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Chapter One

WHY GO THROUGH THERAPY?

...When you can “do therapy” on yourself?

Going to a therapist today can cost you anywhere from \$40 (individual therapy) to \$150 (family therapy), for an hour with a therapist. Indeed it is so costly that one wonders why on earth you'd go there in the first place.

Wait. Why exactly are you considering going to a therapist? Are you suffering from depression? Do you have issues you believe you can't handle yourself? Are you in so much stress that you can't think straight and even a vacation can't cure it? Are you in relationship woes that happen over and over in cycles?

Well, if you truly believe that you need someone else to process your issues, by all means, go ahead; see a therapist. I myself, though, am a big fan of self-help. But if you hear voices arguing with each other in your head, or just plain talking to you, I believe it is best that you call a local therapist right now. No kidding.

But if you're like any other person who can normally function well, but who just can't cope with life **for the moment**, let me tell you, there are ways to get out of your cesspit. Indeed, it may take so much education to become a psychotherapist, and truly, going through all those levels of schooling at least makes them worthy of what you pay them, however, you can use therapeutic techniques that they use **on your own**. Sure, it may need some practice, and the techniques may need some getting used to, but with constant use, and with

observation and analysis, you **can** help yourself overcome your issues, live life to the fullest, and be the person you want yourself to be. Heck, you can even help others! Just get the right licenses and certifications. Legal messes just might add to your problems.

So, all set to learn more? Read on!

Chapter Two

WHAT THE SHRINKS DON'T WANT YOU TO KNOW

Ever since Psychology was consolidated as a discipline in the late 1890's, numerous techniques have been employed to promote wellness in people. When physicians had gone past slicing or marring people's brains in the name of "curing" them, numerous ways to treat people with emotional and mental problems have been developed. But you know what? If you know how to think, and if you know how to communicate, then congratulations, you have touched upon the heart of psychotherapy.

Psychotherapy operates on communication, basically. Freud, the most influential psychotherapist ever since Psychology's birth, started his career and even cured himself through **introspection**. What's that? Oh, that's just a fancy name for thinking and thinking and following your thoughts and ideas, writing them down, analyzing them, and thinking some more.

Introspection is the basis of mental health. With introspection, you can explore who you are. You learn how to note which parts of you have to change. You learn how to keep yourself in check when you're going over the top. You actually **get to know yourself more** when you introspect.

Then, another foundation of psychotherapy and its applications to promoting mental health and overall well-being is **having healthy relationships**. If you notice, highly isolated people are rarely functional. People who burn bridges often also have a poor inner climate.

Here is a short list of the importance of having healthy relationships:

- Having healthy relationships promotes physical health.
- Relationships create a social network that is essential when tough times come. Studies show that people who have a healthy and highly supportive social network tend to bounce back more quickly and completely from duress in their lives.
- Don't you feel good having so many friends?

Permit me to say this again: psychotherapy works on **communication**.

With yourself, and with others. It works on creating, maintaining, and **nurturing** ties. Whatever therapeutic style you choose, if it works for you, it's great. Just remember that without healthy dialogues with yourself, and healthy communication with others, whatever therapeutic style you may want to use, with or without a therapist to help you, will fail.

For therapy to work, you have to be **open to criticism**. You have to be open to new ideas. You have to stop denying you have a problem and **admit that yes, you do have a problem and you need help**. Be it with a therapist, or through **self-help**, you need to work on your issues. Do not push them to the back of your mind in hopes of them going away. Help yourself. Deal with them. Read on.

Chapter Three

THE MOST EFFECTIVE AND MOST USED TREATMENTS TODAY

Though “most used” doesn’t necessarily mean “most effective,” these two tend to go hand-in-hand. Therapeutic techniques become more used often when they work on quite a lot of people. When the efficacy of a therapeutic technique is proven on a significant number of clients, therapists are more likely to use them on other clients. There is also a tendency that as these therapies are used, they will be perpetuated, and through time, their efficacy is proven more. In consequence, the methods used in the specific therapies are perfected through constant practice. So in effect, there is a sort of direct relationship between “most effective” and “most used”.

There are five main schools of therapy known today. According to Dr. Richard Sharf, Ph.D., they are the:

- Psychodynamic
- Cognitive
- Behavioral
- Humanistic
- Eclectic

The most-used method today is in the Eclectic school. According to Dr. Sharf’s article, 40% of American therapists consider their approach Eclectic. This means that they combine different methods, tailoring them to their patients. The most-combined methods are Cognitive and Behavioral, as they produce the

fastest change. In fact, the combination of the two has resulted in Cognitive-Behavioral Therapy.

Just an aside: in Freud's time, his baby, Psychoanalysis, a form of Psychodynamic therapy, was the main treatment available. Most psychiatrists then used that therapy on patients. Today, though psychoanalysis has been modified and is still used by a number of therapists, most patients find it much too expensive. And since a "complete" psychoanalysis takes anywhere from 3-7 years, people who undergo it often drop out before the treatment is complete.

The most effective method, however... Depends on you. The numbers say it clearly, Eclecticism wins, hands down. This simply means that you can "mix and match" the other established schools of psychotherapy, and manipulate them to help yourself heal.

Chapter Four

CHOOSING THE RIGHT TREATMENT FOR YOU

Choosing the right treatment for you is just like buying any other thing. You can actually shop around first, read up about them, then pick it out. Or you can try each and every therapy technique you fancy, then modify, combine, or scrap altogether as you go along.

There is no “right way” to go about choosing a therapeutic technique. Even the therapists learned as they went along. Thus, you can go ahead and experiment with the methods that I am going to talk about in the next chapters. Personally, however, I am a big fan of Psychodynamic and Cognitive Therapy, especially the cognitive therapy called “Rational Emotive Behavior Therapy”. What are they? Read on. :)

But before you go skip off to reading the therapies, let me just give you a tip on how to choose. You have to be able to be comfortable with the therapy you intend to use on yourself. You must also be able to make sure that you will be able to commit to healing yourself, no matter what method you may want to use. Therapy is a process that needs one's full commitment. Yes, you may modify what techniques you choose to use as you go along, but you have to make a commitment to yourself that you will change, improve, move on... to a better you. Be patient with yourself, and persevere. A great prize awaits people who persevere.

So, take a deep breath, and let's move on to the therapies!

Chapter Five

THE THERAPEUTIC TECHNIQUES

PSYCHODYNAMIC THERAPY AND PSYCHOANALYSIS

What is it?

Psychodynamic therapy is a therapeutic technique that had its roots in the work of German physician Ernst von Brucke, who, in his theory of the First Law of Thermodynamics (the law of conservation of energy), believed that the total amount of energy in a system is constant, despite the fact that it is seemingly expended (i.e. in physical exertion, from potential to kinetic energy). What the energy does is that it is converted into another form.

Sigmund Freud, the father of Psychoanalysis, took off from this concept and made it his own by saying that whatever the individual experiences in his life is *conserved* in the unconscious. He believed that the human psyche is composed of the id, ego and superego; of the conscious, pre/subconscious, and the unconscious.

Basic Principles

The id, or the pleasure principle, is the basest part of the human psyche. It is what drives our animalistic needs. Sex, food, physiological needs and wants, are what the id governs. The id screams, "I want satisfaction, and I want it RIGHT NOW."

The superego, on the other extreme, is the morality principle, or what we know as the conscience. The superego is the one that polices the psyche, the

one that sets internal rules and regulations. It is the sum of what we have learned about right and wrong, as dictated by society. This is what is also termed as the “ego ideal”.

The ego is the one that sits in between the two, giving balance to the extremes. It is also known as the “reality principle”. The reality principle makes the wants of the id more real to achieve. It also brings down the rigidity of the superego to the level of what is more realistic.

The internal conversation among these three is supposed to sound like this:

Id: I want to eat a 30-inch pizza right now!

Superego: No I can't!!! That will be gluttony! That is WRONG!

Ego: I may not be able to eat one entire 30-inch pizza, but I can finish off a 10-inch pizza, and it will be just as fun and delicious!

On the other hand, the other structure of the psyche, the conscious, pre/subconscious and unconscious, are so named because they function in the different states of consciousness of the person.

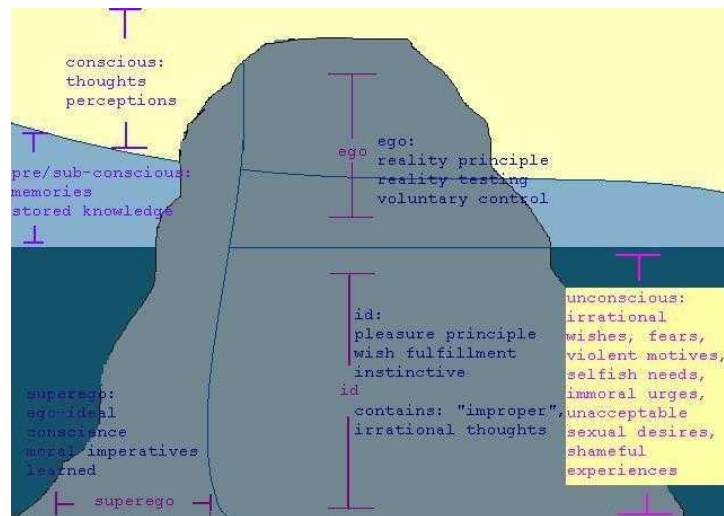
Consciousness is defined as the state of the awareness of the person. Awareness of his surroundings, awareness of his internal state. In the conscious state, the person is interactive with his world, being able to perceive, make judgments and act accordingly, based on the stimulus of the environment, or even on internal stimuli.

