritious snacks that will be eaten. Furthermore, people who want to reduce their smoking might find activities that are difficult to do while smoking. When the urge to smoke occurs, instead of lighting up, people might garden, wash their car, rake leaves, ride a bike, take a shower, meditate, or play a sport such as tennis or racquetball.

Before reading further, complete Exercise 5.1 in the Applied Activities section at the end of this chapter. It is designed to help you learn to state target behaviors in a more detailed manner. Bear in mind that when beginning a personal change plan, initial target statements may be somewhat general. Thus, your initial statement might express a need to study more hours, exercise more frequently, or eat fewer snacks. After thinking about the problem and/or gathering baseline data as described in the next section, you will have more information to be much more specific in what you need to do.

2. Monitor How Much of the Target Behavior Currently Exists

Target behaviors specify what alterations in our responses are necessary. To measure any change, information about the current state of our behavior is needed. This is best done by gathering **baseline data.** Baseline data can answer such questions as: "How many cigarettes do I currently smoke?" "How many calories do I consume in a day?" "How

far do I jog each day?" and "How much content do I require my students to learn about a particular topic?"

Obtaining baseline data does three things. It provides a performance level from which to monitor changes in our behavior. While you may want to cut your cigarette smoking in half, it is important to know precisely the number of cigarettes currently smoked. Thus a target of a 50 percent reduction is made from a clear frame of reference. In addition, baseline data may suggest modifications in your target. Given the current state of your habit, you might decide that you want to accomplish more or less of a change. Finally, as the process for recording baseline data discussed below shows, you gain information about other aspects of the behavior that may need your attention.

Recording Baseline Data Keeping a diary is a useful way to gather baseline data. The diary should include information about the ABCs of the responses you wish to modify. You should note the stimuli that cue or trigger the behavior you wish to change. Thus you might record that you smoked a cigarette while standing around with friends who smoked or you failed to study because your friends asked you to go to a dance with them. The responses recorded should include overt behaviors as well as thoughts and feelings associated with that situation. It also is useful to record the consequent stimuli that follow the response. In this way, you can gain insights into the reinforcers that have gained control over your actions.

Furthermore, record information about specific aspects of the behavior you wish to change. Thus, you can determine the amount of time your target behavior takes, its frequency, or the amount of something consumed when engaged in the behavior. Thus, you could record the number of cigarettes smoked each day, the amount of time spent studying, or the amount of calories consumed at a meal. Of course, for certain problem behaviors, you might want to record more than one of these responses. For example, the number of snacks eaten as well as the number of calories consumed might be of interest. Or, the number of times you sat down to study as well as the amount of time you spent at each sitting might be of interest.

Try not to focus only negative information. A record that consists only of behaviors you are performing poorly or unpleasant thoughts and feelings is discouraging. Try to record positive instances of behaviors, thoughts, and feelings as well as negative ones. Research suggests that this assists with maintaining your motivation and commitment to change. It also helps us to focus on the progress being made as well as any problems (Johnson-O'Connor and Kirschenbaum, 1986). Thus, you might want to note the times you successfully exercise, study, or eat nutritious foods as well as the times you fail to do so.

Record information about your target behavior as soon after it occurs as possible. Waiting until you have a private moment or the end of the day will lead to inaccurate information getting recorded. Also, recording devices should be readily accessible and tied to the particular habit you want to change. A small notebook that you can carry or that fits in a shirt pocket or purse is often useful. If studying is a problem, use paper in the back of a course notebook. Between-meal snacks could be monitored by a record sheet kept on your refrigerator or kitchen cabinet door. Similarly, a chart kept near your exercise gear could be used to record information about your physical activity.

Finally, baseline information should be recorded until a clear pattern or picture of the behavior begins to emerge. *You should stop when you have a good sense of how often the target behavior occurs and what antecedent and consequent stimuli are associated with it.* For most things, three to five days is generally an adequate amount of time, provided the behavior of interest occurs relatively frequently during that time period. An example of a format for recording baseline information appears in Table 5.1.

Table 5.1 Recording and Using Baseline Data

Part 1: Record diary entries on important incidents associated with the target behavior.

General Target Behavior: Increase the number of sales reports I write.

TIME OF DAY	ANTECEDENT STIMULI	BEHAVIORS, THOUGHTS, EMOTIONS	CONSEQUENCES
M. 8:10 A.M.	Boss called on telephone to talk about his new office decorations.	Put aside report I was working on for 40 minutes and talked to him.	I was pleased with the advice I gave him. However, I spent 40 minutes with him instead of writing.
M. 8:55 A.M.	Coffee cart	Put report down and had coffee and doughnut. Felt guilty for eating junk food.	Enjoyed chance to relax. But break took 20 minutes away from work.
M. 9:10 A.M.	Pile of reports	Finished one and began another.	Felt good to see the pile of work begin to shrink.
M. 9:40 A.M.	Wife called	Put report aside and talked with her for 20 minutes. Thought "I'll never finish."	Had fun discussing weekend plans. But, felt guilty because time was taken from work.
M. 9:45 A.M.	Vendor called	Stopped work on reports to talk to him.	Was helpful but took too much time.
M. 11:05 A.M.	Department head called	Talked about a customer. Thought, "too many other things to do."	Spent 30 minutes on what should have been a 10-minute item.
M. 11: 40 A.M.	Reports on desk	Worked well on two reports	Congratulated myself.

Sometimes when our actions are monitored, changes in behaviors occur. Almost everyone has had the experience of a teacher, coach, or parent observing them and "more desirable behaviors suddenly appearing." Monitoring ourselves and becoming self-aware may lead to reductions in smoking, of eating too much, or it may promote more exercise. Self-monitoring and recording baseline information often change behaviors we care about in a more desirable direction (Bornstein et al., 1985; Mace and Kratochwill, 1985). We react to being observed, and this effect is called **reactivity.** Michael Mahoney and Carl Thoresen (1974), however, note that the changes produced by self-monitoring and recording do not last very long. In order to influence behavior in the long run, we must follow the remaining five steps in the behavor modification process. They are:

3. Control antecedent stimuli.
4. Break response chains.

Table 5.1 Continued

Part 2: Record the frequency, amount of time, or quantity of something the behavior consumes.

General Target Behavior: Increase the number of sales reports I write.

Recording Start Date: May 10

Number of reports completed, day 1–5

	1	2	3	4	5	AVERAGE
Week 1	6	8	7	5	6	6.4
Week 2	5	7	6	7	5	6.0

Part 3: Use information from the diary to identify antecedent stimuli and consequent stimuli that either facilitate or hinder the target behavior from occurring. In some cases, this analysis also might identify other behaviors that must be brought under control if the initial target behavior is to be achieved. In this case, it appears that the telephone calls disrupt report writing and cause some worry about completing tasks, but talking on the phone is rewarding.

Part 4: Using information obtained from the diary and recording the frequency, amount of time, or quantity of something the behavior consumes, revise the general target behavior, and make it much more specific. Follow the guidelines in the text for ensuring that such targets are reasonable.

Specific Target Behavior 1: Want to increase the average number of sales reports I write to eight per day by June 12.

Specific Target Behavior 2: Need to screen telephone calls so that low priority calls are returned at my convenience and do not interrupt my report writing.

Part 5: Use information from the diary to identify ways to gain personal control over the antecedent and consequent stimuli that hinder or facilitate the target behavior. Here, the disruption caused by telephone calls could be prevented by having a secretary, answering device, or voice mail system take telephone calls. Outside of high-priority calls, they could be returned when it is more convenient to do so. Since the telephone calls are rewarding, this individual could use talking on the telephone as a reward for completing all or part of the writing goals for that day. Of course, other antecedents (e.g., a small sign on the desk as a reminder to "stay on task") or other rewards (e.g., a favorite snack at the end of the day, chance to watch an enjoyable television program) also could be used.

5. Manage consequent stimuli.
6. Obtain the support of other people.
7. Monitor and record your progress.

3. Control Antecedent Stimuli

What typically happens when you encounter the following stimuli: "Don't Walk," "Wet Paint," "Fast Food Restaurant," "Snack Machine," "Cigarettes," "Get Out of the Way, Quick!" or "Danger"? You probably take some action in their presence that allows you

to obtain a reward or to avoid an unpleasant stimulus. Thus, such stimuli may serve as cues or information for helping you to decide what actions to take. They may also automatically trigger certain productive or undesirable habits, thoughts, and feelings. Thus, antecedent stimuli need to be managed, and there are three things that can be done to accomplish this goal.

1. Remove Stimuli that Act as Cues for or that Trigger Problem Behaviors from a Situation If snacking occurs whenever the television set is on, consider placing the snack in a closet out of sight. My youngest son only sucked his thumb when a particular blanket was in his hand. Removing the blanket "cured" the thumb-sucking habit. A friend smoked whenever he had a cup of coffee in his hand. Giving up coffee reduced the number of cigarettes he smoked.

2. Avoid Situations in which the Antecedent Stimuli Normally Appear A friend found himself engaging in too many casual conversations at work and not getting as much done as he wanted. He began to stay away from areas of the office where such conversations normally took place, and his productivity increased.

3. Add New Antecedent Stimuli in order to Increase the Chances of a Desirable Behavior Occurring In some families, for example, conversation at meals is almost nonexistent, limited to a few comments, or used to berate children for misdeeds. In effect, such stimuli become associated with unpleasant consequences instead of lively dinnertime conversations. Richard Green (1984) and his colleagues found an interesting way to change this by modifying the antecedent stimuli. They designed placemats that provided conversational topics (e.g., what was the most exciting thing you saw happen today) and games (e.g., try to name as many animals as you can that begin with the letters of the alphabet) that the whole family could participate in. Compared to traditional placemats or no placemats, their Table-Talk placemats generated more social and educational conversations. Several examples of antecedent stimuli that trigger undesirable habits and suggestions for managing them are presented in Table 5.2.

4. Break Response Chains

Many of our behaviors can be viewed as a chain of interconnected responses. Many bad habits maintain themselves because one action leads to another. A friend leaves his office and along with several coworkers walks across the street to the nearest bar. They sit at the same table and order a couple of drinks before going home. This is done every day, and because my friend loves imported beers, he is gaining weight. *One way to break this chain would be to take some action incompatible with going to the bar.* Such an action works best if it comes early in the chain. Thus he might go to the track or gym after he leaves his office.

A second technique for breaking a chain is to complicate the process of enacting a behavior. For example, reaching for a cigarette and stuffing it in your mouth is much more difficult if the pack is wrapped in three layers of aluminum foil and is locked in a desk drawer. If drinking too much coffee is a problem, put your cup down every time you take a sip and ask yourself, "Do I really want another sip?" Such methods make the behavior less automatic and mindless and provide time for you to think about what you are doing.

Review the target behaviors you identified in Exercise 5.1 at the end of this chapter. Were any of them responses that might be modified by controlling antecedent stimuli or breaking response chains? How would you do this?

5. Manage Consequent Stimuli

You know from the discussion earlier that consequent stimuli exert an important influence on our actions and those of other people. Such stimuli can be used to our advantage to help us modify behavior—that is, if we understand how to employ them effectively. The following seven sections contain several principles for using such stimuli to modify behavior.

1. Stress the Use of Positive Reinforcement The research literature on behavior modification suggests that whenever possible, positive reinforcers should be employed to change behavior. As you learned in Chapter 4, care must be taken when aversive stimuli are used to avoid unpleasant emotions and counterproductive responses that interfere with learning. *And when used as self-punishment in a self-management plan, the evidence is quite clear in showing that aversive stimulation simply does not work.* In some cases, it may only make things worse by increasing your frustration levels and making some problem behaviors more resistant to change. Also, people who rely on self-punishment in personal change plans are less likely to carry out their plans (Worthington, 1979; Shiffman, 1984).

It is also important to select a reinforcer that is appropriate for the behavior you want to modify. An ice cream cone is fine as a reward for studying hard for a test. However, it is probably not a good reward to use for sticking to a diet. Similarly, no single reinforcer is likely to work in all situations. Praising staff for getting reports finished on time is effective but unlikely to sustain long-term performance. People still expect to receive a paycheck for the overall job they do.

2. Select Positive Reinforcers That Are Likely to Influence the Behavior You Want to Change Six types of positive reinforcers that we might consider employing occur through:

1. Our social interactions with other people.
2. The things we do to reduce our physiological needs.
3. The stimuli in our environments that we find attractive and pleasant.
4. Our ability to reinforce ourselves verbally.
5. Our ability to use mental images to reinforce desirable actions.
6. Using responses we enjoy doing to help us modify problem behaviors.

Examples of each type are presented in Table 5.3.

3. Reinforce a Behavior Immediately After It Occurs Rewarding yourself or someone else before you make an appropriate response typically does little good. Furthermore, the association between a behavior and reward is best made immediately after the response occurs. Sometimes, however, certain tasks make a delay between the response and the reinforcer desirable. A teacher may find it difficult to give each child an M and M candy every time he or she responds correctly. There may be too many who deserve a reward at the same time, or it might be close to lunch or dinner. In a similar way, I

Table 5.2 Examples of Antecedent Stimuli Associated with Common Habits

HABIT	ANTECEDENTS	METHODS FOR CONTROLLING
Eating too many high-calorie foods	Candy bars Ice cream Potato chips Magazine ads for luscious desserts Food storage cabinets Snack machines Snack food aisles in stores Hunger pangs anxious thoughts	Remove all high-calorie snack foods from house. Wrap all foods that require no preparation in lots of plastic, wax paper, or aluminum foil. Place more desirable foods in cabinets where you normally keep high-calorie snacks. Avoid snack machines and store aisles where such foods are sold. Never go grocery shopping when hungry. Try to resolve personal problems instead of using food to soothe them.
Smoking too much	Pack of cigarettes Smell of smoke Work pressure Drinking coffee Having a drink Talking on phone Finishing a meal Waiting for bus Driving in car Reading magazine Cocktail party Friends who smoke	Don't carry cigarettes with you. Learn to manage time and stress to reduce pressure in ways other than smoking. Restrict smoking to certain time periods and places. Do busy work with hands, doodle, or play with paper clips. Put something in mouth beside cigarettes (e.g., gum, carrot, celery.) Switch to tea after dinner. Leave table after a meal, and take a walk. Leave parties early when people smoke. Develop friendships with nonsmokers.
Lack of exercise	Sedentary friends Socializing after school or work Sedentary leisure activities like watching television, reading newspapers, and watching participation sports.	Find friends who are more active and pursue sports and other types of physical activity you enjoy with them. Keep pictures of people exercising and reminders to do so around the house. Read magazines and articles on physical activity. Join a health spa, and use it several times a week. Curtail time watching television and other sedentary activities to allow time for physical activity.

might want to reward myself with a soft drink after I jog a certain distance. It is possible that I might not be thirsty enough, or a soft drink may not be conveniently available.

One way to deal with the latter problem is through the use of **token rewards** or by simply keeping records of how many reinforcers have been earned. The teacher might give the students plastic chips, and I might simply keep a record of rewards I owe myself in a notebook. In this way, a symbolic reward is given immediately, and the actu-

al reinforcers can be obtained at a later time. Using tokens also help us to change undesirable behaviors that normally receive very powerful and immediate reinforcers, such as smoking cigarettes, drinking too much coffee, or eating junk foods. The tokens provide a symbolic but immediate reward and a continuing reminder that a tangible reward will come later. Such a reminder assists with overcoming the tendency for delays in rewards to make them less effective (cf., reinforcement discussion in Chapter 4). Receiving token rewards helps us to bridge the gap between executing a desirable behavior and when it receives a tangible reward.

4. Do Not Demand Too Much Effort for Too Little Reward Positive reinforcers are effective because people derive benefits from them. Research shows that the benefits are assessed against the effort it took to obtain a reinforcer. William F. Whyte (1972) calls this the **cost/benefit ratio.** If the benefits the reward provides are not worth the effort (i.e., do not provide satisfaction), people are not likely to work for the reward. Giving an 11-year-old child a nickel every week for cleaning his room each day is probably expecting too much. Similarly, some students will not take a class if they believe the amount of work required exceeds the number of credit hours they would earn. And many people have refused a job offer and later said, "You can't believe what they wanted me to do for so little money!" Any reward has to be worth our time and energy to pursue it. Failing to heed this principle often leads to failure in the use of positive reinforcers.

An important area in which the cost/benefit ratio must be examined is efforts of less-developed countries to control their population growth. One issue is to determine an effective reinforcer to get people to use contraceptives and other family planning methods. Such rewards must fit the culture and be perceived as having clear benefits that exceed the costs of obtaining them. Several that have been tried successfully are illustrated in Focus on Applied Research 5.1. Such efforts also are supported by government policies that promote family planning and by ongoing educational efforts that demonstrate their value.

5. Reinforce Each Successive Approximation to Your Target Behavior In Chapter 4, we saw that learning takes place gradually over time. A change in behavior is seldom completely correct the first time we or someone else tries it. A reinforcer may be adequate for the target behavior, but we need not wait until the complete response occurs before reinforcing it. Components of the total response should be rewarded. Thus, each of our little successes is reinforced. This process is called **shaping** a behavior. There are three ways to do this.

1. *Reward each subunit of a target behavior until it is mastered.* Jogging one complete mile, for example, might be viewed as composed of quarter-mile units. Reinforcers could be earned after completing each quarter-mile unit. Points might be earned and "cashed in" later for a treat. Or a pat on the back for running one quarter of a mile or some other appropriate distance could be given. When one unit was mastered, a reward would be obtained after completion of the next subunit. Thus, earning a point, a pat on the back, or a soft drink would occur only after jogging one-half of a mile. Obtaining additional reinforcement would then depend upon mastering the next component.
2. *Administer a portion of the total reinforcer for completing a part of the target behavior.* A number of daily behaviors are shaped in this way. Students earn credits in each course that count towards the total number needed for graduation. Salaried employees earn a part of their yearly salary for each week worked. A student in one of

Table 5.3 Examples of Six Types of Positive Reinforcement

A. Social	
Approval of another person's behavior	"That was a nice job you did." "I appreciate the time and energy you took to do this."
Paying attention to another person	"That looks interesting; can you show me how it works?" "I'd like to have the other people see what you are doing."
Giving affection	"I like you." "Let's spend more time together."
B. Physiological needs	Food: potato chips, peanuts, pretzels, cookies, favorite meal. Liquids: water, soft drinks, beer, wine, milk shakes, ice cream sodas. Sex: sexual relations with another person.
C. Pleasant or attractive environmental stimuli	Going to a movie, attending a concert, sunbathing, taking a drive in the country, buying new clothes.
D. Verbal self-reinforcement	"I did very well on that problem." "I think that I'm performing extremely well." "I'm really doing a good job."
E. Mental images	"I can imagine myself taking my time on my tennis backhand. I almost see the ball going over the net low and past my opponent. People are applauding my stroke, and I win the set." "I imagine studying in my room for three hours. In class the next day, I visualize the teacher asking people to answer questions about the assignment I studied. I answer, and my teacher smiles at me and says, 'Good comment'."
F. Responses we enjoy	"I like to jog a lot. I'll only allow myself to run if I have completed the reading for class the next day." "I enjoy watching TV. But I've been late for class too much. I will only allow myself to watch TV if I show up on time for all my classes that day."

FOCUS ON APPLIED RESEARCH 5.1

Behavior Modification and Family Planning

It is estimated that approximately 77 percent of the world population lives in less developed countries characterized by higher than average mortality and illness rates and widespread unemployment and poverty. At least 500,000 women die each year from pregnancy-related causes, with 99 percent of these deaths occurring in developing countries. Many more women in such countries suffer from serious health problems as a result of unwanted pregnancies. Worldwide, over 1 billion people live in absolute poverty or are too poor to buy enough food to maintain their health or to perform a job. Overpopulation is widely believed to present significant barriers to solving many of these concerns. In spite of such problems, the 1990s have seen faster increases in human population than any other decade in history.

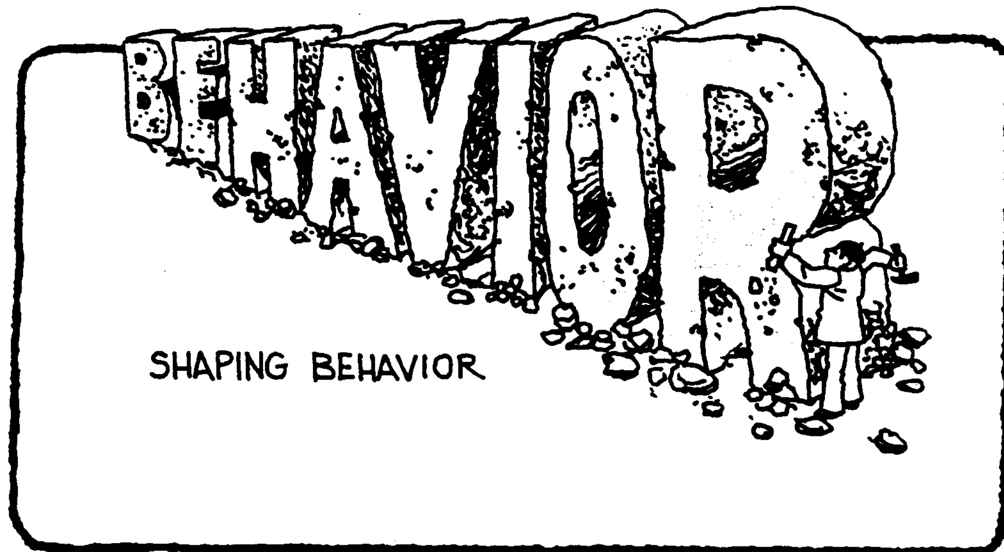
In a review of the literature, John Elder and Jacqueline Estey (1992) report how behavior modification techniques have assisted developing countries to help their population manage the size of their families. Rewarding people for using contraception and undergoing sterilization has played a major role in such efforts. Some examples include:

Monetary Rewards: Money is by far the most frequent type of reinforcer offered for family planning. In the Tamil Nadu program in India, a small payment of 30 rupees (about $7.00) was paid to men and women volunteering to be sterilized. The payments were designed to compensate people for the time and energy they expended undergoing the procedure. It also was assumed that people would see the value of the procedure for their long-term health and ability to raise existing children better. This program was very successful and averaged 3.42 sterilizations per thousand people. In other states in India not offering such incentives, the number of sterilizations was 1.00 per thousand people. Other programs have paid women a small sum each month not to have more than three children and to space their second and third children more than three years apart. The money is redeemed when they reach the end of their childbearing years.

Material and Social Rewards: Material reinforcers include food, powdered milk, priorities for housing, clothing, or even umbrellas. In the states of Kerala and Gujarat in India, the latter reinforcers led to 63,000 vasectomies in a 30-day period. In Thailand, women in rural areas were urged to space their next pregnancy with a pig. An acceptor of family planning would be given a 2-month-old piglet upon promising to continue to use fertility control methods during the pig's fattening period. Once the pig reached a 90-kg. weight, women would become eligible for another pig if they did not become pregnant (i.e., the initial pig was not taken away). In a 3-year period, no woman agreeing to the arrangement had given birth. In some cases, "gold medals" and special clothing with insignia have been used as awards for those who successfully participated in family planning. Social rewards used were recognition and praise for using contraceptives or for delaying births for a period of time.

my classes used a clever variation on this principle to help her write term papers. She would list the tasks needed to complete the paper (e.g., read certain articles, develop an outline, write a first draft, etc.). She then put $25 into a jar and made each part of the task worth a certain amount of money (e.g., each article read, $0.50, outline $3.00, first draft $8.00, etc.). As the task was completed, she withdrew the money and spent it on whatever she wanted to buy.

3. *Reinforce and learn the final response in a sequence of related actions before we reinforce and learn the earlier responses.* In toilet training young children, the first thing to reinforce and learn would be to sit for a few minutes on the potty. Normally this is the last response in the sequence of using a toilet. The children would then be taught to pull their pants down and to sit on the toilet. Eventually each aspect of the sequence of notifying a parent, walking to the bathroom, undressing, and sitting on



continuous, fixed- and variable-interval, and fixed- and variable-ratio) you learned about can be helpful when modifying a behavior. It is easy to use them. Once you see progress in modifying a behavior, shift from a continuous schedule to either an interval or ratio schedule. Make the shift gradually. For example, if I wanted to use a fixed-ratio schedule, I might first use it so that 75 or 80 percent of my responses were reinforced. Once an adjustment was made to this schedule, I could increase the number of responses needed for a reinforcer. The important point is not to shift too rapidly to a schedule that produces only a few reinforcers.

6. Obtain the Support of Others

It is oftentimes difficult to change our actions by ourselves. We might benefit from a shoulder to cry on or a person who can offer advice and encouragement. Or we might need another person to know about our plan because it keeps us honest and committed to our plan. It is sometimes easy to fool yourself about your progress, but another person may not be as easily deceived.

