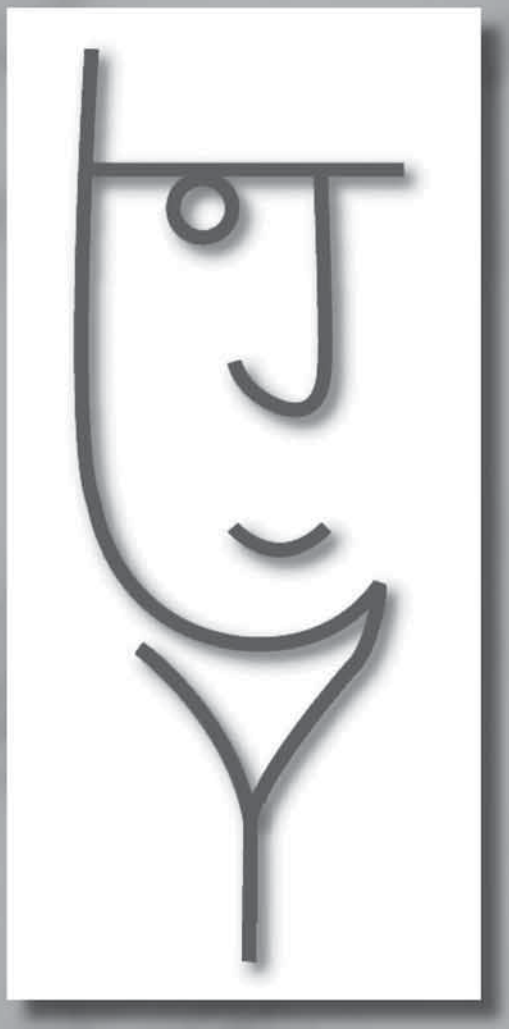
REJOINING JOY



Volume I

Essays

Gerald Young, PhD

REJOINING JOY

Volume I

Essays

ALSO BY DR. GERALD YOUNG

Books

Young, G., et al. (Eds.) (2013; in preparation). *Handbook of Psychological Injury and Law*. New York: Springer.

Young, G., et al. (Eds.) (2012). *Psychological Injury and Law: Introduction.* New York: Springer.

Young, G. (2011). *Development and Causality: Neo-Piagetian Perspectives.* New York: Springer.

Young, G. (2010). *Rehabilitation Psychology [Course Kit]*. Toronto, ON: York University Bookstore.

Young, G., Kane, A. W., & Nicholson, K. (2007). *Causality in Psychological Injury: Presenting Evidence in Court*. New York: Springer.

Young, G., Kane, A. W., & Nicholson, K. (Eds.) (2006). *Psychological Knowledge in Court: PTSD, Pain, and TBI.* New York: Springer.

Young, G. (1997). *Adult Development, Therapy, and Culture: A Postmodern Synthesis*. New York: Plenum Press.