The pre/subconscious state contains thoughts that, though they are not at the person's awareness at the moment, they can be called forth to awareness. These are the thoughts that, though they are not in our minds at the moment, they can be thought about if we try to think about them.

The unconscious is the bulk of our psyche. This is where we store everything, and the focus of psychoanalytic treatment. Freud believed that we “repress” painful, negative, embarrassing experiences, and the memories of them are just in our psyche, swimming around, influencing our actions, but we are not really aware of them.

The id resides mostly in the preconscious and unconscious. The ego somewhere in the preconscious and the conscious, while the superego is present across all states of consciousness.

Below is a picture of how the id, ego and superego are so structured in the conscious, subconscious and unconscious, so you may have an idea:



The goal of Psychodynamic therapy is to resolve unconscious repressions so that the person can function in top condition. The therapist's goal is to show the client the reasons why he or she is acting and reacting that way to the world. The therapist helps the client find out why he is reacting that way in his relationships, with himself or with others. They work together to find the roots of why the client is in such a cycle of relating, etc. Knowing the roots of one's actions is a step towards changing how he or she would act in present and future relationships, to enhance the quality of relating, or to “fix” unhealthy patterns.

Before we move on, we must define repression. Repression is the act of restraining a thought, desire, memory or experience, so that it remains in the unconscious. The goal of psychodynamic therapy is to bring up these repressions so that they will be understood, dealt with, and subsequently healed.

How is Psychodynamic Therapy done?

A. By the therapist

In the initial interview, the therapist and the client talk about their goals in therapy, i.e. to change a certain aspect of relating. An example could be unhealthy relationships that result in mutual manipulation, etc. When the therapy itself starts, the therapist allows the client to be comfortable in a seat, a couch preferably. The Psychoanalyst sits either behind or just a little out of sight of the patient, then he allows the client to just talk about anything that comes to mind. This method was termed “Free Association” by Freud. The Psychodynamic

Therapist, on the other hand, tends to sit face-to-face with the patient, and it is a more interactive process than Psychoanalysis.

As the client is encouraged to talk about anything and everything, the therapist points out and interprets some thoughts that might seem significant, probes more into it, if needed, then ties it up with the issues at hand. The therapist takes a neutral stance, providing feedback and pointing out feelings, thoughts, or issues that are significant to treatment. The bulk of the work is on the client, as he is made to realize and receive insight into his issues. There is no advice given here. It is more a self-exploration on the client's part. This is not to fix a symptom or current uncomfortability in an instant. This therapy is about dredging up the messes of the past and cleaning them up, to leave the client ready to face the world after all the insights have been realized and applied to daily living. Previously unhealthy patterns are coaxed to be unlearned, to be replaced with better coping skills, and with healthier thoughts.

The focus is more on the client's childhood and past events, and the therapist analyzes the connections of these events to what drives the client presently.

The role of the therapist here is to provide a person onto which the client can project his feelings for the figures and persons in his/her life who have influenced him, or who have hurt him or otherwise made a big impact on his/her life. This process, that involves attachment towards the therapist and includes all the feelings projected onto him/her, is called transference.

The therapist also sets boundaries for the client. One of the main boundaries is sticking to schedules. If the client is late, or deliberately misses an appointment, these actions could be interpreted as “resistance”. Resistance is exactly that: a struggle against, a fighting off, of the process. Once a client is resistant to treatment, then therapy should be modified, changed, or discontinued altogether. Remember that therapy is only effective if you open yourself up to it, if you allow it to get past your defenses.

The following is an example of the dialogue that may ensue between a Psychodynamic therapist and his/her client:

Client: There was a time that I had a dog and mother made me give it away because she said that I couldn't take care of it.

Therapist: When you gave that dog away, how did you feel?

Client: I don't know, I really didn't think about it then. Maybe I cried a little, I really don't recall.

Therapist: Were you sad when your dog died?

Client: Yes, I believe I was.

Therapist: What did you do when you felt sad about your dog?

Client: I tried hard not to cry whenever I saw other kids playing with their dogs.

Therapist: How did you feel when you saw these kids play with their dogs?

Client: I dunno. I felt angry?

Therapist: Did you feel envious when other kids would be able to play with their dogs?

Client: Yes, I guess I was.

Therapist: Tell me about your romantic relationships. Would you say that you were a jealous lover?

Client: Well, my girlfriends did say that I tended to suffocate them.

Therapist: Suffocate? In what sense?

Client: I don't know, whenever they would ask to go out with their male best friends, I would sulk and stay silent for the rest of the night.

Therapist: What would you say that emotion is?

Client: Hmm. I wouldn't know. Sadness?

Therapist: Have you thought of the possibility that it could be jealousy?

Client: I never really thought of that before. What has that got to do with anything?

Therapist: The way I see it, you haven't really dealt with your childhood enviousness and fear of loss, when you lost your dog. I believe that this enviousness issue has spread over to your relationships in adulthood, and has turned into jealousy, in response to a stimulus that could mean the loss of a loved one.

That is a sample conversation between a therapist and a client. It may not exactly be as absurd as that, it could actually be more absurd, but that's how it is supposed to go. The objective is to get the client to see what childhood or past events have influenced his/her current patterns. As you can see, the therapist

tied the loss of the dog to the client's current pattern of jealousy towards his lovers. That is how psychodynamic therapy is: picking up “clues” from seemingly innocuous past events to understand the current relational or emotional patterns of the client. Psychoanalysis is less interactive, but operates on the same principles. In fact, past psychoanalytical methods involved so much of symbolism, dream content, and sexual interpretations, that psychoanalysts after Freud felt the need to modify the methods, according to the needs of their clients/patients. It was this dissatisfaction through which modern psychodynamic therapy was born.

The healing comes from the gradual understanding of the client about him/herself, owing to the insights and realizations learned in therapy. These insights and realizations bring about a resolution to the past hurts and experiences, as they are dealt with. The aftershocks of these past traumas, which translate into maladaptive current patterns, are resolved as the client works through these emotions and these encounters with his or her therapist. “Working through” may involve reexperiencing and rediscussing these issues until the client understands the implications of his actions, emotions, and learns how to deal with the issues more realistically. The resolution comes about as the hurt and pain are dredged out, in a process called “catharsis” (purging/purification). As the client learns how to cope in a healthier way, if the therapist sees fit, the therapy is then terminated.

B. Self-help Psychodynamic Therapy

- Buy yourself a notebook you can use as a journal.
- In that journal, write about the current state of your life. As the boundaries in Psychodynamic Therapy are set in terms of sticking to schedule, set aside a definite time of day to write in your journal, and subsequently to process/work on yourself. Set some days in the week to do this, and try to stick religiously to this schedule.
- Take as long as you like to accomplish the journal, but don't make it more than a month. So much may change in a month, and you would want to start on working on processing your thoughts as soon as possible.
- After you have mapped out your current state in that journal, make a bulleted list on the patterns you have observed. Do you see some cycles in your relationships? Like breakups at certain points or when you or the partner does a certain act that you can't stand or he/she can't stand? Note these patterns. Also note other aspects that seem to need changing, and what you want to enhance. Some of the aspects that need changing could be getting irate in traffic, being an unpleasant customer, being a passive-aggressive son/daughter-in-law, etc. Some that should be enhanced could be the ability to listen to immensely boring people, etc.
- When that is done, commit to setting aside an hour every other day, to talk to yourself.

- When you talk to yourself:
 - Stay in a room where you can be alone.
 - Use a tape recorder to record your musings.
 - Start by talking about your childhood, then eventually move on to your current state. Keep in mind that you don't have to be self-conscious or structured. Go by the principle of “free association” where the client is made to talk about anything and everything.
- On the days that you don't talk to yourself, listen to the recordings, and process.
 - Note the things that you talked about that seemed full of emotion.
 - When you pick up on those, try to think why you felt intensely.
 - Note, too, the moments where you hesitated or changed the subject. Ask yourself why you did so.
 - When you note these emotions and hesitations, try to name the emotions. According to Dr. Daniel Goleman, the following are the basic emotions and their variants:
 - Anger: wrath, fury, resentment, animosity, outrage, exasperation, indignation, vexation, acrimony, annoyance, irritability, hostility, and its extreme results in deep hatred and violence.

- Sadness: gloom, sorrow, cheerlessness, melancholy, grief, self-pity, dejection, loneliness, despair, and its extreme is severe/clinical depression.
 - Fear: nervousness, apprehension, anxiety, consternation, concern, wariness, misgivings, qualms, dread, edginess, terror, fright, and its pathological forms are phobia and panic.
 - Disgust: scorn, disdain, contempt, aversion, abhorrence, revulsion, distaste.
 - Shame: humiliation, embarrassment, guilt, remorse, chagrin, mortification, regret, contrition.
 - Surprise: wonder, amazement, astonishment, shock.
 - Enjoyment: joy, happiness, relief, bliss, contentment, amusement, delight, pride, thrill, rapture, sensual pleasure, satisfaction, gratification, whimsy, ecstasy, euphoria, and its pathological form, mania.
 - Love: affinity, kindness, trust, friendliness, acceptance, infatuation, devotion, adoration, agape.
 - Jealousy (an “emotional hybrid”): composed of anger, sadness and fear.
- When you named the emotion already, tie it up with the current ways that these emotions are triggered within you. Ask yourself if the past events may have anything to do with how you act and react in terms of these emotions

currently. Try to follow the train of thought in the sample conversation between the therapist and the client. It would help if you got into some therapy sessions, just to see how it really is, and then modify the methods and align it with my suggestions.