In clinical settings, a therapist helps people in these supportive ways. In your daily lives and for less severe problems, a friend, spouse, roommate, parent, or classmate may help. That person may simply listen and make comments on your plan. Or that individual might join you in helping to modify a behavior. A graduate student I worked with wanted to ensure that she finished her dissertation on time. She worked up a schedule and had weekly goals. She enlisted her husband to help. She put $200 into a jar and instructed her husband that for every week she failed to achieve her goal, he was to send $25 to her least favorite charity. Her husband only had to do this once. This procedure is called a response-cost because a failure to reach a goal costs you a positive reinforcer. It takes one other person to be used effectively. How might it be used to improve study habits, reduce smoking, or to consume less calories?

An alternative is to contract with another person to help you with your plan. The contract specifies your target behavior, how you will try to control the behavior, and what the other person needs to do to help. *When obtaining help from another person, do not*

the potty is reinforced. Remember that all this training is achieved by reinforcing and learning responses later in the sequence first. How would you use this method to teach a young child to dress? How could you use this method to teach a worker to assemble an automobile engine or typewriter? Can you think of other responses for which the procedure might be appropriate?

6. Shift from Continuous Reinforcement Once a Target Behavior Is Acquired Obtaining a reinforcer each time a target behavior is completed is not always practical or possible in our daily lives. Initially, responses are reinforced on a continuous basis because they are learned faster. Behavior modification plans, however, should eventually rely less on continuous reinforcers. The goal is to wean ourselves from the control of external reinforcers. Our actions need to come under self-control. Thus, exercise continues because it makes us feel good, or good study habits are used because we then have more time to socialize.

Also, attempts should be made to bring behavior under the control of reinforcers that occur naturally in our environments. To do this, it is important to set a "reinforcement trap." The behavior becomes trapped by naturally occurring stimuli. Thus, external rewards are initially used to shape an exercise program. In the process, we lose weight, feel and look better, and find that others admire us more. We socialize more often and get comments on how nice we look. Paying attention to these natural reinforcers breaks our dependence on rewards that are self-administered.

While this shift may occur without any effort on our part, sometimes we need to assist the transfer to naturally occurring consequent stimuli. There are two things we might try. *One is to actively monitor the natural rewards that accompany changes in our actions.* By forcing ourselves to pay attention to their occurrence, we facilitate the chances of our actions coming under their control.

7. A Second Strategy Is to Shift to a Less-than-Continuous Reinforcement Schedule As you learned in Chapter 4, once some competency with a behavior is acquired, it is not always necessary to receive a reward every time. In fact, it is possible to continue responding with fewer reinforcers. The different reinforcement schedules (e.g.,

Table 5.4 A Sample Contract

General Target Behavior: I want to stop eating junk food snacks.

Specific Target Behavior: I will stop eating candy bar snacks. In their place I will substitute healthy, nutritious snacks.

Date: March 20

Contract between: Susan Mann
Betty Conn (roommate of Susan Mann)

Agreement: Susan Mann—I agree to stop eating candy bars between my regular meals. I recorded my consumption of candy bars for the past seven days, and I eat 18 candy bars a week. I will begin my plan the first week by cutting back 2 candy bars a week. I will continue to cut 2 candy bars a week over the next nine weeks. At the end of the nine weeks, I will have eliminated them from my diet. In their place, I will substitute pieces of fruit, vegetables, nuts, and other wholesome snacks.

Agreement: Betty Conn—I agree to help Susan cut out candy bars from her diet. I will meet with her each night for ten minutes to discuss her progress. We will review her records of candy bars consumed and check that against her goal of eliminating two bars a week. I will comment on anything I notice that suggests she is losing interest or not following her plan properly. I will also check to see what nutritious snacks she is beginning to eat and make favorable comments on this.

Consequences: Susan Mann—For each week I meet my goal, I will put $4 aside into a fund to buy a new pair of slacks. If I fail to meet my goal during a week, I will do Betty's laundry and ironing for that week, and I will contribute nothing to the fund for the new slacks.

Consequences: Betty Conn—I will praise Susan for keeping her schedule and offer encouragement. If she achieves her goal of eliminating candy bars from her diet by the end of the ninth week, I will do her laundry and ironing that week.

Review: We agree to discuss this plan every two weeks and see if it is working well and to make any needed modifications.

Signed:

use others to punish you when you fail to stick to your contract. This often leads to bad feelings and arguments. Inform the support person that the only time he or she can assist is when you are exhibiting desirable behaviors. The contract is signed. Putting names on it ensures that both parties agree, and it increases your commitment to the process.

At first glance, such details may seem unnecessary. However, contracts that lack such details seldom produce desired results. In one study, students developed a contract with another person to improve study habits. One group formed very specific contracts, while the other group's contracts were less detailed (Seidner and Kirschenbaum, 1980). Those with specific contracts were much more enthusiastic about their plans to change behaviors, increased the amount of time spent studying, learned new study skills, and followed the details of the contract. An example of a contract that has the elements needed to increase the chances of success appears in Table 5.4.

Research shows that support and help from others is a key ingredient in whether a personal change plan will work (Hall, 1980). Having other people involved is particularly effective when trying to modify difficult habits such as losing weight, cigarette and

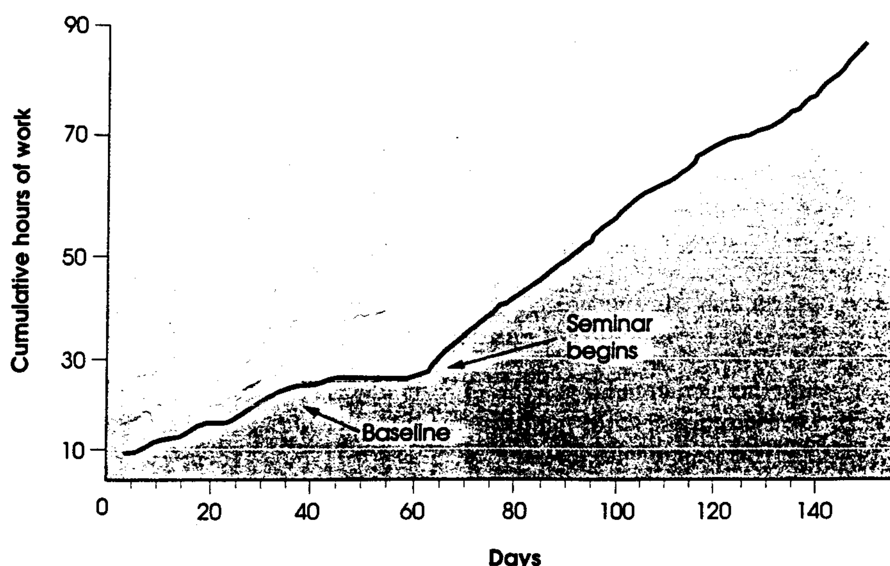


Figure 5.2 *A cumulative record of writing behavior. The amount of time the psychologist described in the beginning of this chapter spent writing each day is added together for the baseline period and after the informal seminar began. Note the increase in writing that occurred after the seminar and the social support and rewards it provided. A cumulative graph allows one to check the total amount of a desirable behavior quickly and to note changes in the rate by which it occurs. (Adapted by permission from V. J. Stevens, Increasing professional productivity while teaching full time: A case study in self-control.* Teaching of Psychology, 5, *1978, 203–204.)*

alcohol consumption, delinquent behaviors, getting more exercise, and maintaining good health habits. In many cases, it is not necessarily the number of positive reinforcers they help to deliver that makes the difference. Rather, it is the overall support that they provide for your efforts to change (Cohen and Lichtenstein, 1990). When social support and reinforcement are introduced, the effects on behavior can be rather dramatic, as illustrated in Figure 5.2.

7. Monitor and Record Your Progress When Modifying Behaviors

Baseline data are not the only records needed. It is also important to record progress toward achieving a target behavior as well. Behavioral changes take time, and monitoring our progress will allow us to assess if a plan is working. What, if any, adjustments should be made can then be determined. To keep such records, you need only extend in time the procedures you used for the baseline data. A suggested way to do this appears in Table 5.5.

Some responses are difficult to monitor alone, and a little common sense is needed. A friend of mine wanted to improve his golf swing and needed information on the length of his backswing, the position of his wrists, and his hip movements. Trying to monitor his movements and swing the club only made things worse. He solved the problem by asking one of his playing partners to watch each component for him. He was then able to keep accurate records.

REINFORCEMENT

NEW BEHAVIOR IS LEARNED BY REINFORCING

1. Small steps which are close to the behavior you want.
2. A model who exhibits the behavior you want.
3. Behavior you want to happen again.

Adults and children REPEAT only those behaviors that results in REWARDS (or desired outcomes) or escape being punished. They tend to AVOID those behaviors that are NOT followed by REWARDS (or desired outcomes).

WHAT TO REMEMBER WHEN REINFORCING

1. Stand close to the client
2. Eye-level contact
3. Smile/hands at side\open palms
4. Touch chair, shoulder elbow
5. Use expression, slow rate of speech
6. Talk about behavior, not character
7. Use adjectives sparingly

REINFORCING:

Acceptable/Verbal

1. That's clever
2. Excellent
3. How beautiful
4. Fantastic!
5. Marvelous!
6. That's right
7. I'm so proud of your work.
8. I like the way you did that.
9. That's a wonderful way to do that.
10. That is clear thinking.

REINFORCING

Unacceptable/Verbal

1. YOU are a good person.
2. YOU are a responsible person.

Any sentence which begins with "you" and shows feelings about the student as a person is unacceptable.

The student is a "good" person, regardless of his ability to complete school assignments.

If we observe a behavior occurring REPEATEDLY, we know it must be producing a REWARD (or desired outcome).

DIRECT REINFORCEMENT	INDIRECT REINFORCEMENT
1. actual reward social activity concrete	1. Must be traded for actual reward money green stamps
2. May be given immediately <u>after</u> desired behavior(s)	2. may be given immediately after desired behavior(s)
3. may be difficult to administer right after desired behavior	3. is easy to administer

DIRECT OR INDIRECT?

_______ Candy

_______ Smile

_______ Points

_______ Credit card

_______ Playing records

_______ tokens

_______ Popcorn party

_______ Free time

_______ Grades

Table 5.5 A Record-Keeping Format

Specific Target Behavior: Want to increase the average number of sales reports I write to eight per day by June 19. (Note: This example extends the analysis begun in Table 5.1)

Baseline Recording Began: May 10

Behavior Mod. Plan Began: May 24

Control of Discriminitive Stimuli: Will use my voice mail to screen telephone calls so I don't pick up the phone every time it rings. Also will put a small sign on my desk to remind me to finish a complete report before doing anything else.

Reinforcement Plan: Unless it is an emergency, I will allow myself to talk on the telephone only after I have completed a minimum of three reports. Each day that I meet my target, I will allow myself to select one of the following: a favorite dessert, a movie from the video store, an hour to read a favorite book, or time to watch two of my favorite television shows.

Days of the Week

	1	2	3	4	5	Total
5/10	6	8	7	5	4	30
5/17	7	6	5	8	5	31
5/24	8	7	6	8	6	35
5/31	7	8	7	8	7	37
6/7	8	8	7	7	8	38
6/14	8	8	8	8	8	40

Specific Target Behavior: I want to reduce my smoking by two cigarettes a day until I cut my smoking habit in half.

Baseline Recording Began: March 7

Behavior Mod. Plan Began: March 14

Control of Discriminitive Stimuli: Will walk away from people while they are smoking. Will chew gum or take a brisk walk when urge to smoke occurs.

Days of the Week

	1	2	3	4	5	6	7	Total
3/7	32	36	28	30	32	31	30	219
3/14	34	32	30	30	28	26	26	206
3/21	26	24	24	22	20	18	16	150
3/29	16	14	14	15	14	13	14	100

Reinforcement Plan: Will give myself ten points each day that I meet my goal. Every time I accumulate thirty points, I will treat myself to a movie.

SOCIAL-BASED APPROACHES TO MODIFYING BEHAVIOR

Imitation Learning

What was something you think you learned by watching other people? Who was the person you observed, and how were your responses similar? Listed below are three reactions to these questions from students in my classes. Can you identify with any of them?

1. Sometimes I act just like my mom when I get angry. It is really weird. My mom usually throws things around when she gets mad and then bursts into tears. I find I have a similar emotional response when I get really mad.

2. I practice four or five times a week, but what really seems to help is to watch someone who is better than me. I don't mean a real professional. Just someone who plays a bit better than I do. The professionals are just too good. Watching them doesn't help me as much.

3. I've got a good one for you. Last night I was leaving a restaurant, and they had small bowls at the cash register with the names of waitresses on them. They were marked "tips" and each had a few dollars in it. I usually don't tip at the fast food places, but seeing the money in the dish and watching other people put a couple of quarters in them as they left influenced me. I dropped 50 cents into the dish marked with my waitress's name. It wasn't much, but then again I seldom leave a tip.

Perhaps you have had similar reactions. Observing other people and imitating their behaviors are important influences on our learning. Modeling the actions of others helps us to learn various skills, emotional responses, socially appropriate behaviors, and even aspects of our sex roles.

Developing Skills Observing other people is often a first step in acquiring a new skill or enhancing an existing one. We might, for example, learn how to swing a golf club, play tennis, cook a meal, make a dress or sport coat, drive an automobile, or do the latest dance steps. We then try the skill ourselves and obtain feedback and perhaps a pat on the back. The feedback and rewards for imitating a model are essential elements of learning from our observations of other people (Bandura, 1986).

In one study, supervisors were taught management skills using principles of imitation learning. Forty supervisors were assigned to a group that received training on how to model behaviors or to a control group. The training was designed to improve their ability to motivate employees, to handle complaints, and to overcome resistance to change. Films of supervisors successfully handling such problems were shown to the modeling group. Participants then practiced the skills they observed. Compared to the control group, supervisors exposed to the models received higher performance ratings on the job, acquired their skills quickly, and were judged to have better interpersonal skills by their superiors (Latham and Saari, 1979).

Developing Socially Appropriate Behaviors Most of us return favors; periodically contribute to charities; display good manners at meals and social occasions; and are willing to help a friend, neighbor, or a stranger who needs assistance with a task. Such behaviors are learned, and research suggests that imitating models helps us acquire such responses. *Models provide a definition of socially appropriate behavior, and observing a model is sometimes more effective than simply telling someone to "do the right thing."*

One example of the latter tendency occurred in a study in which 11,051 students attending 66 high schools were asked to donate blood (Sarason et al., 1991). One group of students was shown an informational slide show about blood and its uses and asked to donate. The second group viewed a slide show that also showed a number of students giving blood and the popularity of high school blood drives. The group shown a model had 16.9 percent more donations to the blood bank than the group simply given information and asked to donate blood.

Learning and Expressing Our Emotions As children we learned to express various emotions by observing the actions of people we admired and respected. Children who have highly anxious parents, for example, behave more anxiously than do other

children. Also, our fears of snakes, spiders, and other things are strongly influenced by observing models (Ollendick and King, 1991).

Anger, anxiety, frustration, and other unpleasant emotions are not the only ones we might acquire by imitating others. We also learn in part how to express joy, excitement, happiness, serenity, relaxation, and other pleasant emotions in similar ways. Many of us developed ideas of how to show affection toward the opposite sex, to hug and kiss, or to make love by trying to imitate a respected model.

While models for emotional responses are sometimes people we know directly, this is not always the case. We learn a number of pleasant and unpleasant emotional reactions by watching films and television. We might identify with an actor and actress and get angry or show affection like they did. Television and movie violence acts as a stimulus for existing aggressive tendencies and leads to a breakdown in the inhibitions that existed against violence. Violent models also activate violence-related thoughts and suggest specific ways for carrying out such tendencies (Belson, 1978; Zillmann, 1989; Bushman and Geen, 1990).

To be fair, you must recognize that pleasant emotions and other socially acceptable behaviors are also stimulated by models on television and in the movies. David Loye (1978) showed that some television shows make people feel less aggressive; these people also report feeling more satisfied with themselves and other people after watching them. Susan Hearold (1986) reported that after watching programs that demonstrated prosocial behaviors, viewers' scores on tests of prosocial behavior increased. This was particularly true of their willingness to help other people in need.

Developing a Gender Role Many of our masculine and feminine behaviors are learned through male and female role models. Such models helped us learn appropriate behaviors for our gender. We may have imitated our parents, relatives we admired, famous actors and actresses, and close friends who displayed traditional masculine and feminine behaviors.

In the United States, James Doyle notes how boys are encouraged to imitate war heroes, famous male athletes, and successful businessmen. Many women, on the other hand, are exposed to role models who teach them to cook, sew, care for babies, and engage in other behaviors that are considered feminine (Doyle, 1983). Apparently, the models different cultures provide for men and women to imitate are rather similar. A typical finding is that around the globe, girls spend more time helping with housework and child care, while boys spend more time in unsupervised play (Edwards, 1991).

Even if people are exposed to them for brief periods of time, masculine and feminine models exert very powerful effects. In one study, college women were shown a number of television commercials. Some were shown commercials in which the women played passive roles while men played authority figures. Other women were shown commercials with the same content but with women as the authorities. The participants then had to engage in a variety of tasks, including a four-minute public speech. Judges assessed how independent, conforming, and self-confident the women were on the tasks. Those who watched women in independent, self-confident roles displayed more independence, less conforming behavior, and more self-confidence (Jennings, Geis, and Brown, 1980).

Using Imitation Learning Principles

Select a Role Model Obviously, imitation learning is an important learning process in our lives. The principles associated with modeling others can be used to develop a

Table 5.6 Characteristics of Effective Models

The research literature suggests the following characteristics are associated with effective models.

Personality Characteristics

- Warm and friendly personalities.
- Worthy of respect because of their competence, prestige, and intelligence.
- Similar to us with respect to sex, age, socioeconomic status, and physical characteristics.

Competence with Skill

- Are able to perform the skill we want to master.
- Perform the skill at a level that is normally one or two steps above our level or are able to perform at this level if asked.
- Are not perfect and occasionally make a few mistakes when performing the skill.
- Get rewarded for performing the skill or at least can demonstrate that positive rewards can be normally expected after completing the behavior.

Ability to Teach Skill

- Can break the skill up into its component parts to demonstrate it.
- Can organize the behavior according to how difficult it is.
- Can teach the skill by beginning with least difficult aspects and moving to most difficult components.
- Can talk about, label, and summarize what they are doing as they perform the skill.
- Can help you master particular parts of the skill by verbally or manually guiding your actions if needed.

variety of interpersonal, academic, and job-related skills. To do this, we must pay attention to the factors that research demonstrates makes imitation learning effective and apply them to our lives.

A good place to begin is by finding a model who can help you learn the skills you wish to acquire. The work of Albert Bandura(1986) identifies several characteristics of effective models, which are presented in Table 5.6. A model does not necessarily have to be a person with whom we normally interact. Television and radio personalities, sports figures, cartoon characters, actors in instructional audiotapes and videotapes, and people pictured preparing recipes, fixing cars, and making clothes also may help us acquire certain behaviors. Some people are even able to learn to write by studying a model's writing, as Focus on People 5.1 illustrates. Of course, if it is necessary to ask questions or to have the model coach you, his or her physical presence is certainly needed.

Attention, Retention, and Motivational and Physical Movement Processes Selecting a model who has certain characteristics is a first step in using the components of imitation learning. In addition, there are several other things to consider. Research by Albert Bandura demonstrates that people benefit most from models when they take steps to pay attention, to retain what the model does, to maintain their motivation, and to ensure that they are effectively employing the skills learned. *Attending means that one must notice the details of the model's behaviors.* What does the model do to swing a golf

FOCUS ON PEOPLE 5.1

On Becoming A Best-selling Author

During the nineteenth century, a popular device for becoming a good author was for people to copy Shakespeare. Individuals using this technique hoped that by copying his writings, aspects of his style would rub off on them. Since no one has matched Shakespeare's skill and style, it is doubtful the technique worked as well as people thought it would.

While copying someone's writing does not work, it is possible to profit from consciously trying to model and imitate some of the things established writers do. This was demonstrated by best-selling author Robin Cook. Before writing his first novel, *Coma*, Robin Cook was an opthamologist and clinical instructor at Harvard Medical School. He had never written a novel before, and his only writing experience had been scientific articles. He was convinced, however, that he could write a good mystery.

To write his novel, he read and studied more than 100 best-selling mystery and adventure novels to discover the devices their authors used to capture and hold the reader's attention. He did this by taking notes on those features of the books that built excitement and held the reader's interest. The plot devices that were used frequently and that appeared to work best were incorporated into his story. The result was a best-selling novel titled *Coma* that told the story of how a woman medical student unraveled mysterious deaths at a hospital. It was read by millions and became a popular movie. It also became the first in a long line of best-selling novels by this author (based on a story in *People*, October 22, 1978).

club, make a dress, or dance with grace on the dance floor? Once we attend to such things, it is important to compare how the model's actions differ from ours. This discrepancy helps us to develop a plan for what we want to do. Furthermore, the model's behavior must be retained. A period of time might pass before we have the opportunity to try what the model did. This could be a few seconds or minutes or, in some cases, several hours or days. Labeling what the model does, taking notes, or summarizing what occurs helps us to remember. Motivation can be maintained by observing the rewards the model receives. Of course, we must remind ourselves that successful imitation of the behavior can be rewarding for us as well. While trying the behavior, giving ourselves a few pats on the back and even earning the admiration of others is motivational. Finally, we should also have the physical abilities to copy the model's actions. With physical skills such as playing a particular sport, certain muscles might need to be developed through practice and exercise before we can imitate successfully. Suggestions for employing these components are listed in Table 5.7.

Observational learning typically occurs in the background of our lives. We are not always aware of following a model. When the components of the model are made explicit, however, people are in a position to make changes in their lives (Bandura, 1986). A planning process for utilizing imitation learning principles is presented in Exercise 5.2 in the Applied Activities section at the end of this chapter.

COGNITIVE-BASED APPROACHES TO MODIFYING BEHAVIOR

Cognitive approaches to modifying behavior try to achieve changes in behavior by altering thought patterns, beliefs, attitudes, and opinions. Such methods attempt this by getting people to change how they talk to themselves and/or try altering their self-

Table 5.7 Using Important Processes in Imitation Learning

Attention Processes

- Pay attention to factors that distinguish the model from you.
- Keep yourself alert to notice details of the model's behavior.
- Use all of your senses to help recognize important behaviors the model demonstrates.

Retention Processes

- Summarize what the model does.
- Take notes on how the model behaves, and review them periodically.
- Create labels to describe what the model is doing (e.g., closed stance, firm left arm/wrist).

Motivational Processes

- Encourage and reward yourself for progress made in imitating.
- Watch others receive rewards for successful imitation.
- Focus on the encouragement that others give you for trying to change.

Physical Movement Processes

- Develop physical abilities through practice and exercise in order to copy model's actions.
- Observe yourself perform the physical activities. Determine if they meet the standards to successfully reproduce the model's behavior.
- Get feedback from others on how well your behavior matches that of the model.

images and those of the world around them. Many of the methods were developed by therapists who sought to help people resolve problems in their lives. The methods have since found a variety of applications in therapy, sports, education, and other areas of our lives.

Self-instruction

Most people take instructions from teachers, coaches, parents, and others who are trying to show us how to do something. Such instruction not only gives us the steps to do something, but also includes words of encouragement. Donald Meichenbaum has developed ideas for modifying behavior based on the philosophy that people can teach or coach themselves (Meichenbaum, 1977, 1986). His methods have been used to help people to overcome negative self-images; to cope with emotions such as anxiety and depression; and to perform better on a variety of interpersonal, communication, and sports skills.

When dealing with negative emotions, for example, Meichenbaum tries to teach people to relax and to say comforting things to themselves. The emphasis is not on eliminating negative feelings but on giving people an alternative to letting their emotions rule them. Studies (cf. Mahoney and Lyddon, 1988; Rehm, 1988) have shown that the following ideas are useful:

- Repeat helpful reminders to yourself to relax (e.g., "Be calm, relax those tense muscles, and take it easy, there is no reason to overreact. This is only a test and not the end of the world").

- Reinterpret or reframe problems differently (e.g., "My anxiety over taking this test is not dreadful, and if used right it can help me to prepare better").
- Replace self-defeating thoughts with incompatible ones, including those that contain positive self-instructions (e.g., "I can handle this test," versus, "I'm not going to do well").
- Remind yourself of helpful actions to take ("I need to fall back on the basics of studying to do well").
- Remember to self-reward desirable behaviors (e.g., "I spent three good hours studying, and I deserve a pat on the back").