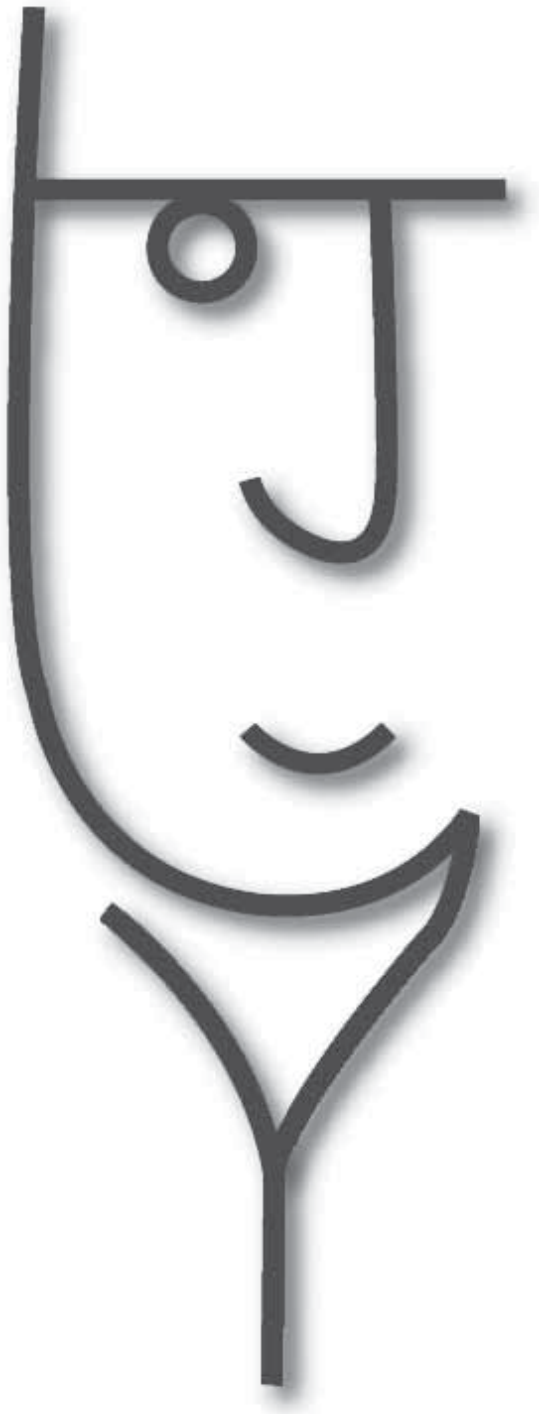
Young, G., Segalowitz, S., Corter, C., & Trehub, S. (Eds.) (1983). *Manual Specialization and the Developing Brain*. New York: Academic Press.

Journals

Young, G. (Founding Editor and Editor-in-Chief) (2008–) *Psychological Injury and Law*. New York: Springer.

The 2013, 2012, 2010, 2007, and 2006 books are books on psychological effects of traumatic events, and the like, in relation to personal injury law. The 2011 and 1997 books are on life span development. You may also consult the journal for which I am editor-in-chief, entitled, *Psychological Injury and Law*. To see my work in the area of psychological injury and law, consult the websites www.asapil.org and springer.com. To see my work in the area of self-help consult www.rejoiningjoy.com.

Rejoining Joy



Gerald Young, Ph.D.

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REJOINING JOY
Essays Volume I