- As you note the patterns in your ways of relating, as you note your issues, relive them over and over in your mind until you learn to understand why you do them, in the spirit of “working through” issues. When you do, try to think of ways to cope. Note these ways you thought of, and commit to doing them.
- You can do this for as long as you like, until forever, if you find it healing. But if you want to terminate this as soon as you feel you've healed, you may do so too. A benchmark of your healing will be:
 - Better relationships.
 - More patience in dealing with stressful matters.
 - A calmer disposition.
 - A better outlook in life.

Doing these steps can only guarantee healing to the level of how you want to be honest with yourself, how deeply you understand your current patterns in terms of the past, and with your commitment to change your patterns. Remember, it is you who hold the key to your well-being. Honesty and acceptance are crucial.

What do you need in order to use Psychodynamic Therapy?

You need to have the following in order to be successful in using Psychoanalytical/Psychodynamic techniques on yourself:

- A high motivation for healing yourself.
- An honest, true, genuine wish to understand yourself.
- The ability to withstand fears and frustrations that may emerge in the process.
- Pure honesty with yourself.
- “Psychological-mindedness”: the ability to analyze past events to relate them to present conflicts. This includes the capacity for insights into your own situations.

Remember that though a relief from your distress may be the main reason you want to try out psychoanalysis, there is not an immediate result in this process. You have to wade through your personal swamp to get to your goal. You need to stick it out in this therapy. But if you want relief right here, right now, you may want to try the other therapeutic techniques I will describe in the next chapters, especially Cognitive and Behavioral Therapies.

What you shouldn't be or what you should not have if you want to go through Psychodynamic Therapy:

- You should not be actively suicidal.
- You must not be impulsive.
- You must not have a low frustration tolerance level.

- You must not be under severe stress at the moment you want to undergo this.

To what issues can Psychodynamic Therapy be applied?

Psychodynamic Therapy is best for the following issues/disorders:

- Intimacy and relationship issues
- Phobic disorders
- Chronic depression
- Personality disorders
- Eating disorders

Psychoanalysis is generally thought of by therapists as futile in treating Schizophrenia. However, a Michigan State University study shows that there is promise in using Psychoanalysis in Schizophrenia. It is established, however, that Psychoanalysis is ineffective, and even possibly detrimental in treating sex offenders.

Advantages of Psychodynamic Therapy

I personally like Psychodynamic Therapy a lot. I believe that it provides a total cleansing and understanding of the self, that no other therapy has been able to approach. Since the process involves a lot of honesty and introspection, one's integrity, observation skills, and mechanisms for insight are improved. If done thoroughly, and committed through to completion fully, this is one of the best psychotherapeutic methods in the field of Psychotherapy, as far as I have seen.

Disadvantages of Psychodynamic Therapy

Psychodynamic Therapy is considered to be a very expensive technique, if one sees a therapist. It also takes time and a firm commitment to seeing it through. So if you are not prepared to invest time and money, you may want to consider other therapeutic techniques instead.

Using Psychodynamic principles on yourself, on the other hand, costs nothing but a journal, and probably lots of audio recording material, like micro cassette tapes. But if you have an mp3 player capable of recording voice, that is a better, much more inexpensive alternative.

This is not for the faint of heart or those unwilling to work through years of bad memories and experience. But with the drive to see yourself healed, you can overcome the pain, hurt and frustration, and heal yourself.

Chapter Six

COGNITIVE THERAPY AND RATIONAL EMOTIVE BEHAVIOR THERAPY

What is it?

Cognitive therapy arose in the 1960s, developed by psychiatrist Aaron T. Beck. A little earlier, in the mid 1950's, Albert Ellis was working on his Rational Emotive Behavior Therapy, which works on the same principles. These two therapists developed their own therapies after realizing their dissatisfaction with Psychoanalysis.

The main belief of Cognitive Therapy is that people are beset with incorrect and distorted beliefs about themselves or their situations, and that these can and must be corrected through changing or reframing their thoughts by replacing negative self-talk with accurate and positive perceptions about the self or the situation at hand.

Rational emotive behavior therapy also rests on the premise that emotional suffering is not a result of circumstances, per se; rather, they are products of misperceptions and irrational beliefs about the self or the situation one is going through.

Basic Principles

Cognitive Behavior Therapy might seem simplistic in that it operates on “merely” disputing wrong perceptions of the world. However, it is an exercise that requires constant practice, and a training of the mind. Studies have shown that

depressed patients, the main targets of cognitive behavior therapy, find it difficult to realign their thoughts.

Though it may seem like cognitive therapy is just positive thinking, it is actually a system of catching yourself in your negative or self-defeating thought, identifying it, processing the thoughts (analyzing whether the thought is rational or irrational; then applying logic to it, if it's irrational), then disputing it if it needs to be disputed.

Rational Emotive Behavior Therapy, on the other hand, has the A-B-C theory of emotional functioning at its core. A is defined as the **activating** event, or the cause of the client's troubles, B is the client's **beliefs** about them, and C represents the emotional and behavioral **consequence** of these beliefs. When intervention or treatment is applied to the client's thoughts and behavior, D and E are added, which stand for **disputing** the thoughts, and E stands for the **effective** philosophy that is birthed when the irrational thoughts are replaced with rational ones.

So, in essence, the process for Cognitive Therapy and REBT is: I have a self-defeating thought, I'll identify whether it's based on reality, and if it's not, I'll make myself realize that it's an irrational, self-defeating thought.

The targets of cognitive and rational emotive behavior therapy are what therapists call "cognitive distortions," or inaccurate and irrational views and beliefs held by clients. Examples of cognitive distortions include: **overgeneralization**, or the belief that something is general (applicable to everyone) despite the lack of evidence to prove it firmly; **magnification**, which

means blowing things out of proportion; **minimization**, or thinking of things (or oneself) less than its magnitude in reality; **personalization** or taking things as a personal offense; and **dichotomous** or **split thinking**, which means thinking of things in terms only of extremes: good or bad, black or white, all or nothing.

Negative thinking may breed an inner climate that will trap a person in despair to the point of suicide, but Cognitive Therapy seeks to remedy this using basic rationalization and logical skills.

How is Cognitive Therapy done?

A. By the therapist

The initial interview begins with the therapist having the client fill out forms to assess his current emotional state. Examples of checklists used are: Depression, Anxiety and Hopelessness Inventories. These help the therapist objectively assess the progress of the client.

Agendas are set for every session, and the therapy session is supposed to revolve around those topics set.

On a usual session, the first thing the therapist will do will be to assess how the client is functioning on that week. Then, last week's session will be reviewed, and goals, if adjustments are to be made, are realigned, etc.

Then therapist will then discuss the agenda with you. As the problems are discussed, the therapist attempts to dispute misconceptions and other cognitive distortions, and realign the client's thoughts to be more realistic.

Then the Cognitive Therapist usually assigns tasks that will help train the client how to identify his or her cognitive distortions, and to sharpen the skills learned in therapy. Then the session will be wrapped up, and reviewed the next week at the start of the new session.

Just as in Psychoanalysis, we have a sample conversation between client and therapist in a Cognitive Therapy session:

Client: I will be fat forever. I will never be able to reach my goal weight!

Therapist: Forever? Never? What made you think that way?

Client: I'm still not a size ten by now.

Therapist: I see. But may I ask, what was your weight before you started your weight-loss program?

Client: It was around 250 lbs.

Therapist: How many months has it been since you started?

Client: Around three.

Therapist: What is your weight now?

Client: 230 lbs.

Therapist: See, you dropped 20 lbs in three months. Isn't that an achievement? Doesn't that mean that you are absolutely capable of reaching your goal weight, if you persevere?

As we note, the therapist *disputed* the client's despair that resulted from her blowing her situation out of proportion. We note that the client was bemoaning her fate of not being able to achieve her goal of going down to a size 10 from possibly a size 20 in three months. Of course we see that this is unreal.

Two hundred and fifty pounds down to around 150 lbs in **three months** is almost impossible. The therapist had to correct this unreal expectation and erroneous belief, as this is what is causing the client significant distress. The key thing then, that the therapist wants to instill in you, is the ability to correct your thoughts that are actually distortions of reality.

B. Self-help Cognitive Therapy

Again, this will entail another journal. But this therapy does not require too much of introspection, unlike in Psychoanalysis. While Psychoanalysis requires more of dredging up your childhood and your past, Cognitive Therapy, on the other hand, focuses on the present and on correcting erroneous thoughts as they occur in the **now**.

- Get the journal as mentioned. Set a day or days in a week where you will write about the things that bother you of late.
- Read what you have written. When you do, note and point out the thoughts that seem extreme or self-defeating: “I will **never** be able to make it to the top of the class,” “My boss is the **worst** creature to walk the earth,” “I don't think I can **ever live without** my wife.”
- Highlight these thoughts with a colored marker.
- On the next, fresh page of your journal, make two columns or divide the page in two. You can opt to make a header per column: on the left, write “problem thoughts”, and on the right, write “the real picture” or “reality bites” or “counterthoughts” or “disputations” or whatever.