Research shows that self-instruction can help people cope with unpleasant emotions. In clinical settings it sometimes reduces anxiety levels enough that people are able to take less of certain drugs such as Valium to control anxiety. In one study, for example, self-instructional strategies cut in half the amount of Valium needed to control anxiety (DeVogue, Minor, and Karoly, 1981). Furthermore, people who try to change difficult behaviors such as eating patterns or who try to give up drugs or get more physical activity sometimes relapse into old habits. When this happens, it is not unusual for them to feel guilty, blame themselves, and give up. Included are saying things to themselves like, "I've failed at this again. I can't seem to change. I've got no long lasting willpower." Helpful self-instructions include things like, "Old habits are difficult to break. I had a relapse here, but that's to be expected. It happens a lot, and I just need to learn from this mistake and try not to repeat it again in the future." The latter instructions are much more helpful in getting oneself back on track (Marlatt and Gordon, 1985).

An example of how self-instruction was used by a company president to reduce anxiety over giving a speech and to enhance his confidence in public speaking skills is presented in Focus on People 5.2. As you read, think of how the same techniques might be used to make you more confident about speaking in public.

Mental Practice

In Chapter 4, the role of mental imagery in improving memory and acquiring new behaviors was discussed. Mental imagery can also be used to change certain habits or to enhance our ability to perform. In particular, mental imagery is effective when used to engage in **mental practice,** or rehearsal of a skill. Athletes, for example, who imagine themselves performing a skill before competition tend to do better than those who do not (Mahoney and Auner, 1977). High jumper Dick Fosbury, for example, often frustrated both the crowd and the officials by insisting on "mental practice" before he jumped. Fosbury, who revolutionized the style of high jumping, used to spend several minutes at the runway. He reported that he was "jumping in his head" and that he sometimes missed. When his mental rehearsal resulted in failure, he picked himself up out of the pit and made another fantasized attempt. Fosbury refused to make an actual approach to the bar until he had successfully cleared it in his head (Mahoney and Auner, 1977).

Studies show (cf. Suinn, 1983, 1989) that mental rehearsal is most likely to benefit you when:

- You possess the physical ability needed to execute the skill.
- It is used in conjunction with regular practice.

FOCUS ON PEOPLE 5.2

Using Self-Instruction to Overcome Anxiety over Public Speaking

A company president I consulted with was shown how to use self-instruction to reduce a mild case of anxiety over public speaking. He was worried about giving a speech to company stockholders because the company was not doing as well as last year. He was taught to use several aspects of self-instruction.

Remind himself to relax. He was taught to control his breathing and loosen tension in his face, neck, and upper body muscles. When tense, he told himself how to reduce some of the tension (cf. Chapter 10 for examples of such techniques).

Reinterpret the fear. That is, say things to himself that made the fear of public speaking less aversive. Thus, he said such things to himself as, "The fact that I'm nervous before giving a speech does not mean I am going to screw up the talk. My anxiety is just a natural way my body prepares me to become alert to do a good job."

Focus on helpful actions by thinking of successful speaking practices. Because he had enjoyed success in the past, a checklist of key things he did when giving a talk was developed. Furthermore, he was asked to mentally rehearse his checklist of successful behaviors before practicing his talk and before giving it to the stockholders. Finally, he reminded himself of occasions when items on his checklist were used successfully and how well his talk was received.

Reinforce himself for doing a good job. He was instructed to make reinforcing self-statements immediately after he had practiced his speech successfully and after he had given it to the stockholders. "I did everything I said I was going to do well. I knew I could do a good job. That was a very fine speech I made, and my boss looked impressed."

Everything worked out well for him. The stockholders were disappointed in the company's performance but liked his ideas for turning the situation around. One of his ideas for new products received a large round of applause. Self-instruction made the situation much more tolerable for him.

- You are motivated to learn and able to concentrate and focus on the components of the skill.
- The mental images formed are concrete and vivid.
- The mental images follow the sequence of how the skill is normally executed.
- You are able to imagine yourself in control of the situation and confidently executing the skill.
- You are relaxed and not anxious when mentally performing the skill. Typically, people are taught a method for relaxation and then practice while lying down or sitting quietly in a comfortable chair (cf. examples of relaxation methods in Chapter 10).
- Whenever possible, you try to have one last mental rehearsal just before engaging in the skill.

Mental practice, when used as the only intervention, is most beneficial for those who are adequately prepared physically. In sports, for example, the higher the ability level, the more benefit people derive from such practice (Zecker, 1982).

When combined with self-instruction procedures, mental practice can be even more effective, as Focus on Applied Research 5.2 illustrates. As you read, try to imagine yourself using similar techniques to play your favorite sport better, to prepare for an exam, or to improve your performance on certain work skills.

FOCUS ON APPLIED RESEARCH 5.2

Brainpower Golf

Daniel Kirschenbaum and Ronald Bale are psychologists, and avid golfers, who were convinced that cognitive-behavioral methods could be used to improve a person's ability to play the game (Kirschenbaum and Bale, 1980). To test their thinking, they analyzed what the pros said about the mental side of golf by reading 68 instructional golf books and two years of issues from *Golf Digest* and *Golf Magazine*. Based on this reading and their knowledge of behavioral psychology, they developed a training program based on self-instructional and mental imagery principles. Golfers were trained in how to use such techniques. The specific techniques used were:

Deep-muscle relaxation. Golfers were taught how to progressively tense and relax 12 muscle groups. Golfers used their knowledge to remind themselves to relax specific muscles a few minutes prior to their tee time or when needed during a rematch.

Use of a planning checklist. A review of each shot by using a checklist was made before taking it. The checklist was carried in a notebook and included such things as: lie of the ball, turf condition, potential hazards, wind, club selection, break of green, and distance to green and hole.

Mental practice. Before each shot, golfers were instructed to imagine the shot they wanted to take while holding the club. They were taught to picture such things as the feel of the shot, the swing they would take, the flight of the ball, and the ball landing in the target area.

Positive self-monitoring. After finishing a given hole, the golfers reviewed everything they had done well with each club they used. To prevent becoming their own worst enemy, they were told to "file away the poor shots in their memories" and "recall them after the game."

Positive instructional self-statements. Golfers were taught to develop a list of statements that would motivate them and prevent them from becoming anxious. The statements included such things as "Play your own game at your own pace," "You've made great shots with this club before," or "Your competence as a golfer does not depend upon your performance in any particular game."

Compared to their performance before training, golfers on college teams reported the program was very helpful, and data showed it reduced the number of strokes they took over 18 holes by an average of 1.5 strokes per round. At their level of competition, one to two strokes often determines who wins or loses.

There are a variety of other approaches for modifying our behaviors, thoughts, and feelings. Those presented in this chapter have emphasized changing overt behaviors by managing environmental stimuli, modeling others, and using mental processes such as self-instruction and mental practice. You will find discussions of other methods in Chapters 6, 8, and 10 of this book. There you will find suggestions for how to gain control over important attitudes, values, and beliefs that help to guide and direct your actions. Also, techniques for managing your emotions in interpersonal relationships and for reducing stress will be discussed.

DEVELOPING EFFECTIVE RELATIONSHIP SKILLS

Dealing with Conflict

Conflict is the tension, frustration, and anger that occur when the actions, beliefs, motives, or goals of two or more people are incompatible. *This incompatibility might be real, and/or it can result from a misperception on the part of one or more parties.* In the case history above, Harry's behavior of showing up late was incompatible with Sally's goal of wanting to be on time. Similarly, Sally's indecisiveness was incompatible with Harry's belief that people should make quick decisions. In both cases, there was an objective reality to being late and indecisive. On the other hand, their perceptions of each other's actions and their importance were probably exaggerated.

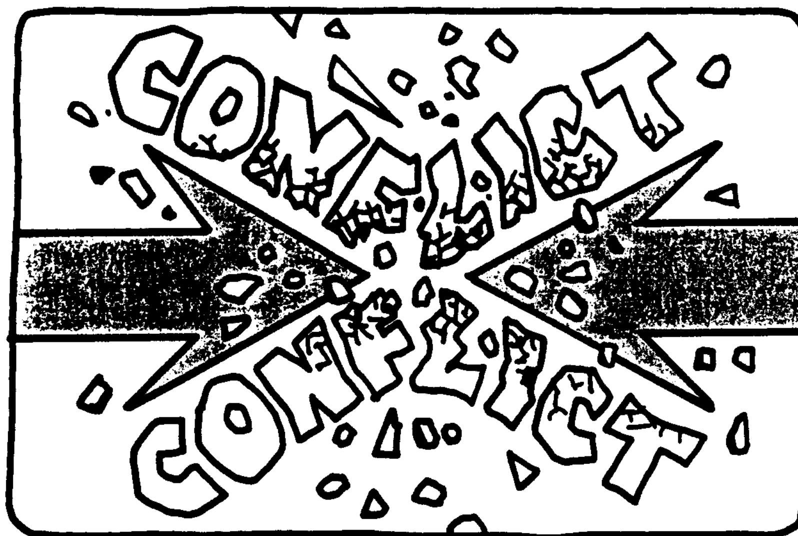
Conflict is a very pervasive part of our everyday life. Unfortunately, too many people believe that conflict should be avoided at any cost or that it serves no useful purpose. If conflict did not serve a purpose, it most likely would have disappeared from our interactions eons ago. For better or for worse, disagreements and the negative feelings that usually follow are a natural part of spending time with another person.

Each of us faces the challenge of how to manage disputes constructively. To accomplish the latter goal, it is important to go beyond the events that are normally defined as "the conflict." A friend recently described how she and her boyfriend argued in a video store over which one of two movies to rent for the evening. The dispute she identified was something called "what videotape to rent."

"If that was the case," I asked, "then why didn't you just flip a coin."

"That wouldn't have worked," she quickly replied. "He's always getting his way in this relationship, and I was not going to give in to him again."

The conversation quickly confirmed something very important about interpersonal disputes. That is, focusing on a specific event provides only a partial understanding of the conflict. After all, would Harry and Sally agree that their conflict began when Harry showed up 20 minutes late to pick her up after work? Most disputes involve more than a single event, and often they have multiple layers. A precipitating event might represent the "straw that broke the camel's back." Perhaps it was the most recent



in a series of similar incidents. Inevitably in ongoing relationships—much more is involved. Thus, before specific strategies for managing a conflict are selected, it is important to "look before we leap" and examine underlying components of conflict. (Grasha, 1991).

ANALYZING THE UNDERLYING COMPONENTS OF A CONFLICT

Conflict Serves Several Functions

Acts as an Early Warning Device Conflicts alert us to problems in a relationship. They should not be ignored or put aside in the mistaken belief that "things will magically get better." They usually don't. Both Harry and Sally, for example, placed their concerns on a back burner and thought they could wait until after they were married.

Serves as a Pressure Release Valve Tensions build in relationships, and when kept within people, the anger becomes dysfunctional. Thus, some release of this tension is needed. Carol Tavris (1982), however, notes that simply releasing frustration and anger is unlikely to help. Typically, and as the case of Harry and Sally illustrates, such displays make things worse rather than better.

Mobilizes Energy to Deal with Issues When a dispute produces unacceptable levels of tension, people usually want to deal with it. Sometimes, the issues are brought into the open, and both parties work to find an acceptable solution. Or, as the case of Harry and Sally illustrates, there are times when ineffective courses of action are taken. This is more likely to occur when each party "blames the other for causing the problem" or when each party stubbornly tries to "win" the argument and refuses to compromise.

Forces People to Examine and Renegotiate Existing Physical and Psychological Boundaries New ways of relating to each other are often established. Two married friends used to argue over "whose job was more important." One day they grew weary about arguing over this issue and decided to do something about it. They now share household chores and cooperate in taking care of their son. Now when their son is sick, they alternate periods of time to stay home to watch him. As Harry and Sally's case illustrates, however, a restructuring of the relationship is not always positive. They decided to occupy different physical spaces and to communicate through their attorneys.

Conflicts Occur Within and Across Several Arenas

The tension a dispute produces and the time and energy spent trying to resolve a conflict occur within three arenas—the intrapersonal, interpersonal, and intergroup (Pneuman and Bruehl, 1982; Walton, 1987). This is illustrated in Figure 9.1.

A dispute's intrapersonal arena encompasses the personal tension, and frustration within one or both parties. We are often well aware of this tension, and it is difficult to avoid thinking about what is bothering us. Susan Heitler (1990) reports that intrapersonal conflicts can be experienced in one or more of the following ways:

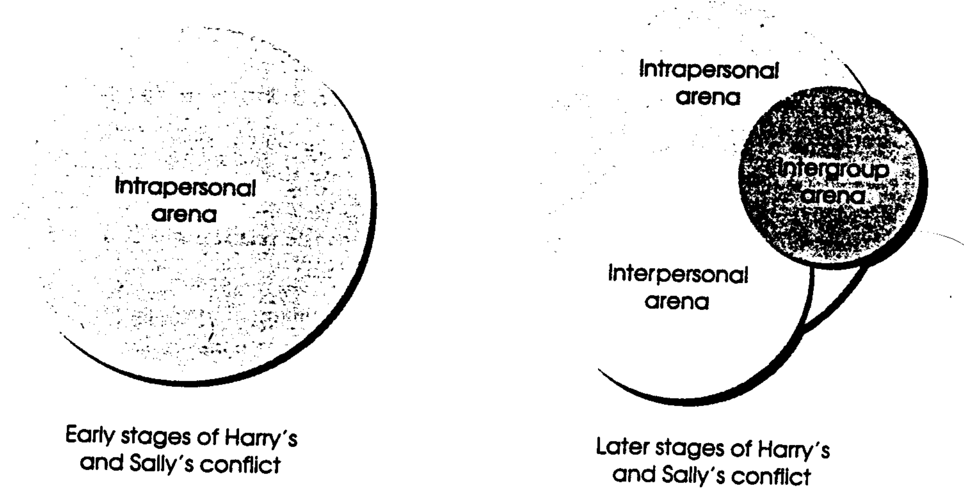


Figure 9.1 *Many conflicts involve overlapping boundaries or arenas. The degree to which they overlap varies among disputes and the point in time at which the conflict is examined. Early on, Harry and Sally's conflict mostly occurred within their intrapersonal arenas. They kept things to themselves and did not involve each other or other people. After it escalated, all three arenas were involved to different degrees in the dispute. The overlap in the circles symbolizes the involvement of each arena. The relative size of each circle symbolizes how much time and energy, relatively speaking, was spent dealing with the tension and frustration the dispute produced within a given arena (based on Grasha, 1991).*

- Feeling depressed, anxious, angry, frustrated, guilty, or ashamed.
- Engaging in self-criticism.
- Focusing on the qualities we dislike in others but failing to recognize that we often possess the very same qualities we dislike in others. Such blame allows us to ignore our own deficiencies and/or contributions to a problem.
- Trying to stop thinking about the situation that bothers us.
- Trying to think about other things to take our minds off the current conflict.
- Denying that the problem is really all that bad.
- Doing nothing and hoping that the problem will go away.
- Trying to block out or dull the bad feelings by using alcohol, drugs, by eating snack foods or by overeating.

As the case of Harry and Sally illustrates, our inner tensions may be kept bottled up for a period of time, but they eventually leak into the interpersonal arena. Once they emerge, someone usually gets "blamed for the problem," arguments emerge, and people may try to make others feel guilty about causing the problem. It is not unusual to see fights or physical abuse as one party tries to dominate the other. Or one person may simply "nag" another until he or she gives in to their demands. Some people also try to get even by becoming passive-aggressive, or one or more parties decide to stop talking to one another.

As the conflict escalates, friends, neighbors, or other groups of people in the intergroup arena become involved. Coalitions of interested parties may even begin to form. They may offer advice and support to each party or otherwise become actively involved in the conflict. In the case of Harry or Sally, members of their families and

subsequently their attorneys become immersed in the intergroup aspects of this conflict.

The Severity of a Conflict Is Related to Two Things

1. *The number of arenas the conflict spans.* Conflicts that span the three arenas are much more severe than one that is largely contained to a given arena. Thus, as long as Harry and Sally kept things to themselves, the conflict was much more manageable. Once it got out into the relationship and other groups and was not handled well—things got out of hand.
2. *Within each arena the number of issues, people, and groups that are involved.* A person with four troubling thoughts on his or her mind will experience more tension than someone with one. Similarly, two people arguing about three things are likely to experience more tension than a couple trying to handle a single concern. As the number of people and groups involved escalates, so does the overall tension in a situation.

Attempts to Resolve a Conflict Must Answer Two Questions

1. *Is the time and energy I am using to deal with the tension focused* on the proper arena? Both Harry and Sally, for example, kept their tension within their intrapersonal boundaries for a long period of time. They essentially covered up how they really felt. When their frustration erupted, very little time was spent in the interpersonal arena discussing the issues with each other. Instead, they tried to mobilize family members to "see things their way" and hired attorneys as allies to support their efforts to break up. Consequently, their attempts to manage the tension were misplaced.
2. *Does a resolution apply to each of the arenas?* Conflicts that get played out in several arenas are only resolved if the tension within each arena is resolved. Harry and Sally tried to settle their differences by getting divorced. In effect, the display of the conflict in the interpersonal area was subdued. Little attention was given to smoothing things over with their families or within themselves. The intergroup and in particular the intrapersonal arenas were ignored. They continued to suffer bouts of self-pity and berated themselves for having gotten married in the first place. They were not at peace with themselves. Each would have to work through their internal feelings before we could consider this dispute completely resolved.

A Number of Factors Can Cause a Conflict to Occur

Differences in Values Values represent the important and stable beliefs that underlie our behaviors across a number of different situations in our lives. People may value beauty, independence, control, equality, or any number of other things. Because they represent ideals or desirable qualities, most of us try to model what we value in our actions.

Similar values are one of the factors that draw people together. On the other hand, when they differ, conflicts may occur. Thomas Gordon (1976) uses the term **value collision** to describe situations in which different values produce tension, frustration, or anger in a relationship. A teenager, for example, might not directly tell her mother, "I want to be independent and autonomous of you." And her mother probably would not reply with, "I don't care, I just want to control your actions and keep you dependent upon me." Instead, a conflict based on such values might be played out in arguments

about curfews, the acceptability of the friends the daughter keeps, or when homework and school assignments are going to be completed.

Expectations Are Violated Each party to a relationship has expectations for how the other person should behave. Conflicts often occur when certain expectations are violated. A student in one of my classes reported how she and her boyfriend got into an argument. They had agreed not to date other people, but she discovered him cheating on her.

Unfortunately, expectations are not always explicitly shared, and what is violated are unstated assumptions about how people should act. Consequently, conflict and anger develop, and at least one partner begins to feel used or betrayed. Among married and unmarried couples living together, concerns about spending money, work, household responsibilities, and sex lead to conflicts (Blumstein and Schwartz, 1983). These authors report that people seldom share their expectations about such things. Instead, they can be heard saying, "My partner should know what I want and how I would feel about certain things."

Struggles for Power, Control, and Authority Sometimes disagreements occur over who is the more dominant or high-status person in the relationship. In effect, people struggle to maintain a "pecking order" or to establish a new one. A neighbor and his wife used to argue over who would take the garbage out for the weekly trash pickup. Alternating weeks, flipping coins, and talking about whose turn it was seldom worked. They entered therapy to work on a variety of relationship problems and soon discovered the conflict had little to do with turn-taking. Each viewed the task as demeaning. Consequently, neither wanted to be the "garbage person in the relationship." This conflict was about the "pecking order" in their marriage, with neither partner wanting to take a step down. Dealing with garbage was a task for a low-status person .

Disagreements over Goals, Methods to Achieve Them, and How to Allocate Resources There are three ways this typically happens.

1. *Everyone does not always agree on what goals to pursue.* One partner wants to plan a wedding as soon as possible, while the other just wants to continue living together. Business partners may disagree on what new products and services to develop. A graduate student and her thesis advisor might differ on what specific research project to pursue.

2. *People may disagree on the methods used to achieve various goals.* Two business partners I knew argued about the best way to advertise a new product. One wanted to use direct mail advertising, while the other favored radio and newspaper ads. A colleague and one of her graduate students disagreed about the best method to use in gathering information about child abuse. The student favored a questionnaire, while her advisor thought that interviews would be better.

3. *Disagreements may occur about how to allocate resources.* Married couples, for example, fight about money more often than any other issue. The arguments typically involve *how money should be spent* rather than how much money each partner possesses (Blumstein and Schwartz, 1983).

The Roles People Play Begin to Clash Did you ever think of yourself as an actor? You may not have starred in a play, but one way to view our daily interactions is to view our environment as a stage, with each of us playing different parts. The parts we play are called **roles.**

During a day, people adopt multiple roles. Individuals in my classes are students, brothers, sisters, mothers, fathers, and members of various occupational groups. I am a husband, teacher, researcher, father, consultant, writer, advisor, and president of a swim team. Roles allow us to structure our relationships with other people and prescribe certain guidelines for how to behave.

Role conflicts arise when difficult choices about how to behave in particular roles must be made. This can occur in three ways:

1. *We have more than one role relationship to a person or group.* A good friend found herself in a rather awkward situation. Her daughter was a member of the soccer team she coached and was misbehaving and not playing very hard in practice. Her dilemma was whether to discipline the child in her role as a parent or as a coach.

2. *People disagree on how a role other than their own should be played.* In one of my recent classes, a student became frustrated. He was angry at his best friend for talking about him behind his back. His father advised him to sever the relationship; his mother said he should try to work things out immediately; and his favorite teacher suggested waiting a couple of weeks for things to cool down before discussing the problem.

3. *Other people decide to play their roles in ways that are incompatible with our own.* Normally, the roles of husband-wife, brother-sister, student-teacher, and player-coach complement each other. Sometimes the roles become incompatible because people define them differently.

- A basketball player was recently suspended from our university's basketball team. During practice, he decided to tell the coach how the offense "should be run."
- A colleague and his wife divorced after 15 years of marriage. She told him that being a "traditional wife who stays home and takes care of the house and children is not what I want out of life anymore." He was not able to handle this new definition of her role.

Table 9.1 illustrates how role conflicts can occur in a classroom.

Boundary and Territory Violations All creatures on this planet defend various boundaries and territories. Such boundaries can be psychological. People become angry at those who try to violate their intimate and personal space zones (cf. Chapter 7). Tangible and physical boundaries and territories also can be involved as the situations cited below illustrate. *What are some examples from your life?*

- One of my students and her sister got into a fight because "she keeps going into my closet and dresser drawers to find clothes of mine to wear."
- My brother-in-law and a neighbor have gone to court. The neighbor, without consulting my brother-in-law, had a tree cut down that rested on the line that divided their property. "I always thought of it as my tree," the neighbor said when asked why the tree was cut down.
- A friend gets mad at her boyfriend because "he keeps leaving his junk lying around my kitchen."
- A client became angry at a former business partner. "He took everything he learned from me, is starting a similar business, and is trying to steal my customers away."

Several Factors Support and Maintain a Conflict

Using Interpersonal Styles for Resolving Conflict Ineffectively Figure 9.2 illustrates several **conflict resolution styles,** or preferences for dealing with others in a conflict. When overused or applied inappropriately, several of them tend to hinder finding mutually acceptable solutions. In effect, their use may support and maintain a dispute (Pruitt and Rubin, 1986; Thomas, 1992).