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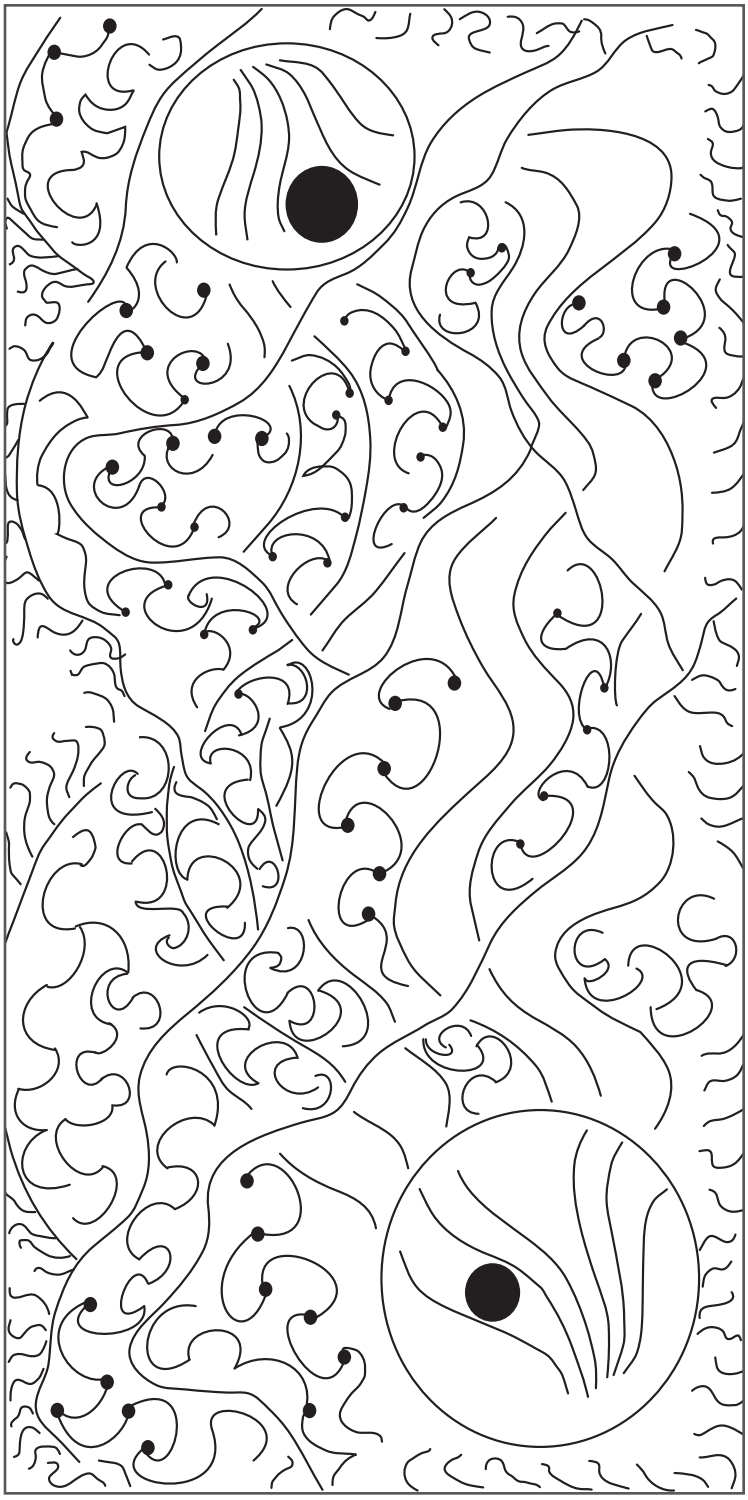
To my Family and my Clients



ABOUT THE AUTHOR

DR. GERALD YOUNG is an Associate Professor Psychology at Glendon College, York University, Toronto, Ontario, Canada. He is also a practicing psychologist dealing with rehabilitation and with counseling. He undertakes research on two major topics. The first is on psychological injury and law [five books]. The second is on child development. His most recent book is entitled: *Cognitive and Affective Parallels in Development: Comparing the Neo-Piagetians Fischer, Case, and Young* (published by Springer SBM, New York). He has written one other book, on the topic of manual and hemisphere specialization. He has received an outstanding research award from his faculty at the university. He is the editor of the leading journal in the area of psychological injury and law (*Psychological Injury and Law*, PIL, springer.com), and is the president of its housing association (ASAPIL, see www.asapil.org).

Dr. Gerald Young has gained the trust of his clients and of his professional colleagues in his professional practice in clinical psychology. He has helped numerous clients over the years; and his reports have been presented to court. As an Associate Professor at York University, he teaches students the courses of Rehabilitation Psychology, and Abnormal Child, Adolescent, Adult, and Advanced Development.

"There is unity in my university teaching, my research, my practice, and the self-help book series. With much passion, I have dedicated my professional life to the area, and the self-help books reflect that passion and the skills that I have learned and developed and want to communicate to the reader."

FOREWORD

Rejoining Joy is a self-help book series on stress, emotions, pain, managing stress, and dealing with a range of daily issues, such as raising a range of daily issues, such as raising children and functioning well at work (see rejoiningjoy.com). The series is not a self-help one in the traditional sense, for it is more about improving our ways of living. It does not simply ask us to be more positive, happy, or better. Rather, it shows the reader how to accomplish these and related goals in a realistic manner. It does not simply give the reader positive statements about the self to learn. Rather, it helps facilitate the reader in *learning new ways of living* by dealing better with the negatives and increasing the positives.