- On the left, under “problem thoughts,” jot down the specific “problem” sentences/thoughts that you noted on your journal entry.
- Directly opposite the thought entry, write down what is actually the real picture, or a rationalization of the other person's motives, or a statement of how that thought could not be wholly true. For example, you said in your entry that: “That man bumped into me on purpose! He must be out to get me!” Ask yourself, was the bump totally on purpose? Is there no possibility that it was just an accident? Or, for example you wrote, “No one will ever love me!” Focus on the extreme, absolute and negative words “no” and “ever”. Ask yourself if there have been instances when you had relationships and were obviously and definitely loved. The general rule is to review all the angles objectively and see if you actually just generalized, polarized (took an extreme angle), or took the incident personally. Note the absolute statements and see if there is really no loophole or any other statement that will refute the absoluteness of what you said. Make notes on your “rebuttals” of your own thoughts on this column.
- To make your assessments more objective, enlist the help of a rational friend who is keen on giving a realistic picture of situations. This way, your situation can be seen from a more objective point of view. Not only that, the personal distance of your friend from the situation allows him or her to make more unbiased judgments.

- When you are in an issue, make it a point to research about it, or interview other people who have gone through the same thing. Doing so helps you learn ways to cope with these events in your life.
- Apart from the journal, make it a point to catch yourself when you think self-defeating thoughts. And when you do, make it a point to rebut yourself. Make it a point to train yourself to think realistic, if not optimistic thoughts.
- If you have already mastered the art of realistic to optimistic thinking, you can already move on, and possibly write in your journal less frequently, if you think you don't need it anymore. But if you find that it enriches your life, then keep the journaling a part of your growth as a person.
- Lastly, think happy thoughts!

What do you need in order to use Cognitive or Rational Emotive Behavior Therapy?

To get the most out of the Cognitive Therapy process, you must have the following:

- The ability to set goals and see them through.
- The determination to go through the process of disputing your cognitive distortions.
- The motivation to improve yourself.
- The desire to be passionate about and enjoy life.

- The capability to engage in rational thought and the ability to see things from a different point of view.
- The willingness to do research on your issues, and on the therapy itself.
- The willingness to unlearn old, dysfunctional thinking patterns and learn new ones.

Though the commitment factor is still in Cognitive Therapy as much as in Psychodynamic Therapy, it is less demanding on your psyche, as there is no need to dredge up the past. The only thing that needs keen attention will be identifying your cognitive distortions. Once you get the hang of that, you're all set!

What you shouldn't be or what you should not have if you want to go through Cognitive Therapy:

This therapy does not work well with individuals with the following characteristics:

- Those who desire to stay in a defeatist frame of mind, who want to cling to the victim's mentality cannot be helped by Cognitive Therapy.
- Severely psychotic patients.
- Patients with cognitive impairment, like stroke or brain injury.
- Clients who want to explore their psyche but who don't have a specific problem can use Psychodynamic Therapy or Humanistic Therapy (in a later section) instead.

To what issues can Cognitive Therapy be applied?

- Affective disorders like Bipolar Disorder, Depression and Cyclothymia.
- Personality Disorders.
- Social Phobia
- Eating Disorders
- Substance Abuse
- Panic/Anxiety Disorder
- PTSD
- Troublesome life events like: stress, death, divorce, unemployment, disability.

Advantages of Cognitive Therapy

- Cognitive Therapy trains one to think realistically and rationally.
- The training of the mind helps one in situations wherein he or she is flooded by either stress or toxic emotions to correct and realign his or her thoughts into what is more realistic and productive.
- Cognitive Therapy has been found to be more effective than any other traditional therapies in treating maladjustments and disorders. There have been quite a lot of studies to support this.
- Cognitive Therapy, being short-term, is more convenient for the client.
- Its being more short-term thus brings the advantage of its being a more cost-effective solution, as opposed to therapies with longer duration, like Psychodynamic Therapy.

- With the pragmatic learnings as mentioned above, it gives longer-lasting results, as the client takes away with him thinking and emotional skills that can be used throughout one's life.

Disadvantages of Cognitive Therapy

Though Cognitive Therapy is very effective in helping people deal with current issues that are distressing to them, it does not have the in-depth self-exploration tools that Psychodynamic Therapy has. Another thing that may be a down side of the treatment is that it is problem-focused. Because of this, the pursuit of personal growth of the client (or the one practicing it on oneself) may be affected in that it is an inadequate therapeutic tool to address deep-seated and long-buried issues that may need to be dealt with through catharsis or working-through. But the shortcomings of the therapy can be augmented by supplementing it with other therapies that may better address other issues that Cognitive Therapy failed to treat.

Chapter Seven

BEHAVIORAL THERAPY

What is it?

Behavioral Therapy had its roots in the school or movement in Psychology called Behaviorism. This school was developed in the early 20th Century by the American Psychologist John B. Watson, influenced by the work of Ivan Pavlov. The movement caught on in Psychological circles in the 1920s.

Ivan Pavlov had found out that dogs can be conditioned to salivate when a bell is rung, having trained it through a process of associating the ringing of the bell to giving food to the dog, called Classical Conditioning.

The basic assertion of Behaviorism is that nearly every human behavior can be traced to conditioning. Watson believed that the environment conditions people by reinforcing certain behaviors or attitudes, by either rewarding or punishing these. Through Watson's work, the view of Psychology became more empirical and fact-based. Using definable and observable behavior as benchmarks for research and study, Behaviorism became the branch of Psychology that put less emphasis on mental processes and a premium on observable behavior and techniques on how to modify these behaviors.

Through Watson, the Stimulus-Response approach became widely used in Psychology. This approach is largely experimental/research-based in nature. A **stimulus** is defined as something that causes a certain behavior to occur, while a **response** is the actual behavior that resulted from the stimulus. Translated to

terms used in experiments/research, the stimulus is the independent variable, while the response is the dependent variable.

Another notable figure in this field is B.F. Skinner, who undertook research in Operant Conditioning (taking off from E.L. Thorndike), or conditioning through reinforcement: rewards, punishments, and negative reinforcement.

Basic Principles

Classical Conditioning

Classical Conditioning was discovered by Ivan Pavlov when, in his study of digestion in dogs, he noticed that dogs would salivate at the mere sight of a food dish. He later developed an experiment where he paired giving food to a dog while using another neutral or non-related stimulus for the dog to associate the food to. He attached contraptions to measure canine salivary flow, to see that his experiment really worked.

What he did was to turn a light on in front of a dog for a few seconds, then he gave food to the dog. Then when the food has been delivered to the dog, he turned the light off. He kept repeating this procedure until the dog would salivate merely at the sight of the light.

The light is what he called the **conditioned stimulus**, while the food is the **unconditioned stimulus**. The salivation to food is called the **unconditioned response**. The unconditioned stimulus naturally produces the unconditioned response. But the eventually constant pairing of the conditioned and unconditioned stimuli results to a **conditioned response**, wherein the dog

already salivates to the conditioned stimulus. Note that there is nothing particularly appetizing in a light shining in front of anyone, but the dog will salivate after being conditioned. Simply because it has learned to associate the turning on of the light to the giving of food.

Applied to humans, I think the best example is the phenomenon of superstition. Some players like to wear “lucky socks,” because they experienced victories wearing those socks particularly in those moments. Because they've been conditioned to think that the socks brought the luck, they learn to carry the practice into other situations in the future.

If you have kids and you would like to train them to love reading, try to make a practice of spending weekend afternoons reading with them. Make things special, like prepare special cookies, make the room extra comfy with lots of pillows, have lots of comfort food and possibly a comforting scent like lavender and then spend the entire afternoon reading to them. Make this a fixture in your life, and chances are, your kids will learn to associate reading with happy feelings and memories of comforting stimuli. This association, which evokes nice, warm feelings, will translate to a love of reading or whatever activity has been associated with intimacy and comfort food and stimuli.

Operant Conditioning

Operant Conditioning was undertaken extensively by B.F. Skinner, in his design of experiments that involve an animal in a box pressing a bar or lever that releases food, and other modifications of lever-pressing activity in similar boxes.

The release of the food reinforces the pressing behavior of the animal. This box has come to be known as the Skinner's Box. Aversive or punishment experiments have also been done using modifications of this experiment. There is a design where a rat in a Skinner's Box is exposed to a loud sound. The rat has to press a lever to stop the sound. The behavior of the animals in the boxes became the groundwork in developing the principles of Operant Conditioning.

Operant Conditioning works on the principles of **reinforcement** and **punishment**. Reinforcement can be **positive** or **negative**; and punishment can also be **positive** or **negative**.

Positive reinforcement involves encouraging behavior with rewards of either food, drink, or some other thing that meets a physiological need (primary positive reinforcer); and praise, money, promotions, accolades: rewards that do not meet direct physiological needs (secondary positive reinforcers). Positive reinforcers increase the likelihood that a behavior is repeated.