1. *Avoidance.* Such individuals typically avoid issues and hope they will go away. They usually do not try to have their needs met, nor do they cooperate in helping the other person. What usually happens, however, is that the situation gets worse because of the inattention. *Best used as a temporary measure to buy time, to think about things, and to figure out what to do next.*
2. *Accommodation.* The underlying attitude is "OK, I'll do it your way." While this tactic may get another person off your back, it also fails to address the underlying concerns. The person who accommodates may in time become frustrated and wonder, "When will I get some of my needs met?" *Best used occasionally to repay a favor, when the issue is not worth spending time and energy on or you want to get someone you don't have an ongoing relationship with off your back.*
3. *Competition.* One party tries to dictate solutions or attempts to overpower the opposition. A successful competitor does not allow others to have their needs met. Thus, a considerable amount of tension and frustration may ensue in the aftermath of such efforts. Those who lose are seldom gracious, and the competitor may find that their loyalty, trust, and willingness to cooperate wanes. *Best used infrequently only after other options have been exhausted. Even then, the "winner" must be strong enough to make a dictated solution stick and to handle the inevitable fallout.*

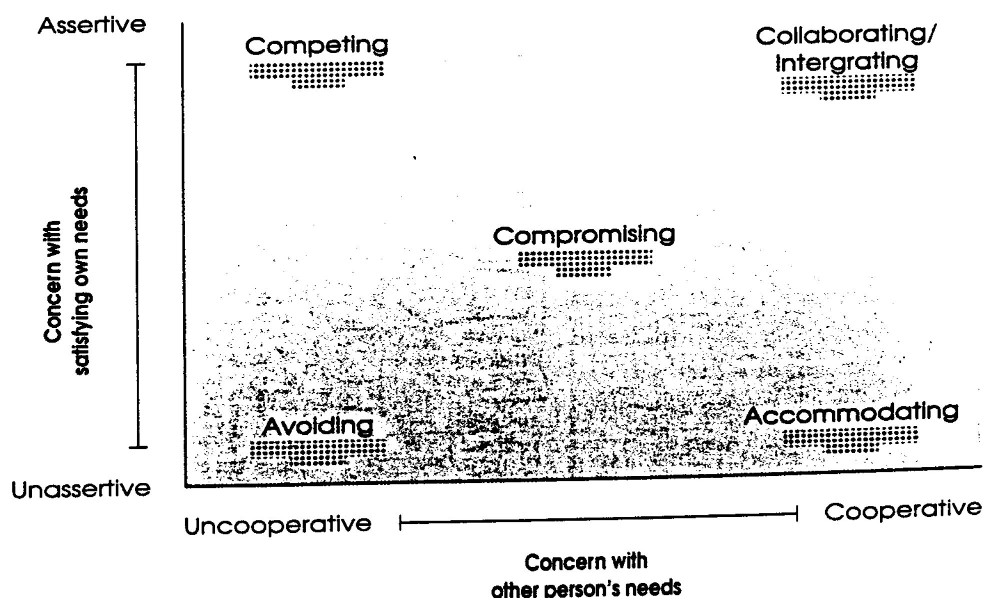
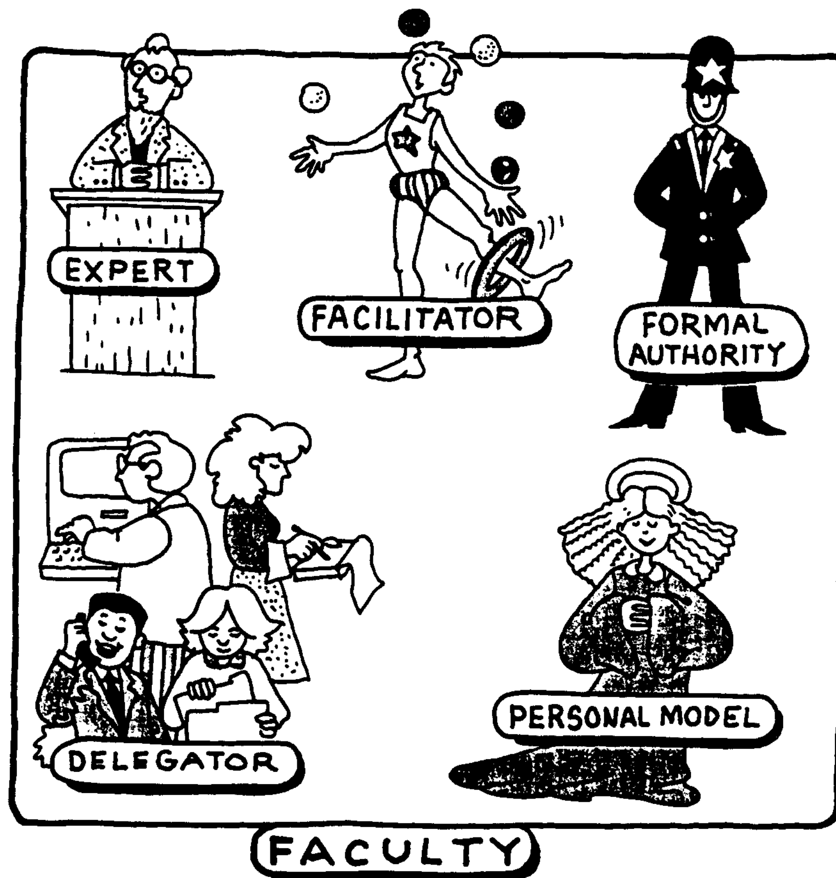


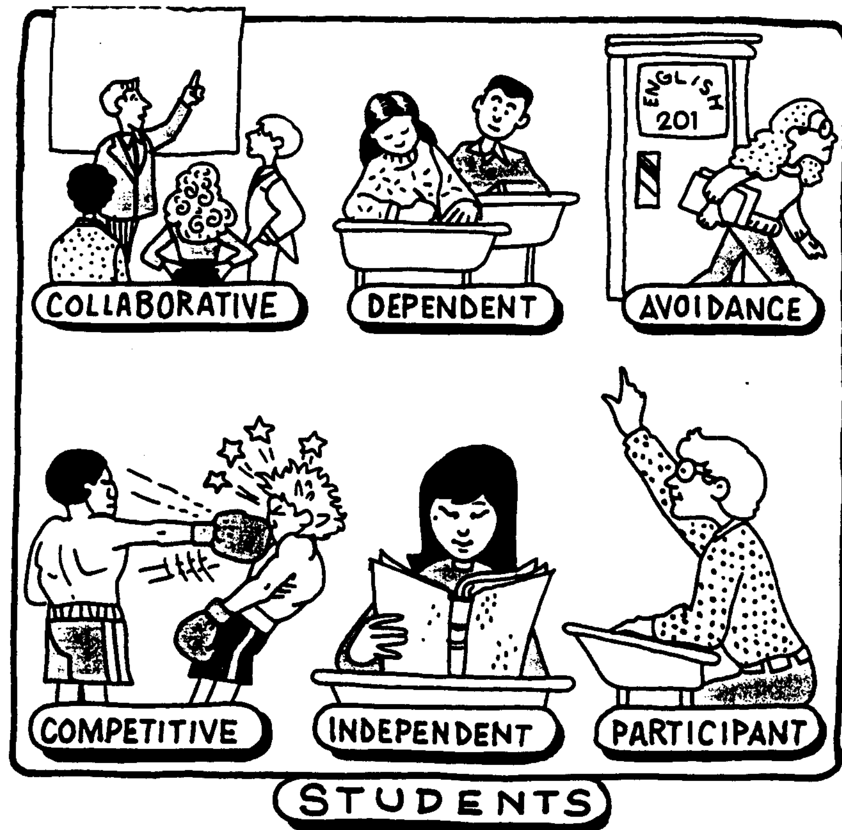
Figure 9.2 *A dual-concern model of how people tend to approach disputes. The model assumes that individuals differ in terms of their concerns with meeting their own needs and those of other people. Various ways of trying to resolve conflicts occur depending upon how such concerns are met (Pruitt and Rubin, 1986; Thomas, 1992).*

Table 9.1 Role Conflicts in the College Classroom

Several ways college student and teacher roles can be interpreted are illustrated below (Fuhrmann and Grasha, 1983; Grasha, 1994). People are relatively more comfortable emphasizing some aspects of their roles more than others. *Conflict typically occurs when the demands of a situation force someone to switch from a comfortable mode.* Thus, a student who prefers a more dependent and competitive orientation will resist someone who emphasizes a facilitative or delegative style. An expert and formal-authority-oriented teacher may experience difficulties dealing with highly independent and collaborative students.

STUDENT LEARNING STYLES	TEACHING STYLES
Competitive: Learns classroom material in order to perform better than others in the class. They feel they must compete for the rewards of the classroom, such as good grades or the teacher's attention.	*Expert:* Strives to maintain status as an expert by displaying detailed knowledge. Concerned with transmitting information to students and ensuring that they are well prepared.
Collaborative: Wants to learn by sharing ideas and talents. Cooperates and works well with teachers and peers.	*Formal Authority:* Concerned with providing positive and negative feedback, establishing learning goals,





Avoidant: Does not participate with students and teachers in the classroom. Generally uninterested or overwhelmed by what occurs in classes.

Participant: Tries to meet any reasonable request of the instructor. Takes part in as much of class-related activity as possible and does little that is not part of the course outline.

Dependent: Shows little intellectual curiosity and learns only what is required. Relies on the teacher for guidance about how to do things.

Independent: Like to think for themselves, are confident in their abilities as learners, and prefer to work on their own.

expectations, and rules of conduct. Tries to maintain the correct or acceptable ways to do things.

Personal Model: Believes in "teaching by example." Shows students how to do things by encouraging them to "observe" and then to "emulate" the instructor's approach.

Facilitator: Guides and directs students by asking questions, exploring options, suggesting alternatives, and encouraging students to make informed choices.

Delegator: Emphasizes students working in an autonomous fashion either independently or in teams. Acts as a resource person to answer questions and to review progress.

The Presence of "Hot Cognitions" Ellen Siegelman (1983) labels thoughts and beliefs that help to maintain and support disputes "hot cognitions." She says they have the same effect as adding wood and gasoline to an open fire. Such beliefs stoke up the intensity of the "fire" or conflict. Examples include:

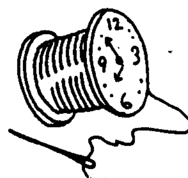
- *Thinking the worst about another person.* "Because of what she said to me, I can't trust her anymore." "Based on what he did to me, he's no better than the scum of the earth."
- *Personalizing what someone said.* "He said my school's football team sucks. Nobody gets away with talking about my school that way."
- *Blaming the other person for the dispute.* "If she hadn't screamed at me for no reason at all, I wouldn't have called her those names."
- *Thinking about retaliation rather than seeking a solution.* "There will be plenty of time to talk after I get even with him for what he did to me." "I don't give a hoot if this is settled. I just want to get back at her."

Personal Collusion in Allowing the Conflict to Continue All too often, people collude in keeping a dispute alive. *What they say or do and what they fail to say and do affects the course of a dispute.*

Two things contribute to this problem. *One is a tendency for someone to view him or herself as a neutral bystander in a dispute.* Here, one person typically waits around for others to "admit they were wrong" or to "do something about the mess they got us into." Disputes, however, usually develop out of successive instances of reactions and counter-reactions with both parties participating. *Second, one or both parties persist in employing ineffective thoughts and behaviors.* Someone who continues to "blame the other party for the problem" or who proceeds to use an "avoidant style" is, in effect, helping to support and maintain the dispute.

CONFLICT RESOLUTION STRATEGIES

Prevention—"A Stitch in Time Saves Nine"



An automobile preventive maintenance program encourages us to check and maintain the oil, fluid levels, tire pressure, and other parts so that major problems are less likely to occur. The same principle can be applied to interpersonal disputes. Jeanne Brett (1990) and her colleagues report that prevention is often an overlooked strategy. She states that it is much better to identify conditions that lead to problems and to take care of them before they erupt into a major issue. To accomplish the latter goal, she suggests that people discuss issues that may cause disputes beforehand and to try and learn from those that do occur. A list of "lessons learned" can be generated from any conflict that could help us in the future.

Several "lessons learned" for preventing conflict, from my experiences working with people, are presented in Figure 9.3. *What would you add to this list?*

- *ACBD: Always Consult Before Deciding.* Avoid the temptation to take matters into your own hands in order to "save time" or because "no one will really mind anyway." Whenever possible, consult with people who are likely to be affected by a decision you want to make.

- *Fix the Problem and Not the Blame.* In working with someone, things will sometimes go wrong. Treat what happened as a problem to be solved and not as an opportunity to enter a dispute with another person

- *Instead of Becoming Defensive, Ask What's Right About What Someone Is Saying that May Be Critical of You.* It's easy to become defensive when someone does not appreciate us in some way. It is also natural and understandable to discount or ignore what they are saying. In both cases, we miss an opportunity to obtain a different perspective that may help us in the future. Use what someone says not as an opportunity to "fly off the handle," but as a chance to learn something new about yourself.

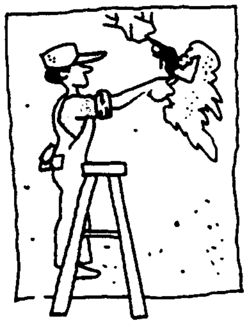
- *Count to Ten or Ten Thousand.* Whenever possible, don't react immediately to something that might cause a dispute. First distance yourself from your natural impulses and emotions. Remove yourself physically or psychologically from a situation in order to buy time to think about it. Use this time to prepare a response that has the potential to be constructive rather than destructive.

- *Take Time to Process the Things You Do with Others.* Talk to others about how tasks were accomplished, what went well and not so well, and things that need to be done differently in the future. Share expectations and make commitments for how you want to behave in the future. Such discussions often identify issues that, if left unattended, can get in the way.

Don't Get Mad — Don't Get Even; Work to Get What You Want. Keep your mind on what you want to accomplish. Ask yourself, "What do I really want out of this situation, and what is the most constructive thing I can do to get it?"

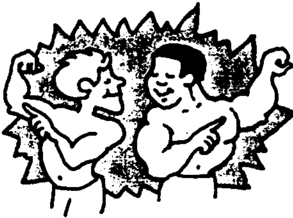
Figure 9.3 *Suggestions for Preventing Disputes.*

Take Early Action—"Nip a Conflict in the Bud"



Of course, disputes cannot always be prevented. Once they emerge, however, they are like many medical problems. The earlier they are detected and treated, the easier they are to manage. Unfortunately, conflicts are sometimes recognized, but people allow them to simmer. Like water kept in a teapot over low heat—disputes eventually begin to boil over. *This happens because over time, the issues may move from specific situations in which something was said or done to becoming a matter of principle or value.* People dig in, and their positions harden. When conflicts reach the level of "this is a matter of principle" or "this is something I really value," they become much harder to resolve. Harry and Sally might have had more success, for example, talking about specific instances of tardiness and indecisiveness early in their relationship. They waited, and the situation became a matter of principle in which each person was "trying to control the other's life and not allowing each other the opportunity to express their unique qualities."

Using Power—"Determine Who Is the Biggest Kid on the Block"



This is a power-based approach to resolving issues and involves a "win-lose" mentality for settling differences. Here, the strongest party prevails and dictates his or her solution to others. Resorting to such tactics appears, on the surface, to be a fast and decisive way to settle an issue. In reality, it is neither. Typically, one party tries to gain the upper hand, and the other resists. Verbal and physical fights might break out, and the conflict persists until one side "gives in."

Even in cases in which one party is in a position to dictate a solution or to eventually "overpower" or "wear out" the opposition, losers are seldom charitable. They often take a position of, "Wait till next time," "I won't forget how you treated me," or, "I can't wait to get even." In the meantime, they resent what happened to them and may engage in passive aggressive behaviors in order to irritate the "winner." Those on the receiving end of such attacks typically view the other party as less competent in managing conflict (Canary and Spitzberg, 1990). Consequently, they do not give in easily to actions they consider inappropriate and ineffective.

A friend once used his authority to reorganize the secretarial staff in his company into a secretarial pool. The managers under him argued that the change lowered their status and made them work less effectively. The secretaries resented losing control over how they managed their work and thought the secretarial pool was too impersonal. In spite of such opposition, he told everyone, "I'm in charge here, you work for me, and you'll do what I ask." Morale and productivity quickly declined. Two of his best managers and three of the secretaries left the company. The number of errors in documents increased; customer orders were not processed as quickly; and complaints about working conditions multiplied.

The popularity of a *"win-lose" approach* to conflict is in part due to a lack of information and skill for how to resolve issues in other ways. Also, it is due to a cultural preference for competitive modes of resolving differences (Kohn, 1986). Most of us grew up playing games in which the object was to "beat the opposition." The news media are filled with reports of wars, strikes, "unfriendly corporate takeovers," and other examples of "win-lose" approaches to resolving differences. In such an atmosphere, we simply gain little experience and have little access to role models for settling disputes in other ways.

In spite of such problems, what do you do if you still think you must fight? Ian Gotlib and Catherine Colby (1988) offer some advice in Focus on Applied Research 9.1. They argue that there are ways to fight fairly.

How to Have a Good Quarrel

Based on their experiences in helping couples to manage their differences, Ian Gotlib and Catherine Colby (1988) have identified suggestions for "fighting fairly."

Avoid

- Evading the argument, giving the silent treatment, or walking out.
- Bringing in unrelated issues from current or past situations.
- Pretending to agree while harboring resentment.
- Attacking indirectly by criticizing someone or something the other party values.
- Using your knowledge of the other person to hit below the belt and humiliate him or her.
- Telling the other person how he or she is thinking and feeling.

Do

- Acknowledge their viewpoint. Define the issues, and put the other person's positions in your own words.
- Keep the conversation focused on the "here and now" and not the "there and then."
- Strive to clarify where you agree and disagree and what matters most to each of you.
- Try not to feel obligated to counter the other person's anger with a direct or indirect display of your own.
- Respect the other person, and do not underestimate his or her capacity to want to find a mutually agreeable solution.
- Seek to understand the positions of the other person. Ask questions that help him or her to find words to express their concerns.

Conciliation—"Display a Little True Grit"

Charles Osgood (1980) developed an approach to managing conflict that was conciliatory rather than retaliatory. He believed it was strong enough to discourage people from exploiting each other and to signify the determination it requires—he labeled it GRIT (*G*raduated and *R*eciprocated *I*nitiatives in *T*ension reduction). This process has been applied to a variety of interpersonal and intergroup conflicts.

To apply the GRIT process, one party takes some initiative and announces his or her intentions to reduce tensions. The words are then backed up by one or more small conciliatory acts. This modest beginning opens the door for reciprocation by the other party. If a positive gesture occurs, further positive gestures are made by the side initiating the process. If a negative gesture occurs, a negative response is then given in return. This negative reaction should not be an overreaction but one that signifies "I am serious about solving this problem, but I will not be taken advantage of." GRIT is essentially a strategy of "I've just scratched your back; now it's your turn to scratch mine." Presumably, by scratching each other's backs, people and groups begin to soften their negative attitudes and feelings towards each other. Morton Deutsch (1991) notes that it works best when both sides are "firm," "fair," and "friendly" towards each other.

This technique is based on the premise that the continuing escalation of tension and hostility only impedes the resolution of differences. It also assumes that uncondi-

tional cooperation is naive and likely to invite one party to exploit the other. Thus, the turn-taking needed to make the GRIT strategy work is designed to reduce and eventually to reverse the level of hostility and negative feelings. This can be seen in the following example.

> One of my students used the GRIT strategy to break a deadlock in his relationship with his girlfriend. They broke up after a series of arguments about dating other people. They subsequently ignored each other in class, refused to speak to each other elsewhere on campus, and said nasty things about each other to their friends. Eventually, he decided to lessen tensions and sent her a note. In it he apologized for his behaviors and agreed to stop talking about her behind her back if she did likewise. He also said he would at least like to say "hello" to her on campus and hoped she would be cordial towards him. When they passed on campus the next day, he waved at her, and she smiled and then waved back. They exchanged a few pleasant words in class, and soon they were speaking to one another. They eventually decided to remain friends but not to date each other.

Research suggests that this strategy can be successful in breaking the deadlock that often occurs when a series of "win-lose" encounters prevail between two parties. Svenn Lindskold (1988) and his associates report that announcing cooperative intent tends to boost cooperation. Conciliatory acts, when consistently applied, also breed more trust and reduce the level of hostility. However, such effects appear only when both sides decide that "it's time to stop fighting and to settle our differences." The reduction in hostility and negative feelings then makes it possible for people to talk to one another. As long as one party sees an advantage to continuing the escalation, however, the GRIT approach is less likely to work.

Identify the Rights of Each Party—"Play by the Rules of the Game"

"Rights based strategies" rely on such things as shared expectations, policy statements, rules, standard operating procedures, and precedents as criteria to justify particular solutions to disputes. Such things are often a matter of public record or shared as part of the formal and informal **norms** people use for working together (Ury, Brett, and Goldberg, 1988). For example, a judge employs rules of law and legal precedents to determine how much of a settlement each party to a divorce is entitled to have. A referee in any sport uses the official rules of the game to settle disputes between coaches or players. The criteria set forth in a job description may be applied by a department head to settle any arguments about who to hire.

The application of a *rights-based strategy* does not have to be done in a formal manner. *In many everyday relationships, previously agreed upon expectations also can be employed as criteria to help settle disputes.* My neighbor's two daughters decided to take turns cleaning up the family room. A few weeks later, a short argument over who cleans the room was settled when one of the sisters reminded the other of the agreement. Similarly, one of my students initially resisted allowing a roommate to use her car to go shopping. She consented when reminded that she had agreed to do it the night she borrowed her roommate's favorite dress. In order for expectations to help resolve disputes, they must be explicitly shared and developed.

Three Conditions Are Needed for This Approach to Work

1. *Each party must recognize the expectations, policies, procedures, precedents, and rules as applicable to the dispute.*
2. *Someone must insist that such criteria be used.* One or more of the parties to the dispute might initiate such a request, and/or someone in authority might "order" or "demand" that applicable criteria be employed.
3. *The criteria should be applied impartially and fairly to the issues.*

A colleague was irritated that he had to teach a 240-student section of introductory psychology. "Why do I have to teach the introductory course this year?" he asked in a faculty meeting. "I think there are other people who should teach it before I do." Our department head replied by saying, "Two years ago at the faculty retreat you attended, we voted to require everyone to teach a large section on a rotating basis. So far, everyone has complied, and your turn comes up during the fall quarter." My colleague withdrew his objection.

Compromise—"Split the Difference"

*In order to compromise, each party works together until some acceptable "middle ground" between two positions occurs (e.g., split the difference).** This may literally mean meeting the other party halfway or at some other point between two positions that is acceptable to each party (Pruitt and Rubin, 1986). Typically, this occurs after haggling over money, resources, or ways of doing something. In order to end or avoid a stalemate, both sides offer concessions that are mutually acceptable.

A compromise provides a resolution that is not as good as someone hoped nor as bad as they could have gotten. While some of us are comfortable with it, Dean Pruitt

* This definition follows a convention in the conflict literature. Giving up all or part of one's demands in exchange for concessions is not a compromise. The latter strategy often involves people trying to find ways to integrate their interests and needs, as in the mutual gains model discussed later on in this chapter.

and Jeffry Rubin (1986) report that compromising is sometimes seen as "giving in" or as "losing face." These authors also suggest that people may compromise for the wrong reasons. People fail to seek more creative solutions because they get hung up on "fairness"; they are tired of working on the issue; time for a solution is running out; their aspirations are low; or they fear the dispute will worsen. On the plus side, the trade-offs involved often work to the advantage of both parties.

Seek Mutual Gains—"All for One and One for All"

Here both parties work together to find a solution that integrates each of their interests. This is called a **mutual gains** or a **win-win** approach to resolving differences. Roger Fisher (1981, 1988) and William Ury (1988) suggest several differences between a mutual gains model and other approaches.

1. Instead of "win-lose" or "splitting the difference," the primary goal is to find solutions that *integrate* each person's interests so that both "win."
2. People work to keep statements about who is "right" or "wrong," what is "fair" or "unfair," who "deserves more or less," or other positions out of the discussion.
3. Issues are decided on their merits rather than through a haggling process that focuses on what each side says it will or will not do in response to concessions by the other party.
4. Attempts are made to base solutions on fair standards independent of the naked will of the other side.

The philosophy behind a mutual gains strategy can be illustrated by the following case of two roommates who both wanted the last lemon in their refrigerator. In the first stage of their dispute, each claimed the lemon, and the conversation quickly developed into a "win-lose" argument.

Roommate #1: "I want the lemon, I grabbed it first."

Roommate #2: "No, that's unfair, I was just going to get it before you took it."

Roommate #1: "Ok, I'll give you a little piece of it."

Roommate #2: "You're being greedy; I want at least half of it."

Roommate #1: "There you go again, calling me names."

Roommate #2: "What do you expect me to say when you refuse to share."

You can probably see that if the conversation continued this way, the situation would deteriorate further. When people take positions and play out the dispute in a "win-lose" manner, bad feelings are likely to develop, and the competitive juices flow.

The lemon problem was resolved when one of the roommates asked a very simple but powerful question: *"What do you want the lemon for, anyway?"* As it turned out, they had different needs. One person wanted the rind for a dessert while the other needed juice for a glass of iced tea. A solution that allowed them to integrate both of their needs occurred when the conversation shifted from defending their positions to exploring their needs and interests.

Work to Integrate Your Interests with Those of the Other Party. *This is somewhat different from trying to compromise.* Attempts to compromise often assume a "fixed pie." That is, each of us has to give up a piece of the pie to resolve the issue. A compromise solution in the lemon problem would have been for each roommate to agree to take one-half of the lemon. In effect, they would split the "pie." *A mutual gains approach tries to help people find solutions without having to "split the pie."* There are four ways this can occur.