The series is based on figures and accompanying text created by psychologist Dr. Gerald Young in sessions with his clients. The text for each figure is described in one to several paragraphs and, usually, includes a positive message. In his clinical work, Dr. Young encourages people to tell better stories about themselves, to find inner qualities and strengths, to learn destressing skills in order to add to them, and to use appropriately these qualities and strengths in solving problems.

There are eight volumes in the book series.

The first volume presents essays, without accompanying figures for the most part, including an essay on an introduction to psychology, and another on therapy. The next volume, the first with figures and accompanying text, is on stress and destressing. The next two volumes are also in this figure-text format. Specifically, the third volume in the series is on emotions, such as worrying but, also, it includes positive feelings, such as love. The fourth volume deals with diverse topics relating to children, work, change, and so on. The fifth volume has neither essays nor figures and accompanying text, but presents artwork meant to be relaxing. In a sixth book, the reader is provided a self-contained workbook of psychological exercises. In addition, the series includes a seventh book based on excerpts from the best material from books in the series. The eighth book is on sayings for living, loving, and learning. The reader should find them inspirational. They emphasize the major theme of the book series—that when life is difficult, we can still do our best and do it well, and that we choose to find techniques, strategies, and ways of living to help us in this great and empowering task. Another way of describing the major themes of the book is that they involve: Reducing Negatives, Increasing Positives, and Improving Relations and Love. I created over 20 sayings for over 20 themes.

Together, the books are aimed at having the reader not only regain joy but, also, keep it.

Introduction to the Book Series

Dr. Young has written a series of eight self help books. In these self-help books, he shares with you the clinical advice he gives to his clients, most of whom have been in traumatic accidents. A large part of the material in the books consists of graphics and accompanying text. They cover the multiple areas of stress, negative emotions, and life disruptions that follow trauma. There is also an introductory book of essays, a book on art and nature, and a workbook. The series concludes with an excerpted book of the best of the other books. It ends with a book of the sayings, some excerpted from the other books and some newly written for it. The workbook is about *Empowering the Core* and the collection of sayings is about *Living, Learning, and Loving*. Together, the books constitute a series called, *Rejoining Joy*. The title reflects the belief that we can learn to be in charge of our lives and maintain joy even when we might experience traumatic events such as accidents. We can learn to live our life to the fullest, and have a sense that we are in charge no matter what may happen to us, and no matter what our situation or age.

The contents of the books are scientifically-based, yet tailored to each client. The goal in these books is to help people who want to grow, learn from their experiences, and have a more positive and peaceful psychology. The work is based especially on car accident survivors, who come into the office with a whole host of life issues. Therefore, the books covers how to handle stress, how to deal with negative emotions, how to handle injuries and pain, how to cope with death of a loved one, how to handle the many difficulties that emerge in daily life, how to promote positive emotions, and how to improve communication and relationships, deal with children, families, and work, and how to change for the better.

The approach taken is cognitive-behavioral, narrative, interpersonal, and developmental. The books emphasize that ultimately we are responsible for ourselves, but we create that sense of responsibility by active participation in our social relations and daily life, and by actively finding solutions to the problems that may arise in our roles. Even when the worst tragedies happen to us, we can still be in control, learn from the experience and grow, stay ourselves, and be helpful to others. No matter how bad things seem, there is always something that we can direct, adapt to, and live through with inner positivity and peace. Even in the most extreme stress and negative emotions, we can turn to those parts of us that are more positive and peaceful, make them expand, and regain joy. We can learn to emphasize our positives and work with our negatives, to make us better people and to make our future better.

The Book Series Has Taken a Unique Approach

1. The most important point about the book series is that it will be helpful to readers because it presents a wide range of useful strategies, techniques, and ideas for use in daily

life. The book series is not just for people who are undergoing stress, whether through great tragedies such as serious accidents or in the hassles of daily life. The counseling given in the book series also is useful to prevent stresses from growing out of hand, to head off bad habits, and to promote good habits. We all can develop control in our lives and prosper psychologically in our daily activities. There are eight books in the series and it is comprehensive in the topics discussed and the education and instructions given.