Negative reinforcement, on the other hand, involves the removal of an aversive or unpleasant stimulus in order to increase the occurrence of a behavior. For example, in Skinner's experiments, a rat is exposed to a loud noise; the loud noise will only go away when the rat pushes a certain lever. Translated to real life, this can be used in training or manipulating someone around you: lifting the cold treatment you're giving your husband or wife when he or she finally does the chores that you've always been nagging him or her to do.

Punishment is something that is done to or given to a person or an animal to decrease a certain behavior.

Positive punishment works by introducing an aversive stimulus in the event that a person or animal does something unpleasant. Slapping your cat when it tries to steal fish from the kitchen is a form of positive punishment. Grounding your child when he comes home drunk is a positive punishment.

Negative punishment works by removing a favorable stimulus in order to decrease behavior. This could mean not allowing your kids to watch television unless they do their homework.

These two conditioning methods are used in behavioral therapy extensively. The methods revolve around conditioning, and it's a matter of applying these to correcting dysfunctional behavior. Remember that the premise of Behaviorism is that its practitioners do not want to dwell on the inner state of the person, but would rather focus on his or her observable and correctable behavior.

How is Behavioral Therapy done?

A. By the therapist

There are four main techniques used in behavioral therapy: systematic desensitization and in vivo exposure, selective reinforcement, modeling, and behavioral rehearsal. All these should lead to the ultimate in behavioral therapy, which is self-regulation.

Systematic Desensitization and In Vivo Exposure

Systematic desensitization works on a client's fears by letting him or her unlearn perceptions of certain animals, objects, experiences, etc. The process starts with teaching the client how to relax deeply and to go into a calm state, moving on to exposing the client to the object of fear, to eventually having him/her interact with it.

Here is the step-by-step process:

- Deep muscle relaxation, meditation, hypnotherapy, or any other relaxation and calm-inducing technique is taught to the client.
- A list of fears is constructed, arranged from the least anxiety-provoking to the most fearsome for the client. Then the client is told to think about these fears, starting from the least fearsome to the most. Every time he/she is walked through a fear, he/she is told to apply the relaxation techniques, especially when tension comes up. When the client can imagine these objects or situations without tensing up at all, then he/she is ready for in vivo exposure.
- In vivo exposure is done by gradually exposing the client to stimuli of the frightening object, starting from the safest form, with the goal of eventually letting the client fully interact with it.
- In vivo exposure starts with exposing the client to benign forms of the feared object, like pictures. For example the client's main fear is of snakes. After the list has been made and the client walked through his/her other fears through imagination, pictures of feared objects are shown. In this instance, a client is shown a picture of a cobra. All

throughout the experience of looking at the snake's picture, the client is encouraged to use the relaxation techniques, until he/she can graduate to seeing the picture without symptoms of tension or anxiety.

- Next he or she is brought to a closer encounter with the object of fear. The therapist might bring a snake to the therapy session, but keep it in a cage. The client may be told to go near the cage, but not touch the snake, or the therapist may hold the snake, but not allow the client to hold it himself first. While the client is being exposed to this, he/she is taught to still use the relaxation techniques on him/herself, until he/she can master interacting with the object from a distance without symptoms of tension or anxiety.
- Finally, the client is now made to interact with the object of fear. He/she can be made to really hold the snake and play with it, and even allow it to crawl on his/her skin. The goal is to allow him/her to do this while practicing relaxation techniques, so as to remove the association of fear or anxiety when a snake is encountered.

Selective Reinforcement

In this method, rewards or tokens are used to encourage a behavior. This is the system where the term “token economy” was taken from. This is used in institutions where clients are encouraged to do things or to adopt certain behaviors, and they are rewarded for it with tokens, like: a pass to go out into the gardens, dessert privileges, etc.

This is used in the method called Behavioral Modification or the ABC Method. This is expanded to **A**ntecedents, **B**ehaviors and **C**onsequences.

Antecedent- What causes the behavior? What are the conditions that make the behavior happen?

Behavior- What exactly is the problem behavior? What does the client do? What aspect of this behavior does he want to change? What are his goals with this behavior?

Consequences- What is the method we aim to use to decrease or increase the said behavior? What reinforcement tools do we use? Do we use reward or punishment?

For example the therapist has a female client who has a problem with turning in academic assignments on time. The therapist wants to encourage the client to turn in her assignments promptly. The following is how the therapist can go about modifying the behavior.

- First, the client's behavior is observed. What are the conditions that encourage the target behavior? These have to be noted down, so that these conditions can be encouraged.
- During a stretch of time that the client is allowed to do things that she does, called the baseline, observation on the client is done extensively, and a treatment or intervention plan is formulated.
- The intervention is introduced. The client is told about the therapist's planned system of rewards. For example, for every work turned in on or before time, the client earns a ticket that is redeemable for favors.

One ticket is good for a haircut or a manicure or pedicure or a beauty-related item. Two tickets are good for a massage. Five tickets are good for an entire day at the spa.

- The increase or decrease in the good behavior is recorded and evaluated throughout the course of the treatment. The use of the reinforcements is observed, whether they are effective or not. Reinforcements work only if they hold value for the client.
- At the end of the duration of the treatment, an overall evaluation is done. Was it effective? Was there an increase in the promptness of the client's turning in her assignments? Should they go back to square one, with a different reinforcer, or should another therapy be used in conjunction with behavior modification? Or should the client be recommended for a different form of therapy?

Behavior Modification works well with children. The system of rewards does not have to have material or commercial value. In fact, it is better to use secondary reinforcers, so that the subject/client can learn to appreciate doing positive behavior in itself, and not do it only because of an external motivation to get the rewards.

Modeling

In here, the client is exposed to material or to situations of model behavior. Observation is key here, and the client is encouraged to observe others' behavior to pattern his own to those he has observed.

The client can be exposed to videotapes, case studies, movies, and real-life situations to show him/her how something is done.

For example a therapist has a client who aims to become a CEO. The therapist then exposes the client to case studies and videotapes of great CEO's. The client is then made to observe these CEO's best qualities, note them down, and practice doing them himself.

This method was notably used by Eva Longoria when she landed 1st runner up *only* in a beauty pageant. After that, she exposed and immersed herself in videotapes of successful beauty queens, and the next year, she won the top spot!

When actors and actresses want to “get into character,” they observe examples of the character they have to portray, practice being them, and just live and breathe their character's lifestyle.

Behavioral Rehearsal

This is a method where the therapist walks the client through hypothetical situations, to encourage assertiveness and to develop self-confidence in a client by decreasing his/her anxiety in the situation.

This is a hypothetical behavioral rehearsal session between a client and a therapist. The client aims to be able to talk his boss into giving him a raise.

Therapist: Okay, let's pretend that I'm your boss. Try asking me for a raise.

Client: Um, sir, I think that, as a valued employee, and being a long-term and loyal one at that, I believe that it would be just fitting if my salary went up a bit, don't you think?

Therapist: That's a good start. But try emphasizing your achievements more, and try to make your boss believe that it is in his best interest to give you a raise.

Client: Sir, in light of the recent success of the project I headed and implemented, I believe it is but fitting that I get a raise, don't you think?

Therapist: That sounds like you feel like you're entitled to the raise, this time. Build him up more with your achievements, and do the asking a little more subtly but firmly.

Client: Sir, in the past five years, I have been able to complete all the projects assigned to me before the deadline. I have gotten the best reviews on these from the board, and sales have reached the highest peaks upon the implementation of these projects. Recently, our company had another victory, following the successful implementation of the project assigned to me. In light of all these, I would like to negotiate a five-percent increase in my salary, if it would interest you to do so.

Therapist: Cut out the last line. Just negotiate, and don't leave him with the thought that he could choose not to give you a raise. Leave no doubt in his mind that you deserve the raise.

Client: Ok. I'll talk about my achievements, then I'll say, "In light of all these, and given my drive and commitment to further the ends of this company, I would like to negotiate a five-percent increase in my salary."

Therapist: Perfect!

Behavioral Rehearsal is essentially a role-playing tool that helps the client work on communicating better and more assertively. The rehearsal with the therapist allows the client to see how to improve his communication patterns and thus make his persuasive and negotiation techniques more convincing and effective.

Relaxation Techniques

Progressive Muscle Relaxation

1. Divide your body into "muscle groups":
 - Right foot
 - Right lower leg plus right foot
 - The whole right leg
 - Left foot
 - Left lower leg plus left foot
 - The whole left leg
 - Right hand
 - Right forearm plus right hand

- The whole right arm
 - Left hand
 - Left forearm plus left hand
 - The whole left arm
 - Abdominal area
 - Chest
 - Neck and shoulders
 - Face
2. Start by tensing up your muscles, one muscle group at a time. For example, curl your left toes or ball your right hand into a fist. Count to ten while holding the muscles, and then release the muscles quickly and suddenly. Stay relaxed for 15 seconds or so, then repeat the process with each muscle group until you finish doing this with all the muscle groups in your body.
 3. Repeat this exercise daily, until you get the hang of tensing and relaxing your muscles. The goal is to get into a state where you are fully familiar with the feeling of what a tensed muscle is, and what a relaxed muscle feels like. You also would want to work on being able to focus solely on one muscle group at a time. This concentration is akin to meditation and brings a very relaxed state.

Deep Muscle Relaxation

This is training yourself to relax from head to foot, with the sensation of relaxation flowing over you like a bucket of nice warm water poured out from the top of your head to the rest of your body.