1. *Look for ways both parties can have their cake and eat it, too.* In effect, this is what occurred with the lemon. Each roommate was able to have the whole lemon available for her use. Remember the nursery rhyme: Jack Sprat could eat no fat/His wife could eat no lean/And so betwixt them /They licked the platter clean. A little creativity is called for here.
2. *Expand the pie.* Time, money, space, people, and other resources often are in short supply. Instead of trying to "divide up" existing resources, creative solutions can occur by trying to increase them. Two of my neighbors argued about where to spend their two weeks of paid vacation. She wanted to spend two weeks in the mountains, while he preferred two weeks at the seashore. A solution occurred when they got their employers to give them two additional weeks of unpaid vacation time.
3. *Trade off one interest in order to get another one met.* Here one party may give up on an interest in order to have another one met. A friend agreed to allow her husband to invest part of their savings in a real estate deal if he agreed to use some of the family resources to buy the new car she wanted.
4. *Find a bridge between your interests and those of the other person.* Here something that will link two sets of interests is sought. Couples in a video store do this all the time. One wants to watch a romantic drama, while the other prefers a comedy. A romantic comedy is selected. Or, when going out to eat on a family vacation, a restaurant is selected that is reasonably priced and where each member can order something he or she likes.

The components of a mutual gains process appear in Table 9.2. In order for it to work, active listening and other communication skills discussed in Chapter 7 also must be employed.

Develop Superordinate Goals—"Let's Do Something Together"

There are times when a common or **superordinate goal** will assist in resolving a conflict. If groups or individuals can agree on a compelling goal to pursue together, past differences may attenuate, as illustrated in Focus on Applied Research 9.2. Working toward a common goal sometimes can establish a spirit of collaboration and understanding. *This good will can then be transferred to working on other problems.* A friend of mine and his neighbor used to argue over their property lines. One day his house caught fire,

Table 9.2 Components of a Mutual Gains Approach

Both parties must be willing to collaborate and view the dispute as something for which each is responsible.

Gary: "I admit that I have not been very pleasant about what car to buy in the past. I'm not blaming you. This is a problem that we both have to work on."

Tammy: "I also think that we need to quit blaming each other for the impasse."

When necessary, try to separate people from the problem. Try to keep past or current relationship issues separated from a current problem. *A suggestion is to focus on the immediate problem and not past differences.*

Tammy: "I know you and I have argued about major purchases in the past, but I want to focus on what car to buy in our conversation and not bring up things from the past."

Gary: "I agree that we should let bygones be bygones."

Or, work on building a good relationship before trying to deal with substantive issues. Resolve relationship issues first, and/or develop guidelines for how you want to relate to each other when discussing an issue.

Agree to take a problem-solving approach to the situation.

Gary: "I'd like to treat this as something both of us have to solve."

Tammy: "I'm Ok with that."

The interests and needs of all concerned must be clearly stated. Self-interest often lies behind most of the conflicting demands individuals make. Such things must be recognized as legitimate, and the discussion should focus on identifying such needs.

Tammy: "I'd like a car that is easy to drive, that gets good gas mileage, and that we can use for the children's car pools and for running errands. I don't want to pay more than $15,000 for it."

Gary: "I also want something that looks good, that has a little power, and that is roomy and comfortable for long trips. It would not bother me if we had to pay more than $15,000 for it."

Invent possible solutions that would integrate each person's interests. The goal is now to be inventive, to propose options, and not to commit to any one option at this time.

Tammy: "I think a mid-sized car like a Buick Century, a Toyota Corolla, or a station wagon would work."

Gary: "I think a full-sized car like a Pontiac Bonneville or a mid-sized van also could give us what we want."

Make decisions by assessing possible solutions against objective criteria. Insist that some fair standard (e.g., market value, expert opinion, past practices and customs, rules, laws) determine the outcome. *This standard should be independent of the naked will of either side.*

Gary: "Could we use the ratings of new cars in *Consumer Reports* to help us pick the best option?"

Tammy: "That's alright with me."

The *Consumer Reports* magazine evaluations of new vehicles were helpful. A mid-sized van was well rated, and it allowed the two of them to have their interests met.

The Power of a Common Goal

In a classic study of conflict, Muzafer Sherif (1966) and his colleagues formed two separate groups of 11- and 12-year-old boys from those attending a summer camp. Each group worked independently preparing meals, camping out, and fixing up a swimming hole. They also were given different names—the "Rattlers" and the "Eagles." The staff then put the groups into conflict with each other through baseball games, tugs-of-war, treasure hunts, and other games. The competitive atmosphere of the games carried over into other areas of their lives. Other intergroup and interpersonal disputes began to emerge. The boys called each other names; fistfights broke out; cabins were ransacked; and an unfriendly atmosphere prevailed.

Order occurred in this chaos when Sherif introduced a superordinate goal. He created problems where the two groups had to cooperate to achieve something each wanted. Thus the boys worked together to fix the camp's water supply, to move a truck that "broke down" on a camping trip, and to contribute money to rent a movie each wanted to see. The tensions between the groups diminished, and individuals who previously were hostile towards each other developed closer ties.

and his neighbor assisted him in putting it out. They forgot their past differences during that episode. Each felt so good about helping to avert a tragedy that they were then able to discuss the property line issue more effectively.

Superordinate goals also have been used to settle differences among couples and business executives and to promote racial harmony in the classroom. In the latter case, children work together in small groups to help each other learn information and to solve problems (Myers, 1994). Superordinate goals tend to work best when by pursuing them people are able to define a new, inclusive group that dissolves their former subgroups. Thoughts about "us" and "them" must give way to "us" (Gaertner et al., 1990). These authors also report that goals do not work as well when a large power imbalance among groups or individuals exists or when the negative feelings and hostilities are deep-seated.

Also, pursuing common goals is no panacea for all of the problems in a relationship. While people may temporarily set their differences aside, afterwards they still must deal with those that remain. This is tragically seen when a married couple decides to have a child or to buy a house to help "pull the relationship together" or to "save the marriage." While raising a child and finding and fixing up a new home are collaborative activities, they temporarily mask underlying difficulties.

Use a Third Party—"Get a Little Help from Your Friends"

It is sometimes difficult to resolve a dispute on your own. The other party may not be very cooperative; the issues arouse too much tension; and you and the other party may have difficulty getting beyond your anger. One consequence is that ineffective ways of relating to others occurs, and the conflict cannot be resolved.

In the latter case, the use of a neutral third party can be effective. This might be a mutual friend who has skills in helping people to negotiate differences, a counselor or therapist, or a professional mediator. They can help set ground rules for discussions and monitor them so that everyone gets heard and the needs of both parties are discussed. *Bringing in a third party to help with a conflict is not a sign of weakness—rather, it is a sign of strength.* And many disputes may not get resolved without such help. Of course, this person must be perceived by both sides as "fair" and as "not having a vested interest in the outcome."

Determining the Best Resolution Strategy

According to William Ury and his colleagues, any method of resolving conflicts is likely to have certain costs and benefits. This is particularly true when considering the choice of power-based, rights-based, and mutual gains approaches. Clearly, one would want to employ a strategy that yielded the most benefits in a given situation. Four questions to ask are:

1. *What are the transaction costs of a given resolution strategy?* Disputes always cost something. They take time and money; emotional energy is expended; resources are consumed; and opportunities for engaging in other productive activities are lost. Before deciding to incur such costs, ask yourself the following question.
2. *Can I live with the terms of a settlement that is dictated by the other side?* If not, then employ one of the strategies outlined in this section to help you obtain more of what you want.
3. *Is it likely that the approach I selected will lead each party to be satisfied with the outcome?* The degree of satisfaction depends primarily on the degree to which the outcomes will meet the interests of the parties involved and whether the resolution is considered fair.

4. *What effect will this approach have on my relationship with the other party?* The outcomes of conflicts and the procedures that generate those outcomes affect two things. They are the ability of each party to resolve future disputes and their ability to work together.

Will the procedures used allow the dispute to stay resolved or to recur? Recurrence can take three forms: same dispute—same parties; different dispute—same parties; same dispute—different parties.

Research suggests that a mutual gains approach yields higher quality solutions as well as resolutions that generally meet with the greatest acceptance among participants (Pruitt and Rubin, 1986; Ury et al., 1988; Thomas, 1992). Participants report feeling more in control of the process, and their relationships with others are not as adversely affected. Solutions obtained from them also tend to be longer lasting. This is particularly true if processes are put in place to monitor and evaluate how well agreements are working out. Power-based or competitive strategies are the least effective in this regard, while rights-based approaches are somewhere in between.

Mutual gains approaches, however, typically take more time and place a premium on people cooperating and using good but often unfamiliar communication and relationship skills. Alphie Kohn (1986) also notes that collaborative methods are not as well known to people who live in a cultural climate where competitive and more adversarial approaches to managing differences prevail. Thus, he finds that collaborative strategies are sometimes viewed as inferior and difficult to maintain in such a climate.

While collaborative ways of resolving disputes have certain benefits, the distinction between "collaborative" versus "competitive" means of resolving differences is not always easy to make. Roy Andes (1992) reports that many situations contain elements of both approaches. Mixed messages are often sent, and mixed tactics are typically employed. The attorney representing one side in a divorce settlement offers the other side her "last settlement offer of $10,000." At the same time she communicates her willingness to collaborate by being sincere and displaying a high personal regard for the other spouse and his attorney. The GRIT procedure mentioned earlier also promises collaboration as well as competition if the other party does not reciprocate in kind.

William Ury (1988; 1991) also shows that combinations of "power-based," "rights-based," and "mutual gains" approaches are typically employed in the same situation. Sometimes the nature of the dispute is complicated, and no single approach will work. Or, one strategy is employed in order to get participants to apply another that would be more helpful. Consider for a moment the following examples:

> A vice president of a business I know became frustrated with his attempts to get two of his middle managers to cooperate more. He ordered them under threats of being fired to meet with a consultant to work out their differences. He employed a "power-based strategy" in order to get them to work with a third party on a "mutual gains" settlement of their differences.

> When I was a graduate student, my landlord once demanded that I pay for water damage to a bathroom floor caused by my letting a sink overflow. We argued over the telephone about whose fault it was and who was responsible for the property. I gave in only when he later showed me a clause in my lease that clearly stated I was responsible for such damages. Initially we argued in a typical power-based "win-lose" or "I-have-my-position-and-you-have-yours" manner. The clause in the lease, however, legally spelled out who was responsible. Thus, a "rights-based" approach finally settled it.

In some situations, the question is not, "What is the best strategy to use?" Rather, the issue becomes one of, *"What combinations of strategies are best used here?"* The same criteria listed above, however, would still apply in making such determinations.

DEALING WITH INTERPERSONAL INFLUENCE

Phillip Zimbardo and Michael Leippe (1991) view interpersonal influence as the attempts by one party to define or change the way others should think, feel, and behave. Efforts to influence are part of the normal give-and-take that occurs in our everyday interactions. The goal is to get others to think and behave in ways that one party finds desirable. Consequently, each of us faces two tasks in life. One is how to get others to do what we want. The second is how to avoid being unnecessarily influenced by other people. Such goals can only be achieved if we understand the influence tactics used and the ways to counter them.

Social Pressure

"Come on Dena, you don't have to study now. Join the rest of us for a movie. You can study later." Surely you have had an experience in which members of a group tried to influence your attitudes and behaviors. Such influence affects all aspects of our lives, and it can be quite effective. For example, school-based antismoking and drug programs are much more productive and have longer lasting effects when run by peers (Murray et al., 1984). In another study, neighbors who recycled solid waste asked those who did not to start recycling (Burn, 1991). They converted twice as many people than did written messages left on people's doorsteps. Social pressure also has been shown to influence adherence to job safety practices, the foods people eat, what they wear, the friends they associate with and where they live (Zimbardo and Leippe, 1991). Such pressure is effective because those we admire and respect reinforce us for thinking and behaving as they do. Also, other people can make things unpleasant if we resist.

Compliance, Identification, and Internalization People do not always conform for the same reasons. Each of the latter three processes plays a role (Kelman, 1958). Herbert Kelman identifies **compliance** as conforming in order to receive certain rewards or to avoid sanctions. As a result, individuals who comply publicly follow the wishes of others but privately do not accept them. For example, people might dress a particular way only as long as the prospect of a reward or the threat of punishment is held over their heads. **Identification** occurs when someone finds the things others want him or her to do personally attractive or appealing in some way. Thus, the clothes worn have some intrinsic appeal to a person and allow someone to look "just like my friends." Here the motivation is to develop a certain self-image that would probably change if one's friends changed. When the thoughts and behaviors others encourage us to adopt become completely integrated into our psychological makeup—**internalization** has occurred. Thus, the types of clothes worn do not vary much when hanging out with different groups of friends. They become a statement of who you are that now transcends what others think.

Authority and Social Power

Some individuals, because of their titles, positions in life, and status, exert a considerable amount of influence over us. Teachers, bosses, parents, ministers, and other authorities often ask students, subordinates, children, and church members to do a variety of things. Some griping and complaining may occur, and a request may not always be executed to perfection; but in the majority of cases, people do what they are told.

Sometimes following orders mindlessly has led to horrible consequences, embarrassing moments, and a willingness to "do what I'm told versus what is right for me." Each of the latter consequences is illustrated in Focus on People 9.2 Obeying authori-

FOCUS ON PEOPLE 9.2

Obedience to Authority

Harmful Consequences

In September of 1987, a protest against the shipment of military equipment to Nicaragua occurred outside of the Naval Weapons Station in Concord, California. Three of the protestors stretched their bodies across the railroad tracks leading out of the Naval Weapons Station to prevent a train from passing. *The civilian crew of the train had been given orders not to stop. In spite of being able to see the protestors 600 feed ahead, they never even slowed the train.* Two of the men managed to get out of the way, a third was not fast enough and had two legs severed below the knee. Naval medical corpsmen at the scene refused to treat him or allow him to be taken to the hospital in their ambulance. Onlookers tried to stop the flow of blood for 45 minutes until a private ambulance arrived (Kelman and Hamilton, 1989).

Embarrassing Moments

A colleague sent a graduate student to be the "substitute teacher" in an introductory psychology class. The undergraduate students had never seen her before. The substitute began the class by saying, "I'm in charge today, and I want to get this session started by asking each of you to stand. Fine, now I want you to clap your hands three times and pat the person standing next to you on the shoulder five times. Now jump up and down for ten seconds. Ok, sit down and put your pencils and notebooks on the floor." *Each of the 240 students in the class followed the commands of the teacher without questioning them.* My colleague then entered the room and began a well-listened-to presentation on obedience to authority.

Doing What I'm Told Versus What's Right for Me

I was once hired by a company to be part of a workshop on making effective personal decisions. The company maintained and repaired electronic equipment used to monitor radiation levels in nuclear facilities. Some technicians balked at entering an abandoned facility, fearing that it was dangerous to do so.

The company decided it only wanted to use technicians who had made an informed choice to maintain and repair the equipment. Experts in the area of radiation as well as those familiar with the site presented information and showed that the site was safe. I was asked to provide some principles of personal decision making that would help the employees decide whether or not they wanted to volunteer for the work.

Afterwards, I rode in an elevator with five of the technicians. One of them broke the silence by saying, *"You know, every one of us would have agreed to enter the facility if our boss had simply ordered us to do it. Having all of you experts brought in to talk to us only made us suspicious that the site was, in fact, dangerous."*

ty is a well-learned habit, and it becomes an acceptable alternative to asking "why am I doing this?" As the example of the technicians illustrates, some people may simply want to be told what to do. This was evident in the conclusions of a series of studies on obedience by psychologist Stanley Milgram. What stuck him was "the extreme willingness of adults to go to almost any lengths on the command of an authority" (Milgram, 1974, p. 245).

What makes someone in authority able to exert influence over others? Milgram identified several factors. *One is that they must be perceived as credible.* Otherwise we are likely to disregard their requests. *Second, all of us are socialized to obey authorities.* How many times have you heard someone say, "Respect your elders," "Do what you are told," or "Obey the law and those who enforce it." *Third, authorities also command our attention because of their ability to use several sources of social power.* Bertram Raven (1992) and his colleague John French identified several sources of social power, and these are described in Table 9.3.

Combinations of social power are typically applied. A boss who says, "I am in charge here. Do what I say or you will be fired" is using a combination of **legitimate** and **coercive power.** A parent who tells a child "Do me a favor and help me clean the bathrooms, then I will give you money for the movie" is employing **referent** and **reward power.** A classroom teacher who says, "Based on my experience, the Jones' book has the best analysis of this theory. If you read it, I will not give you a low grade" is using **expert** and **coercive power.** A salesperson providing details of how one product is superior to another in order to induce you to purchase it is using **information power.**

Research suggests that there are advantages and disadvantages to each of these

Table 9.3 Sources of Social Power and Influence

Expert Power Influence is based on personal knowledge and expertise that others do not possess to the same degree.

Information Power Influence is based upon having the information needed to be able to develop logical and/or persuasive arguments about why certain actions should be taken.

Referent Power Influence is based on the ability to support and nurture others and the degree to which they like you. It is fostered by the emotional commitment and identification of others with your beliefs and what you stand for in life.

Legitimate Power Influence is derived from the formal position that one holds within a group. Such power also develops when someone becomes dependent upon another person and becomes obligated to him or her. In the latter case, people have influence over those who owe them favors or who they have suffered or worked hard for.

Reward Power Influence is derived from the capacity to dispense rewards such as money, awards, social recognition and approval, and positive feelings in others.

Coercive Power Influence occurs through the ability to impose sanctions, to punish others, or to threaten to do such things.

Based on Raven (1992).

forms of social influence. People tend to appreciate and respond better to attempts at influence made on the basis of expert, information, and referent power. The extensive use of reward and coercive bases of social influence tends to not be as well liked by others (Podsakoff and Schriescheim, 1985; Stahelski et al., 1989).

Appealing to Needs

Advertisers and salespeople use this technique all of the time. An advertisement in which an actor and actress promises relief from loneliness if people join the Social Clubs of America is only one illustration of this tactic. Many times there is an honest and direct relationship between the product and the need it fulfills. Food products are usually tasty, and they do satisfy our hunger or thirst. On the other hand, sometimes there is a minimal chance of our needs getting fulfilled. Toothpaste is much more effective in cleaning your teeth than in getting you dates on Saturday night. Detergents are much better at taking dirt out of clothes than they are at keeping marriages from breaking up.

People also appeal to our needs for friendship and affection or to be accepted or keep a certain image. Sometimes they tell us nice things about ourselves simply to influence us. "You really look nice today." "That was a very intelligent decision." Or they may try to show how much they share our views on things: "I also agree with your position on the Middle East." "You took the words right out of my mouth." Such attempts at influence are called flattery. A common saying is that "flattery will get you everywhere." While it sometimes works, it can also fail to get results. Andrew Colman (1980) reports that it works best with people who have a good self-image. They are more likely to believe the nice things said because it fits their image. On the other hand, people with a poor self-image are likely to reject such attempts at influence.

Reciprocity

Social obligations are very powerful motivators. Most of us have learned that we should repay in kind what another person has provided us. We feel obligated to return favors, gifts, invitations to parties, kind words, and many other things others give us. After all, it is difficult to say "no" to someone who has previously done us a favor. Thus, a grocery store offers "free samples" of food, and people feel like they have to purchase something. A salesperson gives us a "free gift" and finds a more receptive customer. Someone we like hugs us, and we hug them back. In relationships, what is exchanged is the willingness to provide what the other person needs—when it is needed.

Research shows that people are much happier in relationships when they believe they are getting the same amount of help from a partner as they give. Those who either give more help than they receive or receive less than they had given were the most dissatisfied (Clark et al.,1986, 1989; Rook, 1987). Consequently, to keep the "give-and-take" balanced and the relationship on friendly terms, many of us end up doing favors for friends that deep down inside we would rather not do.

Obtaining Agreement and Commitment

One of my students was engaged to get married. She had accepted the engagement ring; wedding plans were made; and invitations to the wedding were sent to friends and

relatives. In the privacy of my office she broke down and told me she had made a mistake. "But it's too late now to change my mind," she said. "I feel stuck, and there's nothing I can do about it." Nothing I said seemed to make a difference. The marriage took place, and within a year they had separated and were eventually divorced.

Once we agree and commit to something we see as our own doing, it is not easy to change. Robert Cialdini (1993) reports that several processes are involved. For one thing, most of us were taught by parents, coaches, and others to "Finish what you started," "Don't give up—keep going." Or, "A person is only as good as his or her word." Also, we tend to justify our course of action to ourselves as a correct or wise choice. Otherwise, why would we agree to do something? Finally, once we agree to do something, we often feel obliged to behave consistently with that decision. No one willingly wants to appear "wishy-washy" to other people. Consequently, we mold our actions to make them consistent with our decisions.

Most of us do not agree or commit to something quickly or on the spur of the moment. Commitments seem to grow their own legs. That is, they take time to develop, and a major agreement typically grows out of a succession of smaller ones. After all, most people do not agree to marry someone after the first date. They do so only after their commitment to each other grows over time. Consequently, people trying to influence us typically begin in small ways to win us over.

Strategies Used to Obtain Agreement and Commitment

A Public Agreement or Commitment Is Obtained Agreements voluntarily made in a public arena are often strongly supported. When papers and contracts are signed or other people are watching or know about what we said or did, the pressures to remain consistent with the decision are greater (Cialdini, 1993). No one wants to appear foolish in public, to back down "on what I said in front of others," or to go against a "written agreement." This is one reason my student mentioned earlier thought she couldn't back out of her engagement. Not only had she agreed to a number of relatively smaller things (e.g., to accept the ring, to select a wedding dress, to invite people to the ceremony), but all her friends and relatives knew about her promise to get married.

Agreement Is Obtained on Unrelated Issues Have you ever found yourself agreeing with an insurance, magazine, or clothing salesperson on such things as, "Isn't it a lovely day outside?" "Your children are so well behaved," or "You look happy today"? You soon find yourself tempted to say yes to, "Can I have your signature on this sales contract?" Ellen Langer and Carol Dweck (1973) report that by getting you to agree, the salesperson has established that the two of you have something in common. It is harder to resist a request of someone whom you think looks at the world in a similar way. A variation on this strategy is illustrated in Focus on Applied Research 9.3.

Commitment to a Small Request Is Obtained People are likely to agree to a large request if someone first gets them to concede to help with a small request. After all, if you agree to "spend just a minute to answer a few questions," "have a cup of coffee or a

"I'm Fine, Thank You."

Solicitors for charities often begin a telephone or door-to-door sales pitch with, "How are you feeling this evening?" or, "How are you doing today?" The intent is to get you to respond with a rather polite comment such as "I'm fine," "Things are going well today," or, "Real good." The salesperson could care less about how you feel. His or her intent is to manipulate you to make a donation.

The next statement shows their true intention. "I'm happy that things are going well with you today because I want to ask you to help those who are less fortunate than you are."

Daniel Howard (1990) reports that such introductory statements are designed to make you feel awkward, stingy, or perhaps a little guilty about refusing a request for a donation or to purchase some product. In his research study, residents of Dallas, Texas, were called on the telephone and asked if they would allow representatives from the Hunger Relief Committee to visit their homes to sell cookies. People were told that the proceeds from the sale of cookies would be used to supply meals for the needy.

When the request was not preceded with a "How are you feeling this evening?" only 18 percent of those called agreed to the request. When the latter question preceded the request, 38 percent agreed to have someone visit their home. And in a remarkable demonstration that people try to remain consistent, 89 percent of those who agreed to a home visit purchased cookies.

cigarette," or to let them use your phone, it becomes much more difficult to turn off their request for other things. One reason is that we do small favors for our friends. Thus, someone becomes almost like a friend when we comply with one or more small requests. And how many of us, for example, can resist the request of a "friend"?

Agreement with an Analogy Is Obtained In a classic study, William McGuire (1961) demonstrated that people were more likely to modify a belief and take action if they agreed with another issue that contained similar logic. A neighbor's wife asked if I would talk to her husband about getting a physical exam. He had not had one in several years, and she thought it was about time for a checkup. In particular, she was concerned about his tendency to overeat and to feel dizzy occasionally. Of course, he told me that he felt fine and did not need a medical exam. I asked him if an airline should check its plane engines if they appeared to run well. He said that they should. "Airplane engines may look and sound all right, but you need to periodically check them for parts that are beginning to wear." I then asked him if there was an analogy between his body and the airplane engines. He smiled and said, "Of course there is." He got a medical checkup. McGuire suggests that this procedure creates a certain amount of tension, which is often resolved by taking the requested action.

Agreement Is Acquired Through Reactance Most of us try to exert our personal freedom to choose a course of action whenever we feel a high degree of persuasion (Brehm and Brehm, 1981). A child who feels that his parents are trying to get him to eat spinach may decide not to eat it in order to maintain some personal control over his diet.

Similarly, a person is likely to vote against some issue in a meeting if she feels that other members of the group are trying to force her to do something else. One of the consequences of trying to persuade people is that they may do just the opposite. This process of behaving to maintain our personal freedom, to make decisions in the face of persuasive influences, is called **reactance.**

Reactance, however, can sometimes work against you. Pretend that you are talking to an encyclopedia salesperson. He says, "I bet you are really not that interested in education." "Have you ever thought that gaining knowledge was a waste of time?" "I bet you spend very little time reading." "Have you ever thought that reading was a chore?" More likely than not, you would disagree with such statements. In the process, you would begin to agree that "you have an interest in education; gaining knowledge is not a waste of time; you spend time reading"; and "reading is probably fun." By resisting the statements of the salesperson and saying just the opposite, you begin to agree with the sales presentation. How could you not buy the books after saying that you like to read, you do it often, and it's fun and educational?