2. In addition, the book series reflects an integration of my practice, teaching, and research, yet stays at the level of my clients and the general reader. In an article written in 2008 for the journal *Psychological Injury and Law*, I describe the psychotherapeutic encounter, and argue that it should deal with the whole person, through 10 critical areas, as well as through family counseling and related interventions, if necessary. This model is an integrative one that has guided the present book series, leading me to organize many common psychotherapeutic techniques into a holistic model. It allows me to keep the client in focus in therapy, and facilitate their self-growth, inner peace, and relations with others in their daily lives.

3. The majority of the books use visual graphics with accompanying text. In the heart of the book series, there are 30 such chapters spread over three books. The books are unique in the amount of graphics and in their use as central organizers, with text written solely to explain them. That is, for each visual, usually there is a paragraph or page-long description. For any one chapter, together the graphics cover the major themes important for it. For the excerpted book, the author took material from each of these 30 chapters, in particular, as well as some introductory essays and some art on nature, as described below. In addition, he put in select sayings written for the margins, as described below.

4. The book of introductory essays includes essays that explain psychology and explain psychotherapy. The author wrote these essays instead of using cumbersome footnotes or endnotes. Almost all key words in the visual graphics and their accompanying text are explained in the essays. Other essays are more motivational and inspirational. Finally, there are those that explain development very well, and they are based on my professional publications. This book concludes with a few poems.

5. The art and nature book is a "green" one, for it encourages readers to respect and love the planet and its animals. The art consists of simple line drawings, illustrating that any one can undertake art, and at any age. Also, the themes are peaceful, motivational, and inspirational, such as ones on families, flowers, dancing figures, and art based on a visit to the holy land.

6. The workbook consists solely of workbook exercises, each having a brief introductory text. Most exercises and their introductions fit on one page. Each exercise consists of two questions, asking for up to five possible answers, or at least things to think about. Other workbooks use more text for each exercise, so there are fewer exercises in other books than in the present workbook. Each of the exercises is aimed at creating a sense that one can succeed in taking charge of life's difficulties. The workbook was written so that it can stand alone, and be read without reading any other book in the series.

7. The book of sayings is a collection of sayings used as margin material, but it turned out important in its own right. For the most part, other collections of sayings involve those not written by the authors, but by famous writers and public figures. Because the sayings are tied to the book series, all of them are psychological in nature, which is unlike the case for other books of sayings. The reader will find the sayings are consistent with the major themes of the book, and therefore reasoned, motivating, inspiring, and promoting positives while helping to control negatives.

Who Needs to Read the Book Series?

1. Anyone who has confronted any kind of stress, not just those coming from accidents, should read the book series.
2. Anyone who wants to learn how to handle effectively stress, negative emotions, and bad habits will profit from the book series.
3. Anyone who needs advice on communication, relationships, love, children, teenagers, families, work, and taking responsibility of any kind will keep coming back to the series.

In short, the book series will be useful for almost anyone. Moreover, its attractive visual and workbook format makes for easy reading and good learning.

People of all ages will find the book series interesting and informative, from teenagers to the elderly. Some of the graphics and workbook exercises might seem more appropriate for young people and others for adults. However, readers of all ages, whether they are young or young at heart, will find the book to their liking.

In addition, because the graphics have been made in session and because the workbook is oriented to clients, both treating mental health professionals and their patients should find the book series valuable.