- Lie flat on the floor, hands relaxed at your sides.
- Close your eyes.
- Imagine that a gentle force or gentle water is being poured down your head. Let it flow down your body. As the force is flowing down your body, imagine that every part that it touches gets relaxed.
- Relax all the parts of your body that the “force” touches.
- Continue in this state of relaxation and peace until your whole body is in deep relaxation.
- Congratulations, you are now in deep muscle relaxation. :)

Both methods work hand in hand. You have to know how tension and relaxation feel, and the difference between the two. To be able to get the hang of deep muscle relaxation, you have to practice progressive muscle relaxation until you master how relaxation feels. With that, you can now enter the state of deep relaxation, as described above, and use it to combat anxiety.

Guided Imagery

If you are faced with a stressful situation, you can imagine your way into a state of peace. For example you are being verbally abused. Instead of lashing

out in retaliation, stop, breathe, close your eyes, and imagine a favorite relaxing scene: white waves lapping up the shore, the blue sea and a beautiful sunset above, a serene mountain with mist rising around it. Stay in your beautiful mental world for as long as it takes for the stress to dissipate. Take another deep breath, then go back to the real world.

Self-regulation

Self-regulation is a combination of all these techniques. It is observing how these work, and modifying these to suit your own patterns. Knowing when to reward and punish yourself is key to regulating your own behavior. Continue on practicing these techniques on yourself, until you won't need external intervention to modify your behavior any longer.

B. Self-help Behavioral Therapy

The techniques described above are highly customizable and can be used on oneself. One just needs the discipline and constant practice.

Systematic Desensitization

Follow the steps described in the previous section. Expose yourself gradually to your fears, and combine this exposure with the relaxation techniques described above. Constant encounters with your fears and building better memories with the objects of fear help remove your fear of them. Just like an

immunization shot, you have to be exposed to the unpleasant elements to be able to handle them.

Selective Reinforcement

You can make a system of rewards for yourself. You can go all-out and make your own tokens and coupons as reward for good behavior, or if you have little victories, you can spontaneously go out and take yourself for a treat like a day in the spa, shopping, good food, a trip to the beach, etc.

You can also do this with a friend, a spouse, or a partner. Of course, you don't tell him or her that you're applying a Behavioral Technique on him/her. Just make the process fun, like a game. For example, you can give out hug or kiss coupons to your partner whenever he or she does chores. I know, it's like training a puppy with cookies. But we don't have to say that or think of it that way, do we? ;)

Modeling

Success coaches rely on giving their clients real-world examples as well as videos. If you want to adopt a certain successful person's approach to life, you can immerse yourself in his/her life. Read, read, and read. Research, watch videos, listen to motivational podcasts or audio. The key is to immerse, adopt, and live the keys to their success. Do what Eva Longoria did, and see yourself metamorphose into a person of success.

Behavioral Rehearsal

This works with a partner, but if you're comfortable with doing it on your own, get an audio recorder and listen to yourself rehearse. Rehearse what you want to say while recording it. Then listen to the playback of your rehearsal, correct your errors, see how you can improve your speech, rehearse some more, then go get 'em, tiger!

What do you need in order to use Behavioral Therapy?

You have to be disciplined and willing to cooperate and work with your therapist. Or if you're doing it on your own, you have to be highly motivated to change, so that you will stick to the interventions you aim to use on yourself.

What you shouldn't be or what you should not have if you want to go through Behavioral Therapy:

Unlike Psychodynamic Therapy, which is contraindicated for severe psychosis, Behavioral Therapy can be used across the spectrum of personalities and disorders. Since Classical Conditioning can be formed even on worms (yes, worms!), it follows that it can be used on a person who is temporarily out of touch with reality. As I said, the term “token economy” was coined within mental hospitals. Thus, Behavioral Therapy is safe to use on anyone and everyone.

To what issues can Behavioral Therapy be applied?

Behavioral Therapy is expected to work really well with, and be a key component in:

- Phobias
- Anxiety management
- Obsessive-compulsive patterns
- Assertiveness development
- Social skills training
- Chronic Schizophrenia
- Sexual dysfunctions

Managing one's behavior through practice and training is key, and apparently, Behavioral Therapy can manage nearly everything. It works on depression more effectively if combined with Cognitive Therapy.

With sexual dysfunctions, therapists use rehearsal techniques, or in vivo exposure to clients who have had sexual trauma.

Advantages and Disadvantages of Behavioral Therapy

I believe that the strength of Behavioral Therapy lies in its appealing to the instincts of the human being. There is no introspection required here. If you just want a fix to your behaviors, and cannot afford to explore your psyche or expose yourself or be honest with yourself, this is the therapy for you.

However, I do not advise that. Behavioral Therapy only addresses the surface behaviors. I believe that for change to be lasting, or even permanent, an inner overhaul is needed. I highly recommend Behavioral Therapy, *used in conjunction* with other therapies.

I believe that Behavioral Therapy could be rendered weak, too, if the client or subject only chases after the external reinforcement and not after true change. Thus, an understanding of the thoughts behind the behavior should also be employed in therapy. This is precisely the reason why Cognitive Behavioral Therapy was born.

Chapter Eight

HUMANISTIC THERAPY

What is Humanistic Psychotherapy?

Like the other therapies, Humanistic Psychotherapy emerged to the 1950's in reaction to other psychotherapies before it. In 1962, the Association of Humanistic Psychology was born. But its roots were actually in existentialist thought as developed by philosophers like Kierkegaard, Sartre, Nietzsche, and Heidegger. The approach is focused on human beings and “uniquely human issues” like the self and personhood, health, creativity, hope, love, being and becoming, meaning, individuality, self-actualization, and basically everything that leads to understanding what it means to be human.

There were so many therapists back then who were at the forefront of Humanistic Psychotherapy, but the most notable movers and shakers of this field were Carl Rogers and Abraham Maslow.

The emphasis is on treating the client as a person, and as a person who has the potential to be all that he can be. Unlike the other treatments where the emphasis was on how humans should be “fixed,” this approach is basically about how a person can be helped to reach his or her fullest capacities, in pursuit of self-actualization.

Basic Principles

The core of Abraham Maslow and Carl Rogers' theories intersect in the observation that there is a natural tendency for humans to strive for self-

improvement. The goal of Humanistic Psychotherapy, as stated earlier, is to facilitate a client's growth towards his fullest potentials.

Abraham Maslow was formerly a Behaviorist. But when he experienced fatherhood for the first time, he decided that “anyone who observes a baby cannot be a Behaviorist.” Thus, he developed the Hierarchy of Needs to provide his own explanation of human motivation. The Hierarchy of Needs had influences from both Behaviorism and Psychoanalysis. Today, the Hierarchy of Needs is used even in the business world as paradigms for motivational coaches and team-building facilitators.

For Maslow, the human ideal is to reach “self-actualization” or to reach one's fullest potential. For him, reaching this acme is rare. According to him, only 1% of the world's population gets to reach this ideal. For him, the few famous people who became self-actualized were Abraham Lincoln, Thomas Jefferson, Jane Addams, Albert Einstein, and Eleanor Roosevelt. For him, these people's lives provided a blueprint for determining what makes self-actualizers. The following is his checklist for self-actualization:

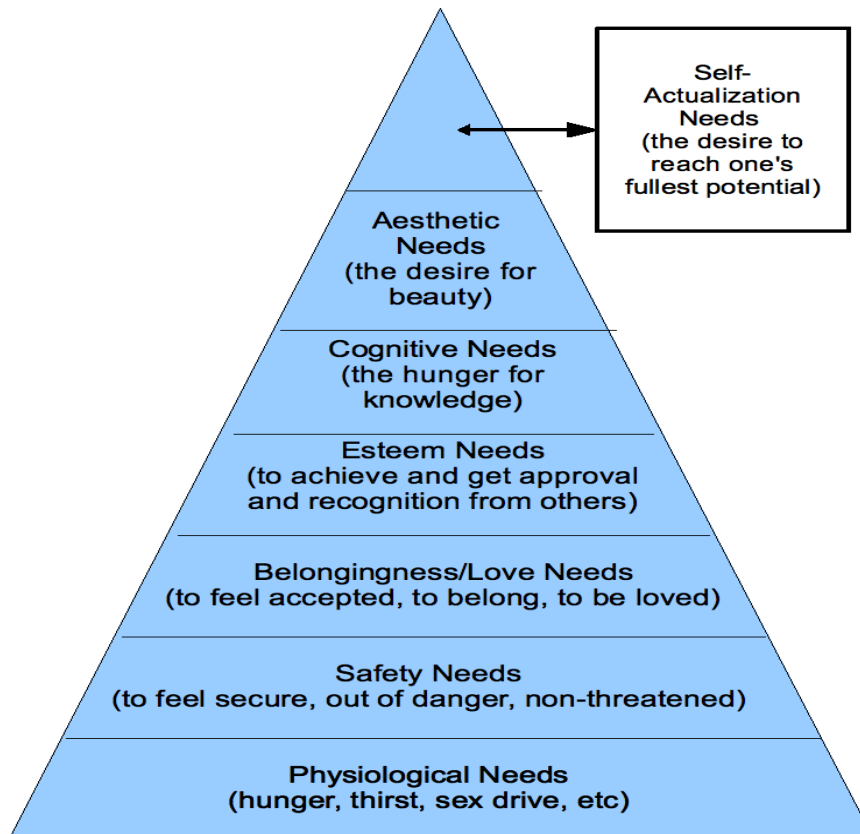
- An objective and accurate perception of reality; a realistic outlook towards life.
- An acceptance of and degree of comfort in oneself and others: being “safe in one’s own skin”.
- A spontaneous attitude towards life.
- The focus of the self-actualizer is in solving the problems as he/she can best do so, rather than on self-pity and self-centeredness.