Managing Influence Tactics: Identify the Strategies Used, and Counter Them

One of the best ways to counter such influence is to identify the tactic, remind yourself that it is being used against you, and to then take appropriate action. For each of the strategies mentioned in the last section, consider how you might apply the suggestions in Table 9.4 to your life.

GET MORE OF YOUR NEEDS MET IN RELATIONSHIPS: BECOME MORE ASSERTIVE

Are you able to exert personal control in your interactions with other people? Are you able to say what you mean, to get others to help you, and to refuse the unwanted requests of others? Or, do you find yourself putting the needs of others ahead of your own and doing things that "I don't really want to do?" Learning to become more assertive will help. Behaving assertively means that you take actions to influence other people, to limit the amount of control they have over you, and to use social skills that make you more competent. This is done without putting another person down, attacking him, or stepping over her to get what you want.

Deliver Unexpected Messages When Necessary

Other people can use overt and subtle means to influence, control, and manipulate us only as long as we let them. Judith Stewert (1990) and Bobbie Reed (1992) point out that certain tactics will be used against us as long as we continue to make a predictable response. As long as we jump when someone says "Frog," they will continue to treat us a certain way. An unexpected message is anything that tells another person, "Things have changed, and I want you to think about what was said." Typically, we cannot change other people—they can only change themselves. What we can do is give them something to think about that might get them to change their behaviors toward us.

Three Ways to Deliver Unexpected Messages

1. *Give an honest and direct response to another person.* Many of us resent doing what

Table 9.4 How to Counter Specific Influence Tactics

Social Pressure. It is difficult to say "no" to a group of people. However, it is usually easier to say "no" to a single individual or to do so when others will support your decision. Thus, when pressured by a group to do something, buy time. "Look, I can't give you an answer right now. Which one of you can I get back to later with an answer?" Or, find one or two other people who think as you do, and together refuse the request. Also, develop your expertise in the area in which people want to apply pressure. Knowledgeable people are better able to resist the influence of others.

Authority and Social Power. The key here is to not follow the dictates of authorities mindlessly. Stop and ask, "Would I do this if no one asked me to do it?" "Is it something I would tell others to do?" "Am I compromising what I believe in by taking these actions?"

Appealing to Needs. Develop a skeptical stance in the face of such influence. Ask yourself questions about whether the desired outcome will occur, for example, "Would purchasing a tube of toothpaste really improve my social life?" "Am I as witty and intelligent as he says?" Focus on the self-interest of the other party. "How does the other person benefit if I do as he or she asks?" "What's in it for him or her?"

Reciprocity. Once caught in its grip, it is difficult to escape from its influence. Thus, prevention is often a more helpful approach to take. When someone to whom you don't want to incur a future debt offers you something, politely decline. Ask yourself, "Do I really want to accept this and then have to do this person a favor in the future?"

Obtaining Agreement and Commitment. Remember that most major commitments of time, energy, and resources begin with a succession of smaller ones. Instead of considering a positive reply to a "small request" as "no big deal," reframe it as a potential "major step" in getting a much larger commitment out of you. Then ask yourself the question, "What are the consequences of saying yes?"

A progressive chain of requests can be broken if a critical link is removed and not replaced. Thus, break one of the links. Several weeks after signing an agreement to purchase a house, a colleague realized that he had made a mistake. He simply refused the terms of the financing, and the sale was stopped.

Ask yourself, "Would I make this same choice again?" Instead of relying on your verbal response, trust the feelings that emerge. This gut reaction is likely to be a more accurate indication of your preference than your thoughts. The latter are more likely to justify the decision you already made (Cialdini, 1993, pp. 89-90).

Resist pressures to commit quickly, and demand time to think about a request. Or, say that you cannot agree until you consult with another person (e.g., friend, boss, spouse). Do a reality check. See if the request also makes sense to others.

they've asked, but we do it anyway. This leads to a halfhearted effort and feelings of being taken again. Instead, let others know what you think of their request. *Example:* John has a hard time telling people that he can't see them. Thus much of his day is spent with members of his organization that he does not really need to see. Sometimes he tries to put them off by saying, "Check with me later in the day or next week." But he still must see them later. Lately, he has been telling people, "I just don't have the time to talk to you about that." He then suggests other people in the organization who might be helpful. People are now careful when they ask to

see John. They must have a good reason, and it should be related to his area of responsibility.

2. *Say something that forces people to reconsider their actions.* The goal is to remove a predictable response and to have people reconsider what they are saying or doing. *Example:* A student, Ted, and his friend, Christine, often argued about leaving parties early. She would ask to leave, and he would get mad. One day he said, "I'd really like to stay. Take the keys to my car, and I'll get Jack to take me home later." He reports they got along fine after that.
3. " *Fog" the other person's statements.* Name-calling, guilt arousal, nagging, or just behaving obnoxiously are sometimes used to manipulate us. A helpful tactic when this occurs is to "fog" the message. You do this by agreeing in whole or in part with what others have said. *Example:* George tells Sam he is a lousy SOB if he does not help him paint his house. Sam replies, "Yes, I guess I am a lousy SOB sometimes. But I cannot help it." Diane's father constantly tells her how lazy she is about her school work. Diane replies to one such outburst, "Yes, I am lazy at times, and I suppose I don't care as much as I should about school. But I'm doing as much as I want to do now."

Afterwards, three things can occur. The other person's message does not have the desired effect, and they stop. Someone also may ask you why you think the way you do. Or, you can ask, "Can we now talk about how we see things?" In either case, you have regained more control over the situation.

Make Requests Appropriately

Sharon and Gordon Bower (1991) describe a technique for making requests that they label DESC scripts. Each of the components is described in Table 9.5. Of course, mak-

Table 9.5 Using a DESC Script to Make Requests

Describe the situation (D). Describe the situation in behavioral terms. Let the other person know what behaviors you observed that led you to make a certain request. Concentrate on behaviors and not the motives of people when describing what is going on. *Examples:*

Damon is returning a radio that needs to be fixed. "I bought this radio from one of the salespeople in the store last week. It has only been used a week."

Laura asks her boss for a raise. "I've been working here for 18 months and have not had a raise in salary. According to my evaluations, I have apparently done a fine job during this time period and have taken on much more responsibility."

Express your feelings about the situation (E).
Let the other person know what feelings, if any, the situation has aroused. Do this calmly, and use "I" messages. That is, describe how you feel by saying "I feel" and not "you made me feel" a certain way. *Examples:*

Damon: "I'm feeling disappointed that this new radio is not working after only a week."

Laura: "I'm beginning to feel unappreciated for the work that I have been doing."

Specify what you want (S). Ask for the specific actions you want to see implemented or stopped. Generally request a small or reasonable amount of something, and make only one or two requests at a time. *Examples:*

Damon: "I would like to have the radio fixed and for you to lend me another one while mine is in the shop."

Laura: "Based on what other people in a similar position are making, I think that a $150-a-month raise would not be out of line."

Describe the consequences associated with your request (C).
When possible, let the other person know what the positive consequences of meeting your request are. Select something that is desirable and that is likely to be valued by the other individual. Try not to specify negative consequences, but if you must, select a reasonable punishment that you are willing to carry out. *Examples:*

Damon: "If you do what I ask, I'll continue to feel good about the service I have come to expect from this store. And I'll be sure to let other people know how well I was treated."

Laura: "The raise will help me to continue to be a productive employee, and I'll feel that management cares about me and the job I'm doing."

ing requests in this way does not guarantee that you will get everything you want. It only provides a clear structure for making a request. You must still, however, be willing to compromise or to help others meet their needs.

Repeat Your Request More Than Once

Sometimes people do not hear you the first time; they choose to turn you off; or perhaps what you said was not clear. The broken-record technique, or repeating your

request, is sometimes helpful. Simply repeat your request either in the same way or with minor modifications. The goal is to say what you want enough times so that you have someone acknowledge your request. Unless you are persistent, requests sometimes go in one ear and out the other. Example of the broken record:

Wife: I need you to help me fix the small leak in the dishwasher.

Husband: Sure, honey. Let me watch the baseball game first.

Wife: "There is a leak in the dishwasher and I need your help now. It cannot wait till later."

Husband: "OK. As soon as this inning is over."

Wife: "The dishwasher is leaking, and I need your help now to fix it."

Husband: "All right, if it can't wait, let's do it now."

Exercise Your Right to Say No

People can only influence you unnecessarily if you continue to do what they want. That is, you effectively say yes to their requests. Manuel Smith (1985) and Rhonda McFarland (1992) note that saying no more often would give us more control over our time and energy. Most of us agree, however, because we are afraid that the other person will dislike or reject us; we want them to remain our friends; or we feel they will think we are petty. It is the fear of such things happening that keeps us saying "yes" when we should say no. If people are really your friends, they will not hate you, reject you, or think you are petty because you refuse a request. The following principles should help you say "no" effectively.

Four Ways to Say "No" Effectively

1. *Simply say "no" or "I don't want to do it."* Remember that you do not always have to give a reason for your response. In many situations, a plain "no" is all that is necessary. Giving a reason may only weaken the stand you have taken.

2. *Repeat your message until the other party accepts it.* The "broken record" technique mentioned earlier is helpful here as well. People usually continue to make the same demand because they hope you will change your mind. You must show them that you are firm.

3. *Give a reason only if you feel that the other party obviously needs or could benefit from such information.* When a pay raise request is turned down, automobile insurance is not renewed, admittance to school is denied, or a parent refuses a child's request to do something, an elaboration might help.

4. *Do not give a reason if you think the information is unlikely to help the other party or will simply allow him or her to present a number of counter arguments.* If you are sure that your decision is the one you want to make, then you do not have to give a reason.

   Example using this principle: A magazine salesman calls on Julie.

Salesman: "Could I interest you in a ten-year subscription to four magazines for the price of two?"

Julie: "No, thank you; I'm not interested in purchasing magazines."

Salesman: "Perhaps you don't understand the offer. What reasons do you have for refusing?"

Julie: "I understand the offer. Thanks for making it. However, I'm not interested in purchasing magazines."

Salesman: "Surely you can't be against reading and learning more, can you?"

Julie: "I'm not interested in purchasing magazines."

Salesman: "Perhaps another time. Good day."

Use Nonverbal Messages to Help You Become More Assertive

As you can see, verbally there are a number of things you might do to behave assertively. You should not, however, ignore the nonverbal aspects of what you do. Your nonverbal behaviors need to support your verbal messages if you are to assert yourself effectively. Consider the following suggestions:

Eye Contact Inadequate eye contact is often interpreted by people as anxiety, dishonesty, boredom, or embarrassment. Do not stare down people you are talking with, but maintain a direct gaze while you deliver your message. Sometimes it helps to maintain as much eye contact as you can but to periodically direct your glance to different parts of the other person's face. From a distance of three or four feet, it is difficult to tell whether you are not maintaining contact.

Facial Expressions Your facial expressions must match your message. It is not good to describe your anger to another person with a smile on your face. Similarly, you will not convey a relaxed posture if your teeth are tightly clenched. If you have a serious message, try to put on a serious face. The same is true of any other emotion you might want to express.

Gestures and Posture Fidgeting hands, nervous shifting from one foot to another, or slumped shoulders will reduce or contradict the impact of an assertive message. Your gestures should suit the words you want to convey.

Body Orientation Generally speaking, it is better to face others when talking to them. If at all possible, stand if they are standing, and sit if they are sitting. Otherwise, you might find your actions interpreted as aggressive. This is particularly true if they are sitting and you are standing. On the other hand, you will not come across as assertively if you deliver your message while you are sitting, and they are standing.

Distance The discussion of personal space in Chapter 7 suggests that you need to pay attention to how far you stand away from others when communicating. You need to use the appropriate personal distance zone for the message you want to communicate. A service manager will not listen as well to your complaint if you try to talk from six to eight feet away.

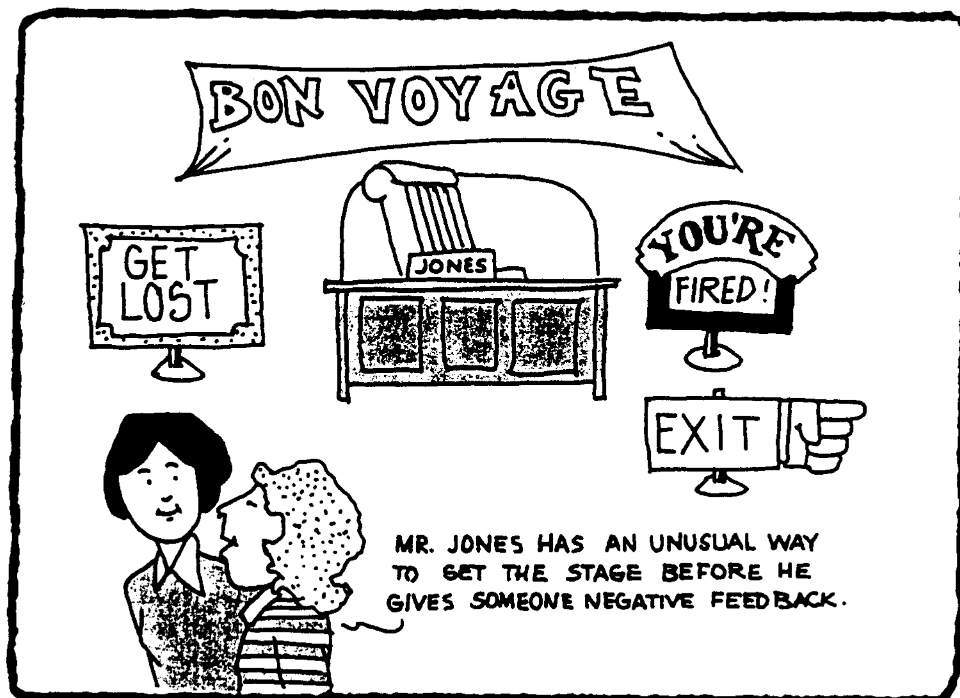


Table 9.6 A List of Interpersonal Rights

In interpersonal interactions, each of us has the right to:

- say no to a request
- not give other people reasons for every action we take
- stop others from making excessive demands on us
- ask other people to listen to our point of view when we speak to them
- ask other people to correct errors they made that affect us
- change our minds
- ask other people to compromise rather than get only what they want
- ask other individuals to do things for us
- persist in making a request if people do not listen the first time
- be alone if we wish
- maintain our dignity in relationships
- evaluate our own behaviors and not just listen to evaluations that others offer
- make mistakes and accept responsibility for them
- avoid manipulation by other people
- pick our own friends without consulting our parents, peers, or anyone else
- let other people know how we are feeling
- ask that others treat us with respect
- request that someone do us a favor
- take actions that protect us from racial, sexual, or ethnic discrimination
- choose with whom and when we will have sexual relations
- follow our conscience in making popular as well as unpopular decisions
- resist demands that we think and act in a certain way

Voice Elements When talking assertively, your tone of voice should not be overly loud or soft. The same is true of talking too fast or slow. You need to present your message with moderate volume and at a rate of 100 words per minute. Also watch out for distractions like the overuse of "OK," "Ya know," "Ummmm," and long pauses between sentences.

Exercise Your Interpersonal Rights

To behave assertively is one of the rights we each have in our relationships with others. It helps us to avoid too much influence by other people and gives us a chance to decide how to spend our time and energy. There are other interpersonal rights that we have that if used, will assist us in resisting the undue influence of other people. They will also help to set us apart from others and for them to see us as unique individuals that must be treated fairly. Table 9.6 has a list of these rights. The list is based on the work of Robert Alberti and Michael Emmons (1988). Which rights in this table have you used in the past week? Which ones do you need to use more often in the future? What do

you have to do to use them more in the future? One principle to keep in mind about using any interpersonal right is that other people have the same rights as you do. They are not things that only you have the authority to use. They are used much more effectively when you respect and recognize the other person's privilege to use them as well.

Giving, Asking for, and Receiving Feedback

Providing feedback is one way we can share expectations with other people and influence the way they behave in the future. Feedback should be treated as an error-correction mechanism that can have positive effects on both the individual giving it and the person receiving it. If you change your behavior as a result of something I tell you, I am likely to behave differently toward you. Some care, however, must be taken here. Cynthia Fisher (1978) notes that feedback should be given in such a way that others do not perceive you as trying to exert too much control over their actions. Also, placing yourself in the position of always providing feedback can make someone overly dependent upon you. Consequently, they may not develop the skills to judge their own actions. People need feedback, but they also should be encouraged to monitor their own actions.

People do not always volunteer feedback. Sometimes you have to ask for it. Such information can help ensure that you obtain the information you need to correct and enhance your behaviors. Suggestions for giving and receiving feedback appear in Tables 9.7 and 9.8.

Prepare Yourself to Behave Assertively

Assertive techniques are sometimes difficult to pick up and immediately use without some advanced preparation. A problem is that past habits can make it difficult to use them well the first time. There are several thing you can do.

Practice in Advance. This can be done in three ways.

1. *Imagine yourself in the situation in which you want to use the technique.* Think about the other people that are present and what you will say. Concentrate on both the verbal and nonverbal messages you will use. What reactions do you think you will obtain from others?

2. *Rehearse in front of a mirror the verbal and nonverbal behaviors you will use.* Pay attention to what you are saying and how you look saying it. Practice until you get it right. You may want to use a videotape recording of what you are saying to help you monitor your verbal behaviors.

3. *Have one or more of your friends help you.* Ask them to role-play the person(s) with whom you want to behave assertively. Have them critique what you plan to say or do.

Table 9.7 Principles for Giving Feedback

Provide feedback based on previously agreed upon goals, standards, or expectations. When working with others, establish expectations for tasks that must be completed, who will do them, deadlines that must be met, and the level of proficiency that is required. Feedback should be directed towards such things.

Example: "I thought the work you did met the customers needs, but it was finished two days later than we had agreed."

Give feedback only when you are sure the other person is ready to hear it. If people are not ready to hear what you have to say, they are not likely to learn as much. Before giving feedback, check the other person's readiness for it.

Example: "Alice, I'd like to give you feedback on your performance. Can we discuss it now?"

Give others the option to state what they would like feedback on. This helps others to select areas of their performance that most interest them, and it also makes the feedback process more collaborative.

Example: "Kelly, we agreed to talk at the end of the week on how we were communicating with each other. Are there some things you might want me to comment about?"

Focus on specific behaviors when providing feedback. Feedback is easily misunderstood or distorted. Stating what you observed in behavioral terms gives the other person a concrete frame of reference. Feedback is specific enough when it allows the other person to plan what he or she will do in the future.

Example: "Your front wheel hit the sidewalk when you turned. Try to turn the steering wheel about a third of the way more to the left next time."

Try not to be evaluative when giving feedback. A rule of thumb here is to focus on a person's behavior, not someone's personality.

Example: Avoid statements like, "What a stupid thing to do" and "I've never seen such a poor performance by anyone." Keep your feedback descriptive and oriented towards specific behaviors.

Use a frame of reference. When providing feedback, it is often a good idea to indicate a frame of reference when making comparisons.

Example: "Compared to the time others took to complete this task, your time of four hours was very fast."

Provide feedback as soon as possible. Feedback is not likely to have as much effect when directed toward behavior that occurred in the distant past. It is best to give feedback as soon as possible after a behavior occurs. The "data" on the interaction are fresh, and the ideas can often be explored in detail.

Give positive feedback frequently. Even when negative feedback is called for, consider preceding it with something positive.

Example: "Harry, the way you summarized the client's problem was extremely effective. However, in the future you might want to wait 15 minutes before closing the interview."

Table 9.8 Principles for Asking for Feedback

Set the stage for requesting feedback. Let the other person know you respect his or her opinion and how helpful the feedback can be to you. If possible, meet the other person in a quiet and pleasant atmosphere.

Example: "I have always admired how you do this task. Do you have a few minutes to show me how I can improve what I'm doing?"

Request feedback on specific strengths and weaknesses. Keep the other person honest by asking for specific examples of what you did well and not so well. Keep the discussion focused on specific behaviors.

Example: "You said that I take too much time with this task. Can you tell me exactly when and where this happens?"

Ask people to use a frame of reference when giving feedback. Ask the other person to indicate how your performance compares to that of other people.

Example: "How does my performance compare to how George and Jeanne do this task?"

Request feedback based on previously agreed upon goals, standards, or expectations. You should request feedback on how well such things were met.

Example: "When I first took this job, we talked about my beginning to supervise some of the sales people and that my personal sales on our new product line should increase over last year's. How do you see my performance in these areas so far?"

Actively listen to what is said. Summarize, paraphrase,and validate the feedback in addition to asking questions. These communication skills were discussed in Chapter 7. Let the other person know you really care by listening intently to what is being spoken.

Example: "You suggested that I have more performance reviews with people, and I agree that I have not been meeting with them as often as I could. Are there any special things that you would like me to cover in those meetings?"

Specify next steps. End the conversation by thinking of a few changes you will make in your actions. This tells the other person that you value what was said.

Example: "I'm going to schedule an additional performance review with everyone by the end of this month. I'll also work closer with the marketing department on obtaining the information I need to sell this new product line."

Develop a Script. You might consider writing a script for the situation. Pretend that you are going to play a role in a play. List in writing what you want to do verbally and nonverbally. Think about how the other person might react. How will you counter his or her responses?

Follow a Role Model: Most of us admire individuals who behave in certain ways. Think about people you know who behave assertively. Monitor their behaviors, and practice their actions in front of a mirror. Or sit down with them and discuss how they behave and see if they can give you any tips. The suggestions for using a model in Chapter 5 might help you with this task.

COPING WITH STRESS

Five Interrelated Goals of Coping

Prevent and Reduce Distress In moderate amounts, stress keeps us alert and ready to respond, energizes our behaviors, and helps us to remain productive. On the other hand, when there is very little stress, boredom sets in; when there is too much, we feel overwhelmed and our responses are typically not very productive. Here, the experience of stress is labeled **distress** (Smith, 1993a). Distress, for example, often leads us to feel overly anxious and frustrated, to make mistakes, to overlook long-term solutions to problems, and to respond to rigid and inflexible ways to the demands we face.

Create Eustress When our responses to stressors lead to productive outcomes such as solving problems and coping constructively, our experience of stress is referred to as **eustress**. People report feeling energized, more in control of their lives, and more willing to face the challenges and demands of daily living.

Successful attempts at coping help to prevent or reduce distress and enable the experience of eustress to become a more prominent part of our everyday lives. *There is no single strategy, however, that can achieve both of these goals.* Circumstances producing stress are complicated, and appropriate combinations of various coping responses appear to work better than any strategy used in isolation.

Nealia Bruning and David Frew (1987), for example, taught coping skills to managers and employees of a large corporation to help them manage distress on their jobs. Skills included identifying problems and seeding solutions, obtaining help from others, managing time, becoming more assertive, learning relaxation skills, and increasing physical activity. Combinations of such skills were much more effective in reducing uncomfortable levels of job stress than was any strategy used alone. Similar results have been obtained in other settings including helping students to manage exams and other stressors of academic life (Smith, 1989).

Strive to Live Within Your Comfort Zone All of us need sufficient amounts of stress in our lives to reap the benefits it provides, but not so much that it interferes with our satisfaction and productivity. To accomplish this goal, Melvyn Kinder (1994) indicates that we must keep the level of arousal from stressors within our comfort zone. *That is, we must work to keep the intensity of arousal from stressors at subjectively moderate levels.* He finds that accomplishing the latter goal typically leads to productive levels of performance and increased satisfaction with life. Finding your comfort zone is like the task the producers of a syndicated country-western television show faced as illustrated in Focus On People 10.2.

Putting Television Viewers into Their Comfort Zone

"Hee-Haw" was a very popular and successful country-western syndicated television show for more than 15 years. The format consisted of a series of 30-second to 5-minute segments of corny jokes, country songs, guest performers, and skits. Segments for the 26 one-hour shows were videotaped over a three-month period and then combined into a complete show.

To ensure that viewers were neither bored or overly stimulated by a show, the producers wanted to find their comfort zone. The theory was that shows perceived as "just right" would bring viewers back week after week. Thus, typical viewers were hired to rate each segment for interest, entertainment value, and humor. In effect, such viewers were telling the producers what their level of comfort was with each portion of a show.