AUDIENCE

Market

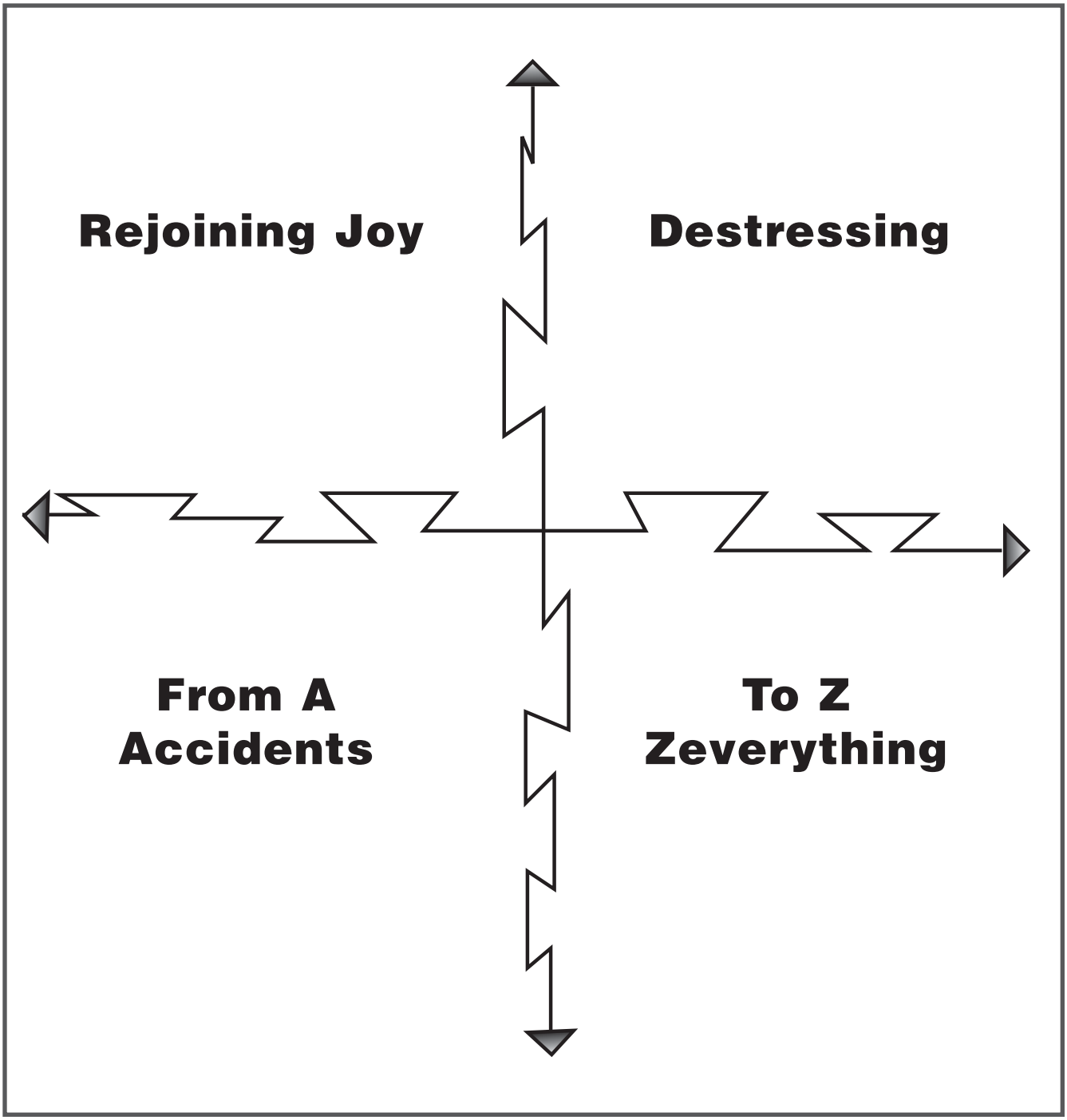
The book series was written starting with *clients* right in their sessions. I would make for them the therapeutic visualizations that I have described in order to illustrate what I wanted them to learn and to apply in their destressing and regaining joy. However, the book series is not just aimed at clines in need of mental health services. It aims, as well, for the self-help and self-healing *market*, *in general*. Many people need and seek simple techniques to use in their attempts to distress and regain joy, and they also seek books that further their sense of meaning and fulfillment, inspire them to change, and facilitate their growth. Therefore, the book series can be of great help to the general reader, given its motivational, inspirational, and reflective contents.