- Though the self-actualizer may not be deliberately unconventional, he/she tends to be independent and refuses to follow trends or the current cultural climate just so he or she can fit in. The self-actualizer is highly autonomous and independent.
- The self-actualizer has an uncanny ability to experience the mundane and translate it into a profound experience, and consequently develop a deep appreciation for even the simplest of things.
- The self-actualizer has a deep concern for others and humanity in general.
- Deep interpersonal attachments. The self-actualizer values relationships and puts a premium on true friendship rather than collecting acquaintances.
- The self-actualizer has a sense of humor that is not enjoyed at the expense of another. The self-actualizer can poke fun at him/herself, but never makes a joke that makes another feel disrespected or devalued.
- The self-actualizer has high creativity levels.
- The self-actualizer has “peak experiences”, which is explained below.
- Can tolerate, and actually savor, being alone.

According to Maslow, both the self-actualizer and the non-self actualizing individual can experience moments of fullness, pure satisfaction and deep contentment in life. These experiences are called “peak experiences,” as mentioned in the list. These are described as moments of pure ecstasy, harmony

and meaning. Some have even described it as “being one with the universe”. These moments offer a window into the experience of self-actualization. Moments of goal achievement, extreme pleasure in nature, spiritual experiences, and other experiences that make one feel so alive, so ecstatic, **without the use of chemicals**, can be considered a “peak experience”.

For Maslow, one cannot strive for self-actualization unless he or she has met needs on the lower level of the Hierarchy of Needs. To illustrate, below is a picture of the Hierarchy of Needs:



For Maslow, the needs are divided into two umbrella categories: the Deficiency Needs, and the Growth Needs. The need for self-actualization

belongs to Growth Needs, while the rest of the triangle goes to the Deficiency Needs. If one cannot fulfill the needs on the lower levels, one is not freed to pursue self-actualization. Thus, a person who wants to self-actualize must satisfy all his needs from the physical to love to cognitive, and the other needs, so that he can free himself to pursue self-actualization.

Maslow suggests the following, to gear yourself for the pursuit of self-actualization:

- Experience life fully, with full attention and like a child, with full wonder, astonishment, and the desire to observe and take in everything around you.
- Explore and be adventurous. Don't stick to the tried-and-tested ways of living. Innovate, take risks, and don't be afraid to make mistakes and learn from them.
- Dance to your own tune. Listen not to traditions, to cultural dictates, or to what others want you to be. Rather, live your life guided by your own inner compass.
- Honesty is key. Avoid playing games, psychological warfare, living in deceit, and cheating others. Remember that if you're doing so, you are only cheating and lying to yourself. Integrity is paramount.
- Realize that discipline is essential. Attend to the requirements of life in order to free yourself to pursue self-improvement.
- Be responsible for your own actions, and aim far and work hard to achieve your aims.

- Be uncompromising in your principles and be prepared to encounter opposition when you stick to them.
- Try to identify your psychological and emotional problems, and deal with these issues. Learn how to name the psychological defenses you use (i.e. denial, repression, compensation), and be prepared to give them up in the name of growth. Learn how to leave your emotional baggage behind and enjoy living without it.

Self-actualization is easy if we know how to either sublimate (channel our energies to something more productive) our need for the Deficiency needs, or learn how to content ourselves with what we have. Even if our needs are actually satisfied, if we perceive a lack, we can never go on. If this happens to you, then you know you have a problem, and you must deal with it.

Carl Rogers, on the other hand, developed the person or client-centered therapy. The main premise is that an individual has the innate capacity and motivation to change. He is the best one to decide for himself how to understand himself and how to undertake the changes he has to make. It is non-directive in that it does not teach a person how to react or how to deal with things. Rather, it helps the person explore himself on his own. The therapist only acts as a sounding board. Perfect for self-help!

Carl Rogers put forth the concept of Self. According to him, a person's being can be viewed from three vantage points: through the **self-concept** or **self-image**, the **ideal self**, and the **real self**. The self-concept is the collection of a person's perception of who he is: his capacities, traits, strengths and

weaknesses. A person whose self-concept is not in tune with reality experiences dissatisfaction and dysfunctional thought patterns. The person's ideal self is what a person wants to be. And the real self is who the person really is, based on facts and as how objective people see that person.

Dysfunctional living arises when a person has an incorrect self-concept as compared to the real self, or if a person is so far from his ideal self. This is what Carl Rogers termed “incongruence”. For him, this incongruence is the root of what Freud and the others termed “neurosis”. His goal in therapy is to correct this incongruence and bring the person to a greater appreciation of himself.

Carl Rogers' Person or Client-Centered Therapy is anchored on giving the client a venue where he or she can trust the therapist through an **unconditional positive regard**, or simply put, unbiased acceptance. This acceptance in therapy is translated to the therapist's acceptance of the client, no matter what his attitudes or behaviors are. This means neither approval nor disapproval. Just pure, plain acceptance. “You are a person of value, no matter what you do.”

The therapist acknowledges that the client is ultimately responsible for himself and his own actions, and is guided with that in mind. He gives the client the space to explore him/herself in therapy, and to make the realizations on his/her own and to take the necessary steps him/herself.

In life, most of us are brought up in less than ideal conditions. Most of us have experienced having parents who do not accept us if we are not “good”. This results in feelings of inadequacy, even if the facts say otherwise. The spirit of unconditional positive regard in Person/Client-Centered Therapy creates a venue

to correct and address these feelings of inadequacy, and bring the client to a place of congruence and an honest appraisal of him/herself, which leads to a healthy self-concept.

How is Humanistic Therapy done?

A. By the therapist

The therapist creates an environment of **unconditional positive regard**, as mentioned earlier. The main tool is **reflection** or **clarification**. Meaning, whatever, the client tells the therapist, the therapist bounces it back, but in a different sentence structure. This process seeks to let the client see his or her thoughts for him/herself and get insights and realizations from there.

The key tools of the therapist are: **empathy**, **warmth** and **genuineness**. These create an atmosphere of trust where the client will reveal more and work on towards helping him/herself.

As in the therapies before this, here we have a sample conversation:

Client: I hate the world.

Therapist: You are angry towards the world, huh?

Client: Yes. I hate the world today. I feel like socking everyone I meet on the street in the face.

Therapist: (nods) Uh-huh. You feel an overwhelming rage inside you.

Client: Yes. Like it's just me and this big red world in front of me where people beg to be socked in the face.

Therapist: You feel like a bull with a red blanket being waved in front of you.

Client: Yeah. It started when some guy bumped my car and left its rear end dented.

Therapist: Uh-huh. That incident really sparked your rage, which continued all throughout the day.

Client: Yes. But I know it's morally wrong and it's totally unhealthy to be in this rage. My only consolation was that I didn't really sock anyone.

Therapist: It's a relief for you that you kept your actions under control, am I right?

Client: Yes. But I would like to get rid of the rage. I can keep myself from doing anything about it, but the feelings really are toxic.

Therapist: The rage really makes you feel out of control. You feel that though you may have been successful in controlling your reactions to your rage, you would really like to be able to do something about the feelings themselves.

Client: Yes, you got that right.

This conversation is patterned after a true session of Person/Client Centered Therapy. It may seem like the therapist is just playing a frustrating game where he is just rephrasing the statements of the client, but Rogers genuinely believed that through this, the client can be coaxed to express his feelings and motivations. This, in turn, will spark an exploration of the self, which leads to realizations and insight, which leads to taking responsibility for one's

own actions, which leads to a resolution to change, exploring solutions and a concrete plan how to change, and eventually, walking in change itself.

B. Self-help Humanistic Therapy

No journals, no behavioral tactics this time. Just you, yourself and the mirror. Or the wall. Or the tree. Or blank space. Whichever you choose to talk to, this still requires talking to yourself.

- Every morning when you wake up, say to yourself: “I am a person of worth. Today, I will take one step more to my ideal self.”
- Take ten minutes after that affirmation to ask yourself how you are feeling. Do not judge your own feelings as good or bad, just accept them as they are, and move on. Reaffirm that you are a person of worth, no matter what.
- Move on to do your tasks or do the rest of your morning routine.
- Throughout the day, when you catch yourself thinking discouraging thoughts, catch yourself, and tell yourself that you are a person of worth, no matter what.
- Take personality tests, observe yourself objectively and let objective people tell you about your personal traits. This is to let you see how your self-concept tallies with your real self and how far you are from your ideal self.

- Work towards being truly a person of worth: set a personal goal. What character trait do you want to achieve, and by when? Then constantly check yourself for discipline, take responsibility for your own actions, and always seek pursuits that expand your understanding of the world, develop your own character, and take you one step closer to your goals.

What do you need in order to use Humanistic Therapy?

Humanistic Therapy is relatively much simpler, as opposed to the other therapies previously discussed. You need only two things:

- You need to be expressive and honest to yourself about your feelings. You need this expressiveness to be able to formulate a plan for self-improvement. And you need honesty to be able to lessen the gulf between your self-concept and your real self and your ideal self.
- You have to be motivated to reach for self-actualization.