Segments were then combined into an hour-long show so that each program had the same average rating. The producers wanted each program to have an overall mean rating of approximately 4.0 on interest, entertainment value, and humor. Different pieces, for example, might have rated a 1.0 (poor) on a 7-point scale on entertainment value, whereas others were given a 7.0 (excellent). To get a 4.0 average, each show combined segments that were rated relatively high and low on each criterion. *This process ensured that the overall quality of each show was well within the range of an acceptable level of viewer comfort* (Montauk and Grasha, 1993).

Buffer and Protect Yourself from the Negative Consequences of Stress Coping also helps us to buffer or cushion the effects of stressors and provides a certain amount of protection from them. For example, seeking help from other people helps to cushion and reduce the tension we experience. In addition, being physically fit and in good health offer some protection against the negative side effects of stress and also provide the physical energy needed to cope.

Conserve, Replenish, and Build an Inventory of Resources Needed to Manage Stress Steven Hobfoll (1989) views coping as a process where we spend a variety of resources. *The more resources we have to spend— the better we cope.* For example, dealing with stressors takes time, energy, and on occasion money. Without using time and expending personal energy, very few of our problems would get resolved. Similarly, some of our frustrations in life intensify when we lack material possessions. Having sufficient financial means makes it easier to handle medical bills, rent, mortgage, and car payments, and to buy food and suitable clothes to wear. A lack of money makes such things much more stressful. Other tangible resources associated with lower levels of stress include having a good education, a reasonably well paying job, suitable housing, and personal possessions such as cars, clothes, jewelry, furniture, and money in the bank.

Material resources are associated with lower levels of stress because they help us to live a healthy, productive, and more satisfying life-style. With them, people can better manage to take care of their physical needs as well as their needs for status. For example, they can buy medical care, nutritious food, as well as material possessions like stereos, cars, and clothes that signal others to their successes in life. Or when faced with a personal or legal problem, people with material resources can obtain professional advice or assistance by seeing a therapist or hiring an attorney; afford to take the time to work on issues; and purchase what they need to reduce the impact of a stressor; for example, a car to make traveling to work easier.

In Hobfoll's model, certain personal qualities also become resources for coping. They include such things as an optimistic outlook on life, beliefs that we can control events, personal resourcefulness, and having a positive self-image. The latter help us to resist stressors and to mobilize our energy to do something about a problem. Similarly, various types of knowledge, skills, and abilities promote effective coping. Included here is the information needed to succeed on exams, job interviews, or assignments at work; stress management skills; and communication and social skills. Finally it also helps to have several friends and acquaintances who can assist us when problems develop.

The wise use of resources produces important dividends in our lives. Barbara Israel (1989) and her colleagues, for example, report that people with adequate resources are less depressed, more satisfied with their jobs, and physically healthier. Similarly, students who reported possessing a larger number of the resources just described had lower levels of stress in their academic lives (Sohns, 1994).

Because resources are so important to us, the actual loss or threat of losing them can increase the amount of distress in our lives. Consequently, an important goal of coping is to conserve those resources we already possess, to replenish those we have used, and to increase our inventory of resources to help us meet future demands and challenges.

ACHIEVING THE GOALS FOR COPING WITH STRESS: MANAGING DISTRESS, CREATING EUSTRESS, AND LIVING WITHIN OUR COMFORT ZONE

Identify and Rate the Intensity of the Stress Various Events Produce

Just as segments of the "Hee-Haw" show were rated for viewer comfort, we can rate our levels of comfort with "segments of our lives." *Such ratings could acknowledge events that were outside of our comfort zone.* This would identify issues to work on in order to provide some immediate relief and to make them less of an adverse experience in the future. *The ratings also could identify situations that were within our comfort zone, suggesting the types of things we might want to experience more of in the future.* One way to accomplish the latter goal is to employ a Subjective Units of Discomfort Scale to monitor how much discomfort events produce (Montauk and Grasha, 1993). How to keep a stress journal using such a scale is described in Table 10.6 and Table 10.7.

Engage in Constructive Thinking Processes

Restructure How Events Are Perceived Sometimes events are interpreted in absolute and extreme ways. Albert Ellis (1987) labels such thoughts *irrational beliefs* and shows that they also add fuel to our emotional fires. "Extreme" thoughts suggest that disaster is right around the corner and include using words to describe events like *all, every, always, awful, terrible, horrible, totally,* and *essential.* "Absolute" beliefs imply that we have no choices and include using words to describe events like *must, should, have to, need,* and *ought.* Studies show they lead to a variety of interpersonal and personal problems, including excessive worrying, depression, irritability, loneliness, excessive gambling, and conflicts with others (Hoglund and Collison, 1989; Goldberg, 1990; Walker and Phil, 1992).

Pamela Butler (1981) identified three categories of irrational beliefs—drivers, stoppers, and distorters. Examples of each are illustrated in Table 10.8. *Which ones have you used? Which ones are present in the examples shown in Table 10.8?*

Table 10.6 Developing a Subjective Units of Discomfort Scale (SUDS) and Stress Journal

Purpose: To determine the relative levels of stress that various events produce. It is helpful to sensitize yourself to the different emotional experiences that incidents produce, and it also produces a written record of stressful events that can be employed to analyze problems, to develop solutions, and to work towards finding levels of stress that are much more comfortable.

Setting Up a Stress Journal: Events are monitored for a period of time (i.e., 3-5 days) to gather a baseline on the types of stressors encountered and the relative levels of discomfort they produce. *While recording for several days is suggested, doing so for even a single day is often informative.* An alternative is to list the events of a day or two after they have occurred. While not the most desirable method because of problems forgetting details, it is acceptable if no direct recording is possible. *A description for developing a recording format follows.*

1. A small note pad that can fit in a suit or shirt pocket is needed, and *ratings of important events are recorded as soon after they occur as possible.* Important daily events are given a rating in the notebook according to the discomfort level produced. Not every event needs to be recorded. Try to concentrate on *relatively important encounters that most often occur.*
2. *A 10-point "subjective units of discomfort scale" (SUDS) is suggested* in which a 10 indicates a relatively high level of discomfort, a 5 a moderate level, and a 1 a relatively low level of discomfort.
3. *Each notation begins with:*
   a. *Time of day and a listing of the major stressor(s) encountered* (e.g., 11:15 A.M.: discussed an unexpected low grade on a test with my teacher. I was visibly upset. 1:50 P.M.: had a telephone conversation with my girlfriend about her mother getting on her case all of the time. Had a lot of other things on my mind at the time).
   b. *A rating of the relative amount of stress or discomfort associated with the event* (i.e., 1–10 rating scale) and a notation as to whether the degree of stress experienced was in the comfort zone (CZ) or outside of it (OCZ).
   c. *Label the emotional experience* and the thoughts you experienced (e.g., angry, anxious, "the worst thing that could happen to me").

Restructuring how we think about events in our lives helps to reduce distress. *Generally looking for a balanced and less extreme/absolute perspective helps.* For example, assume for a moment that a friend says, "I'm sick and tired of how you behave around me. You are a real jerk!" Instead of personalizing the remarks and thinking, "What a horrible man he was to treat me that way. He does not deserve to be my friend," appraise the situation differently. Thus, you might think, "Maybe he's having a tough day. He must be very unhappy to say such things." Or, "His getting angry at me now might help him to settle down. Then I can talk to him later about what's bothering him."

Develop a Hardy Mental Outlook Some people live with high levels of stress and appear not to suffer from the physical and psychological problems their peers do. Instead, they engage in better health habits, have fewer instances of illnesses, create less stress for themselves, and rate stressful events as less threatening than most other people (Funk, 1992; Pollock, 1989; Wiebe, 1991). They demonstrate hardiness in the face of stress. Research shows that they have mastered the three Cs: Commitment, Control, and Challenge (Kobassa, Maddi, and Kahn, 1982).

Table 10.7 Entries from a Stress Journal

Monday, February 3:

TIME OF DAY	STRESSOR	SUDS RATING	EMOTIONS/THOUGHTS
10:30 A.M.	Discussed customer with my boss. He was rushed for time, and I was not able to discuss the best way to handle the customer's problem.	4 (CZ)*	A bit frustrated: "He never takes enough time with me."
Noon	Presented to the out of town sales reps on the new billing policies. Speaking in public not my favorite activity, and handouts were not as good as I would prefer.	9 (OCZ)	Anxious: "I bet everyone can see how lousy a speaker I really am."
3:20 P.M.	Had a doctor's appointment, and she got on my case for not taking my medication. I told her I did not think I needed it anymore.	6 (OCZ)	Irritated: "It seems like she enjoys picking on me."
4:10 P.M.	Walked back to office and thought about my upcoming vacation.	2 (CZ)	Relaxed: "I'd like this."
4:55 P.M.	Promised wife to take her to dinner and movie. Still have about two hours' worth of work in order to get ready for tomorrow. Had to cancel our date for the evening.	9 (OCZ)	Overwhelmed: Anxious: "I'm always doing this to my wife."

Analysis and Action Steps. What coping strategies must be used to manage events outside of my comfort zone? Are there any experiences within my comfort zone I need to have more of or that suggest other constructive actions I could take?

Example: Need to manage my time better so that I don't have to work late and disappoint my wife. Also could stop putting myself down so much. I actually spend a lot of time with her. Need to look for ways to become a little more assertive with my boss to get what I want out of conversations. Need to get more physical activity.

* CZ = Event Within Comfort Zone; OCZ = Event Outside of Comfort Zone

Commitment means that hardy individuals approach life with a sense of purpose. They enjoy what they do and do not passively go through the motions. When faced with an exam, they allow plenty of time to prepare. When faced with a new job assignment, they take the time to learn the skills needed to do well. In both cases, they approach

Table 10.8 Common Types of Irrational Beliefs

Drivers: Keep us from a natural pace. While often rewarded in daily life, they may lead us to become fatigued, exhausted, and frustrated.

Perfectionism:	"Be perfect in everything you do."
Do it yesterday:	"Hurry up, you don't have all the time in the world."
Be Macho:	"Be strong and put up a tough front. Never show weaknesses."
Self-sacrifice:	"Please others at any cost, or they will not like you."
Push self to limit:	"No limit to what you can do. Do as much as you can until it begins to hurt."

Stoppers: Keep us from taking actions, hold us back, and otherwise make us behave as we always have. Give us a good excuse for doing nothing.

Catastrophizing:	"This situation is utterly hopeless. Nothing will ever correct it."
Negative thinking:	"I can see nothing but gloom and doom here."
Arbitrary inference:	"My friend has not written in three weeks. She must not like me any more."
Rigidity:	"There is no reason to change how I think or feel."
Living in past:	"The old ways of doing things are always best."
Waiting around:	"I can't do anything until other people change first."
Quitter:	"I have tried everything, and nothing worked."
Procrastination:	"I have plenty of time to take care of this problem."

Distorters: Lead us to develop false impressions about ourselves, other people, and events. They add confusion to our lives and keep us from obtaining a good idea of what is happening to us.

Overgeneralize:	"I didn't do well, and thus I'll never do well."
Blame others:	"Other people are responsible for what happened."
Narrow-minded:	"I don't need more information; I have all I need."
Denial:	"This is really not a problem."
Stereotype:	"Those people are all alike. You can't trust them."
Either/or thinking:	"Either I'm a complete success, or I'm a failure."
Overestimate:	"This is the most horrible thing that has ever happened to me."
Illogical thoughts:	"My friends must support me no matter what I do."
Personalization:	"Somehow, bad things seem to happen to me no matter what I do."

each task trying to improve themselves; they take ownership for the task and do not do something only because someone said they should.

Hardy people also perceive themselves as controlling important aspects of their lives. Either they know, for example, that they possess the skills to do well on exams or a new job, or they are confident they can learn such skills. *They also see problems as a challenge and not as an obstacle.* Consequently, they are willing to devote time and energy to working on

them. Exams become a challenge to test their knowledge, and a new job assignment becomes a challenge for handling new responsibilities.

How can you take charge of your life and attack problems rather than retreat from them? *One way is to respond to stressors by asking questions that direct you to take charge of the situation.* You might ask, "What can I do to eliminate this stressor?" "How can I look at this problem as a potential for growth?" "In what ways does this stressor tell me something about my goals in life?" "How can I use this situation to enhance my knowledge and skills?"

Another strategy is to get better at setting personal goals. In particular, setting goals that provide challenges for us, to which we can commit, and over which we can exert personal control enhances our ability to adapt (Watson and Tharp, 1993). In addition, when we consciously analyze "why we want to pursue a given goal" and "our likelihood of sticking to it," our commitment and perceptions of being able to achieve it increase (Dishman et al., 1981). The section on self-renewal at the end of this chapter has several other suggestions for how to do this effectively.

Develop a Small-Win Attitude *This is the ability to take the problems we face and to divide them into smaller parts.* Thus, instead of having to "climb a mountain," we have a number of "manageable molehills" to step over. A related aspect of the "small-win attitude" is to resolve the little issues in your life. Sometimes it is the little things that hold us back from achieving our potential (Weick, 1984).

Establish and Honor Personal Priorities for Managing Your Time

Organize and Manage Your Time More Effectively "If I only had more time, I could get so much more accomplished," is a common complaint. Experts in time management, however, *point out that time is not the problem.* Lucy Hedrick (1990) believes that it is unreasonable for anyone to think she can do everything she wants. She finds the important issue is to learn how to use the time we have available more effectively. This means organizing your life and establishing priorities for what you want to accomplish. People who manage their time effectively report more control over their lives, less overload and ambiguity about what they should do, less tension at work, and greater satisfaction with work and their everyday lives (Bond and Feather, 1988; Hoff-Macan et al., 1990).

There are several components of managing time. *One is to organize your activities into a schedule of what you want to accomplish.* To do this, sit down at the beginning of a day or week and list activities at work, home, and in your social life that seem important to you. *Next, allocate those activities to specific periods of time.* This often involves specific times of the day and week, but some people also are successful in just developing a "to do" list for each day and getting to things when they can. Finally, *filter your activities to determine what you really need to do.* The latter task can be accomplished by asking each of the following questions about the activities you listed (Grasha, 1987, 1992):

- *Do I have to personally "do it"?*
- *Is there a more "creative/efficient way" to do it?*
- *Can I "delegate" this to someone else?*
- *Can I "delay" taking action?*
- *Can I "dump" this activity because it's unlikely to be missed?*

Answering such questions honestly will reduce the pressure to feel like, "I have to do everything." Thus, a somewhat more leisurely, less stressful pace can be applied to those activities that remain on your schedule. Or, the additional time can be devoted to higher priority items. *An added benefit is that the questions can be applied anytime someone makes a request of you.* They can help you manage the temptation to say "yes" when you should have said "no."

The real challenge in managing time, however, is not simply developing and following a schedule. Steven Covey (1989), for example, argues that the important issue is setting and acting upon personal priorities within the time we have available. He suggests that personal priorities need to focus on:

- *Preventing problems*
- *Building relationships*
- *Acting on new opportunities for ourselves*
- *Finding time for recreation and leisure.*

Establishing rigid schedules and accounting for every minute of our day sometimes can run counter to such goals. This efficiency focus may clash with the opportunity to develop rich relationships, to meet our needs, and to enjoy spontaneous moments on a daily basis. Thus, a certain amount of flexibility needs to be a part of organizing our lives.

Become a Little Selfish Abraham Maslow (1970, 1971) studied the differences between individuals who were successful and growth-oriented versus those who had difficulty reaching their potential. One of the important outcomes of his work was the discovery that people in the former group (i.e., those he labeled self-actualizers) employed a somewhat "selfish" approach to life. *They took time out of their daily schedules to devote to themselves.* The time was spent "relaxing," "taking walks," "engaging in hobbies," "reading," "enhancing various skills," and in a variety of personally satisfying and growth-producing activities. The result was a much more optimistic outlook and a reduction in personal stress levels.

What is important to recognize here is that even relatively small amounts of time can be helpful. Thus, begin with 10, 20, or 30 minutes of time a day devoted to activities that are important for your personal well-being and growth. The important issue is to change your thinking from "what others want me to do is important" to "some of what I want and need also is important."

Practice Relaxation Techniques

When daily activities become too stressful, muscle tension increases, people become anxious, and tension increases. People typically experience this as "feeling uptight" or as having tension in the muscles of the neck, lower back, or other areas of the body. Taking a break to relax helps to decrease such tension, and it slows down the physiological arousal associated with stress (Titlebaum, 1988). Various techniques for relaxing also restore energy so that you can cope better with stressful events. Those suggested by Hope Titlebaum are described in Table 10.9.

Table 10.9 Quick Relaxers

Slow Rhythmic Breathing

Sit back in a chair, or lie down if possible. Make your body as tense as you can, and remain tense for a count of ten before releasing the tension. Do this one to two additional times. This will help to release muscle tension and facilitate relaxing. Now relax your posture. Uncross your arms or legs; drop your hands to your sides; and sit or lie so that you minimize tension on your body. Exhale slowly through your nose for a count of four. Do so slowly and as naturally as you can. Inhale slowly through your nose for a count of four. Continue to do this until you get a natural and slow breathing rhythm established. Some people find it helpful to repeat a pacifier word such as calm, relax, peace, or quiet to themselves while slowly breathing. Continue this slow breathing pattern for a period of three to four minutes.

Guided Imagery

When relaxed and using the slow breathing exercise described above, begin to imagine a pleasant scene in your mind. Mentally place yourself into the scene, and enjoy the delights that you have imagined. You might, for example, imagine a series of scattered streams tumbling down a hillside. You follow the agitated energy of the water until it finally empties into a supremely quiet, tranquil pool or lake. The water has reached its level and now has no more need to rush and roar about. You remind yourself, while contemplating the tranquility of the deep pool, that all of us sometimes go along like the water passing through periods of seething stormy discontent. And then you see those periods of stormy discontent merging into the peacefulness of the undisturbed pool. *Some people find that once such images are practiced and associated with relaxation, simply imagining the pleasant scene helps to calm them.* Take your time going through the scenario you imagined. Pause after each event in your scenario, and reflect on what you are seeing and how it is helping to calm you.

Disengage Yourself

As you feel yourself becoming tense, immediately stop what you are doing and thinking about. Take a deep breath, and tell yourself to relax. Focus on some feature of the room you are in. A piece of art, a corner of the room, a chair, the floor beneath you or anything that is convenient for you to look at will suffice. Concentrate on that feature, and breath slowly. As you concentrate on the fixation point, clear your thoughts of everything. Do not make any plans, rehash a conversation, or try to solve a problem. Keep your mind as blank as possible. Do this for at least two to three minutes whenever you need a break from your concerns.

ACHIEVING THE GOALS FOR COPING WITH STRESS: BUFFERING ITS EFFECTS AND PROTECTING OURSELVES AGAINST STRESSORS

Seek Social Support

People who have good relationships with others suffer fewer medical and emotional problems than more isolated individuals. They also report more satisfaction with their lives. Good social support also helps us to "pull through" a variety of illnesses, medical emergencies, and other problems (Buunk and Verhoeven, 1991; Roos and Cohen, 1987). Social support appears to be an effective buffer of the stressors in our lives.

Types of Social Support

- *Emotional support.* Others listen and talk to us about our feelings and help us explore alternative ways to handle issues. Others often display confidence in us and provide encouragement to continue working on issues.
- *Informational support.* Finally, other people can provide advice and as well as other information needed to help resolve a problem.
- *Material support.* Those we admire and trust can provide us with material support such as equipment, money, or direct assistance with a task.

Seek Advice from Those in the Best Position to Help You Social support works best when it is specific to the type of problem encountered. A friend might listen to a problem and provide a feeling of "someone else cares and can appreciate how I feel." For a long-term solution, however, those in a position to give concrete advice and help are also needed. Otherwise, the problem will continue to be an irritation long after the short-term effects of "It's nice to know someone else understands" wear off. Two conditions for obtaining effective help from others are:

1. Be clear about what you want from the person you contact. Specific goals can include listening to my concerns about my workload, giving advice on how to deal with my boss, providing assistance with a difficult problem, acting as an intermediary to present my concerns to another person, or any number of other things.

2. State your goals before discussing the problem. For example, "I'm having a difficult time working with a my boss and wondered if you have a few minutes to listen to my concerns." Or, "I need a couple of suggestions for how to handle my frustration with the amount of work I have to do."

Develop Physical Hardiness

Managing stress is not unlike training to participate in any sport. Those who are healthy are in good physical condition, get proper amounts of rest, and eat a healthy diet typically perform well. Such individuals have the physical endurance and strength to handle the stresses of the event. In much the same way, we need "to be in shape" to handle the demands and challenges of daily living. People who are physically fit become fatigued less easily; they remain alert to cope with the demands placed upon them; their immune systems are stronger; they possess more energy for handling events in their lives; and they are less susceptible to illnesses (Brown, 1991a; Nowack, 1991). There are several things you can do to contribute to your levels of physical hardiness.

Integrate More Physical Activity and Exercise into Your Life A regular exercise program increases physical endurance, and when it includes frequent vigorous activities, it can also decrease the risk of cardiovascular problems. When physical endurance increases, people become fatigued less easily, remain alert to cope with the demands made upon them, and have more energy for handling the demands and challenges they face (Smith, 1993b).

Physical activity also takes our minds off of our problems, reduces inner tension, and improves our mood. Regular exercise makes people feel less frustrated, anxious, and depressed. It also enhances one's self-image and leads to feeling more in control of one's life (Feist and Brannon, 1988; Nowack, 1991). Such effects are not only present immediately after a workout, but they appear to become a regular feature in the lives of

Calories Burned per Week by Exercise and the Reduction in Death Risk

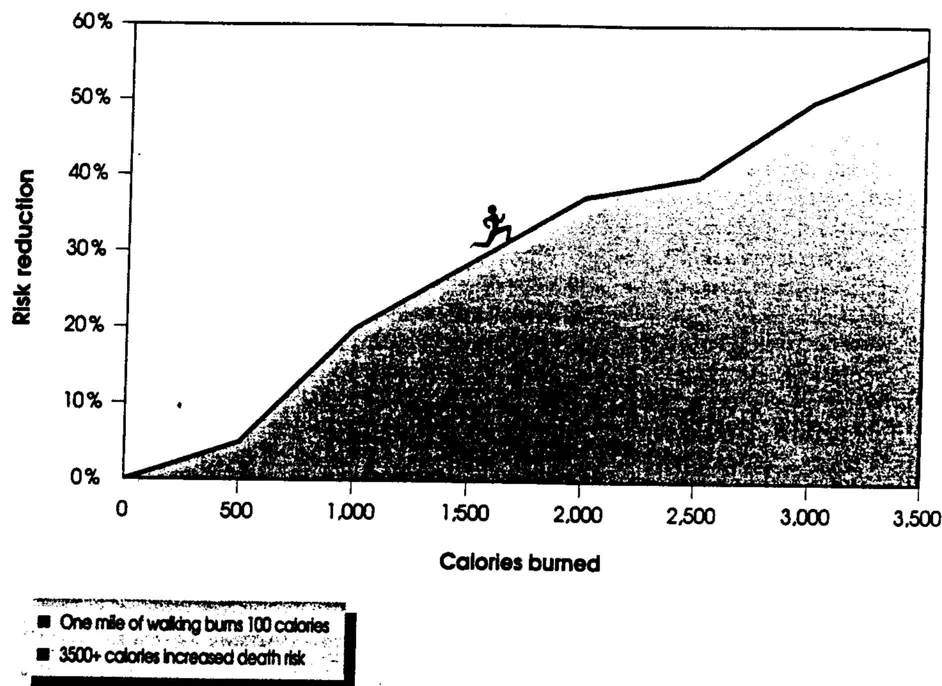


Figure 10.5 *Relationship Between Calories Burned in Walking and Death Risk Among 16,936 Harvard Graduates. As the number of calories used in physical activity increases up to about 3,500 calories a week, there is a progressive decrease in the risk of dying. Up to a point, exercise helps people to live longer. Another way to state this finding is that for every hour they exercised, people in this study added two hours to their expected life span. This latter fact is exactly the same increase in expected life span that would occur in the population at large if cancer were eliminated as a cause of death. When the amount of exercise is not excessive, walking and other forms of exercise produce some impressive benefits (based on Paffenbarger et al., 1986).*

those who exercise regularly (Rodin and Plante, 1989). Only one in five Americans, however, exercises enough to achieve the psychological and physical benefits of physical activity, including a reduction in their risk of dying, as shown in Figure 10.5 (Paffenbarger et al., 1986).

Integrate a Variety of Physical Activities into Your Life-style There are several ways to obtain the benefits of exercise (Cooper, 1989; Grasha, 1992). For short-term relief from tension and anxiety, some studies indicate that short, brisk walks of 15 to 25 minutes are very effective. For longer-term benefits, other research recommends that aerobic exercise three to four times a week is helpful. Aerobic exercise includes jogging, cross-country skiing, swimming, or any activity conducted three to four times a week that raises your heart rate to within 65 to 75 percent of its maximum for a period of 20 to 35 minutes (maximum heart rate = [220 − your age] × .65 (lower value)/.75 (upper value) [e.g., 220 − 20 years of age = 200 × .65 = 130 beats per minute].