Because of its contents and the way it is written, *psychologists* and other mental health professionals will also find that the book series can be helpful in their practice. The contents of the books can be used effectively with their clients, just like I have used them with mine. For example, psychologists can use the therapeutic visual figures and their associated text to make crucial points in session. The sayings and art can be used to motivate and inspire. The essays can help flesh out therapeutic work, both in terms of facilitating reflection and for giving clients at-home reading assignments.

The advantage of my approach lies in its inclusive nature. I cover so many themes, with one chapter usually per theme. Within each chapter from the three books in the book series that have figures and matching text, there are at least 10 figures. Some are meant to present the same or similar information in different ways. However, most are quite distinct from the others. Because there are about 500 figures in the book series, and they cover a full range of topics, the mental health professional can select from much choice in the material covered by the books for the particular needs presented by clients in sessions. The therapist using my book series can design individually tailored groups of readings and figures for clients to consult.

REJOINING JOY: DESTRESSING

Stress infiltrates every aspect of our life. So can destressing and joy.



BOOK SERIES CONTENTS

Volume Descriptions

The first volume in the book series presents in a straightforward manner essays introducing psychology and how to live life more happily and effectively. The essays are meant to cover the basic topics presented in the remaining books, and they include pertinent definitions and explanations of concepts, although the reader does not have to read these essays before reading the other books. The topics in the first set of essays range from what are the fundamentals in psychology, to how to deal with stress, to how cognitive behavioral therapy works. The second set of essays is more literary in the first part and more scholarly in the second. The essays range from short ones that are more inspirational and motivational, to ones on change and on stages in development and their implications. Key themes relate to growth and responsibility.

The second volume is on destressing. This volume marks the beginning of the major use of therapeutic figures. In this volume, I explain basic concepts about stress and I explain behavioral techniques on how to distress. I emphasize various cognitive techniques, such as keeping our hope, optimism, and positive attitude. We learn that when confronted with stress, we have options in our behavior and we can be in control. I go on to explain that having some stress can be growth promoting and that we can learn to live effectively with it. This first book in the series concludes with a chapter on recovering—stress is a start and dealing with it is our goal.

The third volume of the book series deals with negative emotions, such as worry and sadness, and specific emotional problems, such as drinking or dealing with pain. The volume moves from these negative and most basic emotions to positive ones, for it concludes with chapters on love and motivation, in particular. The main theme of this volume is that we can use emotions to our advantage, that emotions color all our activities, and that we can control. Them when they are negative. This third book in the book series concludes with a chapter on rewriting the stories that we tell about ourselves so that they are more positive.

The fourth volume in the book series is about improving the quality of our daily living. It deals with more complex topics, such as the self, communication, handling children and adolescents, coping with change, and managing work and family life. It includes a chapter on inspiration. It terminates with a description of major points of view in psychology, including the biopsychosocial perspective. This reflects the integrative effort that I have taken in writing the book series. To better understand our psychology, we need to look both inside and around us, both at our bodies and our mind, both at our thoughts and our emotions,

and both our bad habits and good ones. We all have core positives waiting to grow.

The fifth volume presents two-dimensional artistic line drawings intended to relax and inspire. Many of the drawings are about nature and animals. Many are about people and family. I do these drawings quickly, illustrating that, with a single line or a series of lines, we can both express ourselves and relax in doing so. The accompanying text for this book emphasizes the role that we all have to play in helping nature survive. I added text related to nature and our need to protect and preserve it. By acting to save the planet, its habitats, its animals, and its plants, we engage in the best forms of destressing.

Book six of the book series represents its crowning achievement. It consists of excerpts of the best material, especially from books III, IV, and V of the first five books in the series. I selected those figures and accompanying text that provide the clearest description of the book series' major messages and its best therapeutic self-help skills. The excerpted book offers a concise presentation of the book series contents, allowing the reader to consult the complete series for more in-depth reading.