Humanistic Therapy is practical and develops a person in his fundamental character traits. It is not like the other therapies that address a need. Rather it is a tool to develop yourself as an individual, and move on towards becoming the best person you can be.

What you shouldn't be or what you shouldn't have if you want to go through Humanistic Therapy:

- Be severely/seriously disturbed.

- Be unable to express or admit your feelings.

Remember that Humanistic Therapy is not geared to “fix”. This is a method to teach yourself to value your self. Thus, if you are severely disturbed, you’d better consider the other therapies first.

To what issues can Humanistic Therapy be applied?

Humanistic Therapy is to correct feelings of inadequacy, to adjust problems of one's self-concept, and generally to help the client strive towards self-actualization.

Advantages of Humanistic Therapy

- Universal.
- You don't need to be specifically disturbed to use this.
- Simple and easy to use and adopt to your own system.
- Teaches you how to accept yourself unconditionally.
- Lets you understand where you stand in the Self-Actualization ladder.
- Teaches you to value and live life to the fullest.

Disadvantages of Humanistic Therapy

- If you have a specific and deeper/serious issue, Humanistic Therapy may not be the answer. Thus, you need to turn to more directive or proactive methods, perhaps like Psychodynamic or Behavior therapy.
- Does not factor in dysfunctional human behavior and thought patterns.

Either way, you can always incorporate Humanistic Therapy to the other therapies previously discussed.

Chapter Nine

THE ECLECTIC APPROACH TO THERAPY

Humans are dynamic creatures. As such, there is no one way to “fix” them or modify their behavior. Therapy is a practice that is to be tailored to the client with the ultimate goal of his/her well-being in mind. Thus, a therapist, or you, can mix and match the therapies to tailor the therapeutic process to your personality.

I highly recommend using elements of Humanistic and Psychodynamic Therapy in combination with whatever therapy you choose to use. The Cognitive and Behavioral Therapies have been married to become Cognitive-Behavioral Therapy, and is already a standard in the world of Psychotherapy.

Below are tips on how to combine the therapies.

Using Cognitive-Behavioral Therapy

When you want to use Cognitive-Behavioral Therapy, say, in anxiety, you should start with correcting your fearful thoughts by disputing them. Cultivate an understanding of why you think and act that way by reading up on anxiety. Then, use the techniques in Systematic Desensitization and the relaxation techniques to calm yourself. Expose yourself gradually to your fears, all the while correcting your fearful thoughts with reality-based facts: “Bogeymen are fictional characters. Nothing lives under the bed.”

Practice, as said in the Behavioral Therapy section, is key. Thus, you have to discipline yourself to keep at the cognitive and behavioral readjustment, until you get the hang of it and improve your behavior and yourself.

Using elements of Psychodynamic Therapy and Humanistic Therapy in Daily Living

Like in the routine I introduced to you in the Humanistic Therapy section, incorporating these elements in your daily life can become effortless. Paramount is accepting yourself, even through failures and shortcomings. Next, you have to learn to understand why you act that way, think that way about yourself. Thus, introspect on your childhood and search for clues on why you are that way right now. When you have your realizations, forgive, accept, remind yourself that you are a person of worth, and move on.

Using all the therapies to enhance your well-being

When you've accepted yourself, traced the roots of why you act the way you do, you can now do proactive cognitive restructuring. When self-defeating thoughts come up, ask yourself where that came from, forgive, dispute the thought with reality-based statements of fact, reaffirm your worth, reward yourself for being able to control/realign yourself, and move on.

The concept of self-actualization can be combined with modeling. As mentioned in the Behavioral Therapy section, if you want to pattern your life path to that of a successful person, you can immerse, immerse, immerse in his or her life. And model your actions and decisions after his or hers.

The possibilities for the therapies are endless. It is only you who could limit these possibilities. With creativity, discipline and commitment, you can work on yourself to become the person you want to be, in pursuit of your well-being, and ultimately, self-actualization.

There are so many other therapies out there, like Logotherapy, or Body Psychotherapy, or Contemplative Psychotherapy, but the five main schools are those described above. I suggest that you find out more about other therapies. The pursuit of well-being and self-improvement has to be a determined, calculated, but enjoyable effort. The rewards are plentiful, limited only by oneself.

Chapter Ten

CONNECTING WITH YOURSELF

None of these therapies will ever work, unless you get out of one of the most dangerous flytraps of the psyche: denial. When you don't recognize that you have a problem when you actually do, when you keep telling yourself that you're someone that you, in your heart of hearts, knows that you're not, you are bound. Bound to your dysfunctional state, bound to your cycles of dysfunctional relationships, and whatever is unhealthy in your life.

Acceptance is the first step to healing. Accepting that yes, there is something wrong, that yes, there may be some work involved in resolving what is amiss, is the start of your road to wellness. No matter how perfectly you execute these methods on yourself, no matter how perfectly your therapist uses these on you, they will never work unless you accept yourself for who you are in whatever state you may be.

If you know that you are mentally and emotionally healthy, but would like to use these therapies on yourself, still, unconditional acceptance and genuine honesty towards yourself are a must in moving on to self-improvement.

Connecting with your inner self is imperative in the process of healing. As we discussed before, introspection, or the inner dialogue, is the cornerstone of all psychological therapies (except for Behavioral Therapy). It doesn't have to be daunting. Though sometimes, all of us may experience thoughts too heavy, too troublesome, too exhausting to handle, a dialogue with yourself need not be a constant battle of wills within yourself.

In fact, the inner dialogue **can** be pretty enjoyable. Start by reviewing the pleasant events in your day. The touching moments that you've experienced lately, like having your daughter leave the last cookie for you, a flower you saw open its petals as you stopped to rest on your morning jog, your dog licking your face, or your significant other giving you an unexpected hug, can be nice thoughts for you to start on.

Practice ruminating on the beautiful side of your life every moment you can. Perhaps as you're driving to work, on your way home, when you're cooking, or when you're doing chores. Let yourself get accustomed to the sound of your own thoughts bouncing around pleasant memories.

As you learn to build this relationship with yourself, start to tackle more serious topics gradually. If you have the habit of pushing away problems when they come up, this time, allow yourself a moment or several moments to think about them, and come up with strategies how to deal with them. If you are resolved to deal with these, make a mental or paper note or even an electronic reminder to apply what you have thought about. Then let go and revert to thinking of pleasant thoughts.

Later, as you learn to tolerate and even like listening to your own self-talk, learn to explore your inner issues, your thoughts, aspirations, dreams and fantasies. Get used to the world of the mind. It is through exploring these thoughts that you will learn how to deal with yourself and your issues.

Chapter Eleven

CONNECTING WITH OTHERS

They say that “no man is an island”. It may be a tired cliché, but it's a proven fact that human beings, even other primates on the lower level of the evolutionary ladder, are social creatures. Studies have shown that animals perish when deprived of social contact. This illustrates the importance of social connection, be it in the animal kingdom or between and among human beings.

And yet there are people who are introverted by nature. However, being on the antisocial extreme is a different thing altogether. The lack of desire to connect with other people is, in fact, a mental illness as defined by the Diagnostic and Statistics Manual of Mental Disorders or the DSM-IV-TR. This condition is called “Schizoid Personality Disorder.” Another condition is called the “Avoidant Personality Disorder,” wherein though a person may want relationships, the fear of rejection and feelings of inadequacy are so great, that forming social relationships becomes unappealing to the Avoidant person.

Not being able to connect with others may not be a problem if you wish to isolate yourself in the mountains of Tibet. However, not making contact with other people impairs you socially in that interpersonal skills that you should be equipped with aren't in your arsenal, for lack of practice. Thus, when you would actually need to face another human being, you might lack the sensitivity needed to avoid misunderstandings and conflicts.

As said before, relationships are important. So stick to your commitment of healing, form healthy and stable relationships, and see yourself grow. Expose

yourself gradually to people if you have Avoidant or Schizoid tendencies. Start by going into Internet chatrooms, then work towards reaching out to others. If interpersonal relationships didn't appeal to you before, just try reaching out, before swearing off social contact altogether.

Cricket songs in the forest could get so annoying, and listening to freaky echoes in the mountains of bone-freezing Tibet could drive one crazy.

A WORD BEFORE I GO

In life, there is no one way to go about anything. There is no absolute solution to the problems and challenges we face. The only tips I can give you that you would be able to use across your lifespan would be for you to:

- **Have a sense of purpose in your life.**
- **Maintain the desire to learn no matter what.**
- **Apply what you've learned.**

This desire to learn would arm you throughout all the challenges and trials you will face. Knowledge is power, someone said. And indeed it is. Without knowledge, you wouldn't know what to do with yourself, if you were given problem situations. Self-improvement, self-actualization... These therapies, principles and concepts are useless if you don't internalize them and apply them to your living. But most importantly, you have to have purpose in living. Without a purpose, a mission, a goal, self-improvement is just vanity. Your purpose will guide you through the storms, and ensure that you do not give up even when things seem so insurmountable. Your purpose will provide you with the guideline of the things you need to learn in life.

So strive on for self-actualization, improve yourself, enhance your well-being, and live that rich, full life, that you definitely deserve!