ACHIEVING THE GOALS FOR COPING WITH STRESSORS: CONSERVE, REPLENISH, AND BUILD AN INVENTORY OF RESOURCES NEEDED TO MANAGE STRESS

In Steven Hobfoll's model introduced earlier in this section, coping forces us to spend resources. This might include the expenditure of time, energy, and money; using certain personal qualities such as a positive mental outlook to resist a stressor; and employing various types of information, skills, and abilities to resolve an issue. *Because we face a continuous parade of stressors every day, there is some risk that our supply of resources can be depleted.*

There are four things you can do to avoid the latter problem.

1. *Conserve resources you already possess and replenish those that were used.* Thus some people "save money for a rainy day" or spend short amounts of time and energy on relatively unimportant problems. They also may break larger problems into smaller parts so their time and energy is more focused. Or, they may look for ways to delegate a task or delay working on an issue so that more time is available for them to tackle more important concerns. When fatigued from handling a stressor, their energies are restored by eating well and obtaining needed rest.
2. *Employ one or more resources to offset the loss of others.* A good friend's husband died in a car accident. With a major source of support in her life missing, she now sought advice from her friends. When his father lost his job, one of my students had to give his parents money he had saved to pay tuition. He resolved his frustration over meeting tuition payments by selling his car to pay his college bills.
3. *Increase your inventory of existing resources to enable you to more effectively meet future demands and challenges.* Thus, seeking a better education or job, saving money and making wise investments, forming new friendships, and acquiring additional stress management skills are factors that ultimately help people to cope better. Steven Hobfoll notes that it is better to do such things during periods of low stress so that such resources are available when we need them. (Epstein amd Katz, 1992).
4. *Evaluate your resources by answering the following questions.*
   - What resources do you currently possess? Exercise 10.1 in the Applied Activities section contains a coping resource scale that you can use to evaluate your current resources for coping.
   - Which resources do you appear to lack?
   - What actions do you need to take to build those resources?

MANAGING ANXIETY AND DEPRESSION

Anxiety and **depression** often occur as by-products of our attempts to manage a variety of stressors. In particular, when we doubt our ability to handle events or experience difficulties coping, they may develop. Both emotions produce special challenges to our ability to adapt. Several signs of anxiety and depression are described in Table 10.12.

The Causes of Anxiety

Anxiety and the Appraisal of Stressors This is an unpleasant feeling that occurs in response to an anticipated threat to our psychological or physical well-being. Unlike fear, which occurs in response to a real and present danger, anxiety happens in response

Table 10.12 Signs of Anxiety and Depression

ANXIETY	DEPRESSION
• Worrying about future events	• Constantly criticizing yourself
• Questioning competency to handle events	• Blaming yourself for the problems in your life
• Pacing	• Remain pessimistic about life getting better in the future
• Trembling knees	• Believe that you somehow deserve the unpleasant things in your life
• Extraneous hand and arm movements	• Avoiding other people
• Body swaying	• Lack of interest in social life
• Hand tremors	• Lack of sexual desire
• Tense facial muscles	• Little interest in eating
• Pale face	• Normally rewarding activities are no longer fun
• Blushing	• Often feel tired and fatigued and want to sleep
• Frequently moistening lips	• Have little energy to do things
• Swallowing several times	• Tend to believe that there is little in life to live for
• Clearing throat several times	• Focus on personal failures more than successes in life
• Breathing heavily when thinking about potential stressors	• Feel trapped by events in life
• Perspiration on forehead and palms of hands	
• Quivering voice	
• Occasional stuttering	

to events that we expect to occur in the future. The appraisal process for a stressor described in Figure 10.1 can help us understand how this occurs. After evaluating a potential stressor as a threat or challenge and then assessing their ability to cope, people often must wait for it to occur. During this "wait period," worries about their ability to handle events and "second thoughts" emerge. For example, before a sports event or an artistic performance, many athletes, actresses, and musicians have "butterflies in their stomachs." They worry about how well they will do. Those who do well are able to channel their anxiety into energy that enhances their effectiveness. *If their levels of anxiety are too high, however, this emotion may interfere with their ability to think and behave appropriately.* People may "choke," "withdraw from a situation," or "forget" how to do things they knew only moments before. A basketball player misses a critical shot; an actor forgets a line; a singer is unable to remember the last verse of a song; or a student can't recall information needed to answer a question on an exam. People will typically experience less anxiety if the stressor is familiar and they have handled similar events successfully in the past.

In the appraisal process described in Figure 10.1, anxiety also can occur if we evaluated our attempts to cope as unsuccessful. Now we might worry about how our lack of success will affect us now and in future encounters with a stressor. Those who are able to put such "failures" into perspective, to put them on a back burner, and to learn from their mistakes are less bothered by anxiety.

Anxiety and Learning Sometimes people learn to become anxious. They encounter traumatic experiences such as a car crash, a difficult exam, or being physically attacked. Just thinking about the experience or coming into close proximity to the location

where it occurred automatically triggers anxiety. Such responses are called **conditioned emotional responses**. Anxiety also can be acquired through the process of imitation learning described in Chapter 5. The daughter of one of my clients was afraid of taking trips by airplane. As a child, her mother talked about how she "feared for her husband's life" every time he took an airplane for a business trip. She also made sure her daughter read about plane crash stories in the newspapers. By example, she taught her daughter to be anxious.

Coping with Anxiety

The strategies for coping with stress discussed earlier are also helpful for managing anxiety. Remember that situations that make us apprehensive also are likely to become sources of frustration and tension. In addition, consider how the following techniques help you to cope.

Passive Coping Sometimes we try to manage the anxiety and other negative emotions associated with a stressful event without actively trying to change the situation itself. Some of those strategies include such things as learning relaxation, guided imagery, and trying not to not let a troublesome situation bother us. Christ Zois (1992) also reports that we might try to mask, shield, or cover up how we feel. This can be accomplished in a number of ways. We might wish that an anxiety-arousing situation will go away, deny that anything bad has happened, and disengage ourselves by watching television, daydreaming, sleeping, or turning to alcohol or other drugs.

Defensive Coping At other times, automatic and unconscious **defense mechanisms** kick in to provide short-term relief from anxiety and other emotions a situation might evoke. Defense mechanisms are unconscious attempts at self-deception, and they are not perfect. The underlying anxiety and tension may still "leak into our conscious thoughts and behaviors in a disguised or distorted form." Common defense mechanisms and how they operate are described in Table 10.13.

Do the Things You Fear Susan Jeffers (1988) reports that running away from or trying to ignore or avoid the things that make us fearful and anxious are seldom effective. All of us need to face our fears and perhaps to discover the wisdom in a quote attributed to Mark Twain, "the worst things that can happen—won't." In practice this means facing difficult challenges and trying to do the best we can. Jeffers notes that when we fall on our face, the best thing to do is to pick ourselves up and try again. Of course, we should try to learn from a mishap so we don't repeat the same mistake. Success at doing such things also reinforces new labels for describing ourselves (e.g., "I'm an anxious person" vs. "I sometimes get anxious about things, but I am usually able to take care of a situation and calm myself down."

Sometimes gradually trying the things we fear is a useful way to face them. A youngster who fears swimming needs to discover gradually that water is not harmful. Thus, putting one's feet into the water, wading, or even dog paddling in time can lead to learning other strokes. Doing the things we fear in small doses demonstrates that we can be successful in overcoming our problems and increases self-confidence.

Engage in a Little Self-Coaching This can occur in three ways. One is to observe how someone we like and respect manages his fears. Reminding ourselves what he did and

Table 10.13 Common Defense Mechanisms

Repression	Forgetting unpleasant thoughts or emotions in order to reduce the anxiety and tension associated with them. *Example:* Tanya is angry at her husband for not helping out more around the house. She also is anxious about telling him, because he has a bad temper. She "forgets" about her feelings.
Projection	Attributing objectionable thoughts and feelings to other people. *Example:* Jamal is disappointed that he lost a 1:1 basketball game to Jason. Jamal tells his wife that Jason must be angry at him.
Regression	Using "childish" or immature behaviors to deal with a stressor. *Example:* Manuel is frustrated with his sales staff. At a meeting he pounds his fist on the table, kicks a couple of chairs, and leaves the room screaming, "I'm sick and tired of all of you."
Displacement	Transferring thoughts, anxieties, and tensions to a person or object that is less likely to retaliate. *Example:* Micelle lives on a farm and worries that she will never meet anyone to marry. One day she screams at her mother, "It's all your fault that I have to live out here and have no social life."
Sublimation	Our ability to express unacceptable thoughts and feelings in socially acceptable ways. *Example*: Steven plays football and has a socially acceptable outlet for his aggressive tendencies. The crowd cheers, and his coach thanks him for hard-hitting style.
Denial	Refusing to acknowledge thoughts and feelings that are unpleasant even though they are supported by convincing evidence. *Example:* Susan's baby is diagnosed as mentally retarded. She tells her friends the condition is temporary.
Rationalization	Using superficial explanations to justify behaviors or feelings in a situation. They often omit critical details and facts. *Example:* David stands in a long line for movie tickets and then decides to leave. "I really didn't want to see that movie anyway," he tells a friend.
Reaction Formation	Using socially acceptable thoughts and feelings that are just the opposite of our true but more undesirable thoughts and feelings. *Example:* Sam is a prosecuting attorney for a large city. He built a reputation on taking owners of video and book stores to court for selling sexually explicit materials. As a child, his parents made him feel anxious and guilty about sex. Nonetheless, he often enjoys watching sexually explicit movies at home and reading novels with strong sexual themes.

integrating appropriate parts of his behaviors into our actions is helpful. In addition, listening to the advice of people who encourage us to persist in spite of our anxieties can be helpful. Finally, "coaching" ourselves through an anxious moment is helpful. If anxious during a tough exam, it helps to repeat to yourself such things as "Relax, take it easy." "Calm down." "You can do it; you've done well on exams before." "Good job on that question—now go on to the next one and do as well on it." "Remember the rules you have to use to answer that question." Research shows that becoming your own

coach can be effective in helping to enhance your ability to handle anxious moments (Meichenbaum, 1985).

Additional suggestions for self-coaching can be found in the cognitive approaches to behavior modification section of Chapter 5.

The Causes of Depression

Depression and the Process of Appraising Stressors Whereas unhappiness is a temporary sadness, depression is characterized by a more prolonged sad or apathetic mood that people perceive as never getting better. Feelings of depression may range from mild to severe, with mild depressive feelings occurring much more frequently than moderate or severe ones. Feeling depressed also is a possible outcome of the appraisal process described in Figure 10.1. As people try to meet the demands and challenges of daily living, they are not always successful. They evaluate their attempts at coping as inadequate. Some feel they are beating their heads into a brick wall, while others are at least mildly annoyed by their lack of progress.

A lack of progress runs counter to our needs to believe that we can control important events in our lives. When this experience persists, **learned helplessness** develops (Seligman, 1991). Someone comes to believe that "no matter what I do—nothing seems to work." Such beliefs are a source of unhappiness and depression.

Chris Peterson (1991) also reports that our **explanatory style**, or how we explain good and bad events in our lives, contributes to the problem. Our explanations for what happened to us can be analyzed along three dimensions:

1. The event was a stable/permanent or an unstable/temporary part of my life.
2. The event was a global/pervasive experience for me or was confined to a specific situation.
3. The event was due to personal or internal causes or was caused by external events outside of someone's control.

As the scenario below illustrates, pessimists explain bad things that happen to them as stable and pervasive experiences and as something they influenced. Optimists cope by interpreting such events as unstable, confined to a specific situation, and due to factors outside of their control. *Just the opposite occurs when people are asked to explain why good things happened to them.*

For example, optimists and pessimists would react differently after obtaining the highest grade in class on a test or being named "employee of the year." A pessimist would believe it was a "fluke" or unstable, confined to that situation alone ("This will never happen again"), and due to factors outside of her control. An optimist, on the other hand, would interpret such things as a stable and pervasive part of her life ("I'm good at what I do," "Good fortune follows me around no matter where I go") and as something she personally caused to happen.

Scenario: *Stupid mistakes are made on a task at work.*

Pessimistic: "I'm always making mistakes like that on the job."

Stable/Permanent |_X_|___|___|___| Unstable/Temporary
(X marked under the last space)

Optimistic: "I've learned something. That mistake won't happen again."

Pessimistic: "Seems like I mess up things no matter what I try to do in life."

Global/Pervasive Experience |_X_|____|____|____| Specific Situation
X

Optimistic: "I occasionally make a few mistakes on the job."

Pessimistic: "I have no one to blame but myself for doing something foolish."

Internal Cause |_X_|____|____|____| External Cause
X

Optimistic: "My boss was on my back to work faster, and I rushed things."

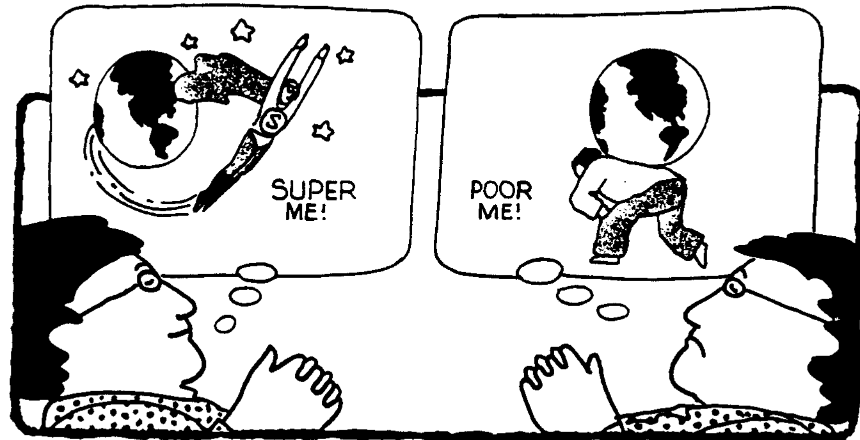
Compared to those with a pessimistic explanatory style, Seligman and Peterson report that optimists manage stress better and that they are less anxious and depressed, in better physical health, more successful in school and their careers, and much more willing to accept challenges and explore new opportunities for themselves.

Biological Factors Some people are genetically predisposed to develop depression, particularly if they experience severe loss or neglect in their lives (Plomin et al., 1990). For example, relatives of people who had developed severe depression before age 20 were eight times more likely to eventually become depressed than were relatives of nondepressed individuals. Identical twins have five times the chance of developing certain depressions than do fraternal twins. In addition, certain chemicals in the brain involved in the transmission of nerve impulses, such as serotonin and norepinephrine, appear to be involved. These neurotransmitters keep our nerves firing in ways that make us feel energetic and alert. Drugs such as Elavil, Nardil, and Prozac involved in treating severe depression restore a normal balance of such neurotransmitters (Depue, 1992).

Coping with Depression

Disputing Pessimistic Explanations for Events Many of the strategies for taking control of your life and reducing tension discussed in this chapter also apply to depression. Seeking small wins, learning to relax, developing social support networks, and enhancing physical hardiness are also helpful. In addition, Martin Seligman (1991) argues that *people also must learn to dispute pessimistic explanations for events.* With bad events, this means changing our internal dialogue to interpret events as unstable, confined to specific situations, and having external causes. Exercise 10.4 in the Applied Activities section is designed to help you see how to do this.

Counseling and Drug Therapies With extended or severe depression, counseling and psychotherapy are often necessary. People need to work through the issues that are



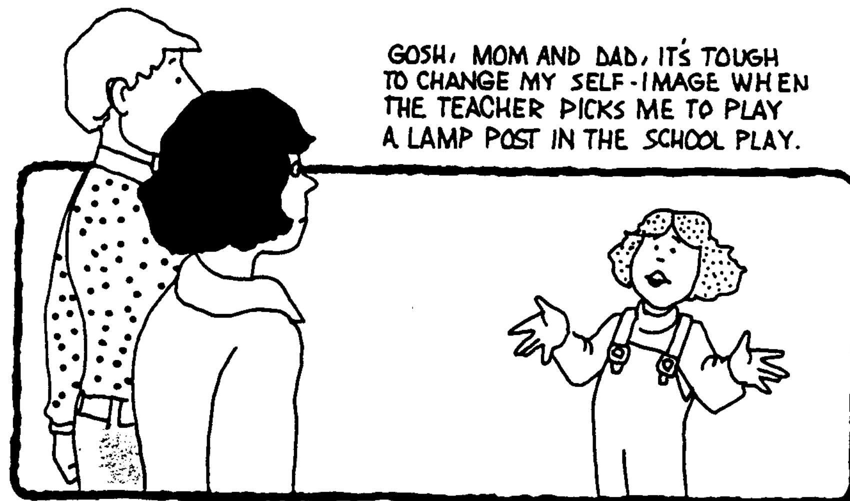
holding them back with a professional therapist. In some cases, antidepressant drugs are also used to reduce symptoms of severe depression. Unfortunately, drugs like Elavil and Nardil take three to four weeks to become effective and have side effects including nausea, intermittent vomiting, weight loss, diarrhea, and anxiety (Kinder, 1994). And in the case of a drug like Prozac, it works rapidly, but a serious side effect is that a small percentage of people develop intense suicidal impulses.

THE ROLE OF OUR SELF-IMAGE IN MEETING LIFE'S DEMANDS AND CHALLENGES

All of us have ways of referring to an abstract entity labeled the **self.** We use words such as "I," "me," "myself," and can be heard to say things like: "I really like myself," "I took it upon myself to do . . . ," or "I don't feel like myself today."

Most contemporary analyses of "the self" or our **self-image** suggest that there are two parts. One aspect is our **self-concept**, or how we define ourselves. Such definitions occur in response to questions like "Who am I?" and typically include the various roles we play (e.g., employee, student, brother, sister, and husband-wife) and the personality traits we possess (e.g., impulsive, happy, obedient, cautious). The second component of our self-image is **self-esteem**, or the positive and negative feelings we have about ourselves overall (e.g., "I'm a really good person") and within specific situations (e.g., "I'm a lousy basketball player but an excellent math student"). Feedback from others as well as our estimates of how we compare to others contribute to such evaluations.

People with positive self-esteem are more successful in school and work, and they are willing to learn from their mistakes. They like other people more, do not abuse drugs, are comfortable seeking feedback from others, and are happier individuals. People with good self-esteem also have more confidence in their ability to make something productive happen in their lives. In contrast, those with a negative view of themselves do less well in school and work, are susceptible to lying and cheating, tend to be more anxious and depressed, and are much more easily manipulated by others (Baumeister, 1991; Brown, 1991b).



Our Self-Image Helps to Guide and Regulate Our Actions

Carl Rogers (1977) and Abraham Maslow (1971), for example, stressed the important role the image of ourselves plays in understanding how we adapt to our environment. To begin, the component of "self" labeled our self-concept is tied to the roles that we play. Such roles prescribe various guidelines for our actions, and the guidelines function as a script for how to behave. Walk into a meeting as the "group leader" or as "a member of the group," and your behaviors are different. Define yourself as a "student" or as a "teacher," and your actions in the classroom differ. *Who you think you are in a situation plays an important role in how you are going to behave.*

Of course, because our self-concept typically includes a variety of roles, the opportunities for conflict with others and feeling overwhelmed and confused about what to do in some situations can occur. Out of frustration, we might also engage in behaviors that hold us back rather than help us to grow and develop. All of this contributes to the stress in our lives (Baumeister and Scher, 1988). On the other hand, having a diverse self-concept also offers some protection against stress. When one role is lost or diminished in importance—as might happen when a job is lost, a separation occurs, or children grow up—we recognize there are other things we can do to fill the gap (Dance and Kuiper, 1987).

Our Self-Image Helps Us to Develop and Maintain Relationships

Awareness of our self-image is important for developing relationships. Those with insights into their positive and negative characteristics are able to see other people accurately. Such individuals form attitudes about people after some reflection, and the attitudes are typically not extreme. They also are more likely to have more friendships and contacts with others. Consequently, more social support is available to help them adapt to the stressors of everyday life (Brown, 1991b).

Enhancing Our Self-Image: Setting Goals for Self-Renewal

Self-renewal involves adopting new or changing existing roles, acquiring new or modifying existing personal characteristics (e.g., becoming assertive, more independent),

Table 10.14 The Top 20 Goals for Self-Renewal

SELF-RENEWAL GOAL	PERCENT OF PEOPLE TRYING TO MAKE THE CHANGE DURING A 12-MONTH PERIOD OF TIME
1. To become a more physically fit individual	87%
2. To become a more independent person	74%
3. To become a more self-confident person	74%
4. To make and implement decisions more effectively	66%
5. To become a more sociable individual	62%
6. To become a more assertive person	58%
7. To overcome procrastination	58%
8. To become a more trusting individual	55%
9. To be able to express feelings more openly	52%
10. To become a less shy individual	51%
11. To become more comfortable with the opposite sex	50%
12. To become a more relaxed person	50%
13. To change my clothing style and appearance	48%
14. To become a less jealous person	45%
15. To become a less introverted individual	43%
16. To switch to a more satisfying vocation or major	42%
17. To become a more punctual person	40%
18. To substantially change my view of the world	37%
19. To become a less fearful and anxious person	35%
20. To become a less impulsive person	31%

Based on information in Klar et al., 1992.

and enhancing our self-esteem. While such things are not easy to do, a good place to start is with establishing clear goals for what you want to become.

Six Questions to Ask

1. *What goals for self-renewal do you want to pursue?* Yechiel Klar (1992) and his colleagues surveyed people to identify a list of the top 20 goals for self-renewal. These are shown in Table 10.14. Of the goals shown:

   - Which ones have you attempted during the past 12 months?
   - Which ones would you like to pursue?
   - What's missing from this list that you would like to pursue?

2. *Why do you want to achieve this particular goal?* The important point is whether you want to do things for yourself or to please others. If your motivation is solely to please others, you may find yourself losing interest in making changes. Most of us resist the attempts of others to control what we should think and do. Thus, personal priorities for self-renewal should reflect more of what you want to do rather than what others want for you.

Setting Productive Personal Goals

The following ideas for setting goals are based on reviews of the literature on goal setting (Locke and Latham, 1990; Watson and Tharp, 1993). The following practices appear to be effective. As you read, think about how you can integrate them into your life.

Set specific goals for yourself. It is much easier to achieve goals when specific directions exist. While it is admirable to want to "do the best you can" or to "become somebody in life," such goals are too vague. "I will study four hours a day this term to get on the dean's list" or "I want to obtain a management trainee position with a corporation that manufactures and sells computers" are more direct goals.

Set observable, measurable goals. "I need more education" is not only a vague goal, but it is not easy to observe or measure progress or an outcome. "I need to take three courses in accounting, salesmanship, and managing people" is a much better way to establish an educational goal. Progress in each course can be assessed, and completion of the course makes it easy to determine when it is achieved. Such benchmarks are very motivational.

Set challenging goals. People generally perform better and are more satisfied with what they achieve if they feel challenged. This generally means not setting goals that are too easy or too difficult.

Set attainable goals. Personal goals should be realistic. Try not to establish extremely difficult goals to achieve, such as "I want to increase my grade point average two points next term," "I want to triple my salary in two years," or "I want to exercise two hours every day." Establishing more modest goals lowers anxiety and gives you a better chance to bask in the success of accomplishing them. As a rule of thumb, people have a better chance of achieving goals that represent a 20 to 25 percent increase over past performance than they do anything else.

Break a complex goal into short-term, medium-term, and long-term objectives. Finding a new job, for example, is a relatively difficult task. A long-term objective might be to get a position with the same level of responsibility and pay. A short-term objective would be to put a resumé together, call friends to let them know of one's availability, and to contact a personnel service. A medium-term objective would include mailing out a resumé, scheduling appointments with potential employers, and finding a temporary part-time job to earn money to meet basic expenses.

3. *What positive and negative effects would pursuing this goal have for your life?* Becoming clear about the positive and negative effects associated with self-renewal goals can help to increase your commitment to them. An added benefit of such an analysis is that the reasons for not pursuing certain goals also becomes apparent.
4. *Have you stated your goals in ways that will maximize your chances of achieving them?* Focus on Applied Research 10.3 has several suggestions for how to do this effectively. Remember that achieving personal goals is a great morale booster and contributes to our self-esteem.
5. *Do you possess the skills, abilities, and information needed to achieve your goals?* Sometimes personal skills and abilities are overestimated. Thus, you may need special training and experience in order to be able to accomplish your goals.
6. *In what ways can other people help you?* Perhaps they can "just be there for you to provide support" or maybe to give you feedback on the progress you are making. Or, they could act as a model for the types of changes you want to emulate.