Book seven presents workbook exercises that have the reader review and reflect on the contents of Books III, IV, and V of the book series. The exercises emphasize empowering our inner positive psychological core and good habits, or strengths and advantages, while helping readers toward altering negatives, bad habits, and so forth. Each of the exercises begins with an introductory paragraph, so that the reader can read the book by itself, without reference to other books.

The last volume of the book series presents inspirational sayings for living, loving, and learning. The sayings were written based on Dr. Young's work with his clients. They offer a basis for rejoining joy and gaining in life. The third through fifth book of the series concern stress, emotions, and daily living, and there are 10 chapters in each book. For each chapter, there are about 50–100 sayings and bolded sentences that are like sayings. They cover topics such as increasing positives, ensuring success, and improving relationships. There are over 20 topics related to destressing, emotions, and daily living, including at work and with family. There are over 20 sayings per topic. They will motivate, inspire, and help to promote good habits while helping to inhibit negative ones.

What the Book Series is NOT.

To better differentiate how this book series is different from other books similar to them the market, we need to know what the book series is not.

1. The book series is not on one particular topic, such as how to handle stress, depression, or pain, because it covers all these matters. Dr. Young, in his sessions with clients, deals with the full range of issues that come up after accidents and in life.

2. The book series does not give simplistic answers on how to cure or how to deal with all critical problems

that people face because there aren't any such simplistic answers, despite what some people or authors might preach. Books that simplify by giving catchy titles and cute phrases may inspire for the moment, but they do not create long-lasting helpful effects. The approach in the present book series is to not only inspire and teach, but also to have readers learn and apply the strategies in the series, and therefore improve their ways of living.

3. The book series is not a complex scientific explanation of psychology and its therapies. There are not a lot of theoretical explanation, references to the literature, and footnotes. Dr. Young has written scientific books and articles on therapy, but the goal of the present book series is practical and it is aimed at the mass market. The book series speaks to the reader at the level of the reader and gives a bibliography that the reader can consult for further information. Therefore, the book is balanced by being not too simple yet not too complex.

4. The book series is not simply text, because it includes many visuals. For each visual, there is usually an associated paragraph or page, and the visual and the text should be examined together.

5. The book series is not dry and humorless. To the contrary, it includes humor when necessary, it includes some catchy sayings, and there is much to excite the imagination.

6. The book series is not another self-help book project that will not help people. We are coming to understand that self-help books have temporary effects and even some harmful ones. For example, by painting everything rosy or minimizing the difficulties in dealing with problems, other self-help books may overlook the serious problems people have in dealing with stress. Or, they may give very simple solutions that can only work in some situations, but lead to difficulties in others; so in the end, they limit the person and have opposite effects to those intended. The present book series is more realistic, never promising too much. However, it always offers good ideas and strategies, it motivates, and it always gives hope. **Life is a Lesson and we are both its teacher and student.**

7. The book series is not just for accident survivors. Indeed, it will be helpful for most people who want to learn how to handle stress of any kind, and regain joy. Also, it will be helpful to any one wishing to grow and transform for the better. Often, psychology is considered as a discipline that deals with helping people with their problems. The approach of the present book series goes beyond this, because psychology can help all of us all, no matter what out age, to learn to improve our psychological wellness, positivity, quality of life, ways of living, and joy in living.

PREFACE

The title of this book series includes the phrase, "Rejoining Joy." When we experience stress, we do the best that we can to get through it. We try to regain joy, and we use various destressing techniques, perhaps some like the techniques in this series. Rejoining joy is the goal so that we can get on with our lives and live it in enriching, productive ways. "A healthy way of living" is an important means to attain joy.

However, destressing is not a list of techniques mechanically applied. It is essential to want to destress and go beyond our repertoire of learned destressing techniques. People can learn to minimize or take away their present stress. It is just as important to learn that destressing is an ongoing process. When we go beyond the techniques used and see the whole picture, it becomes easier to deal with future stress.

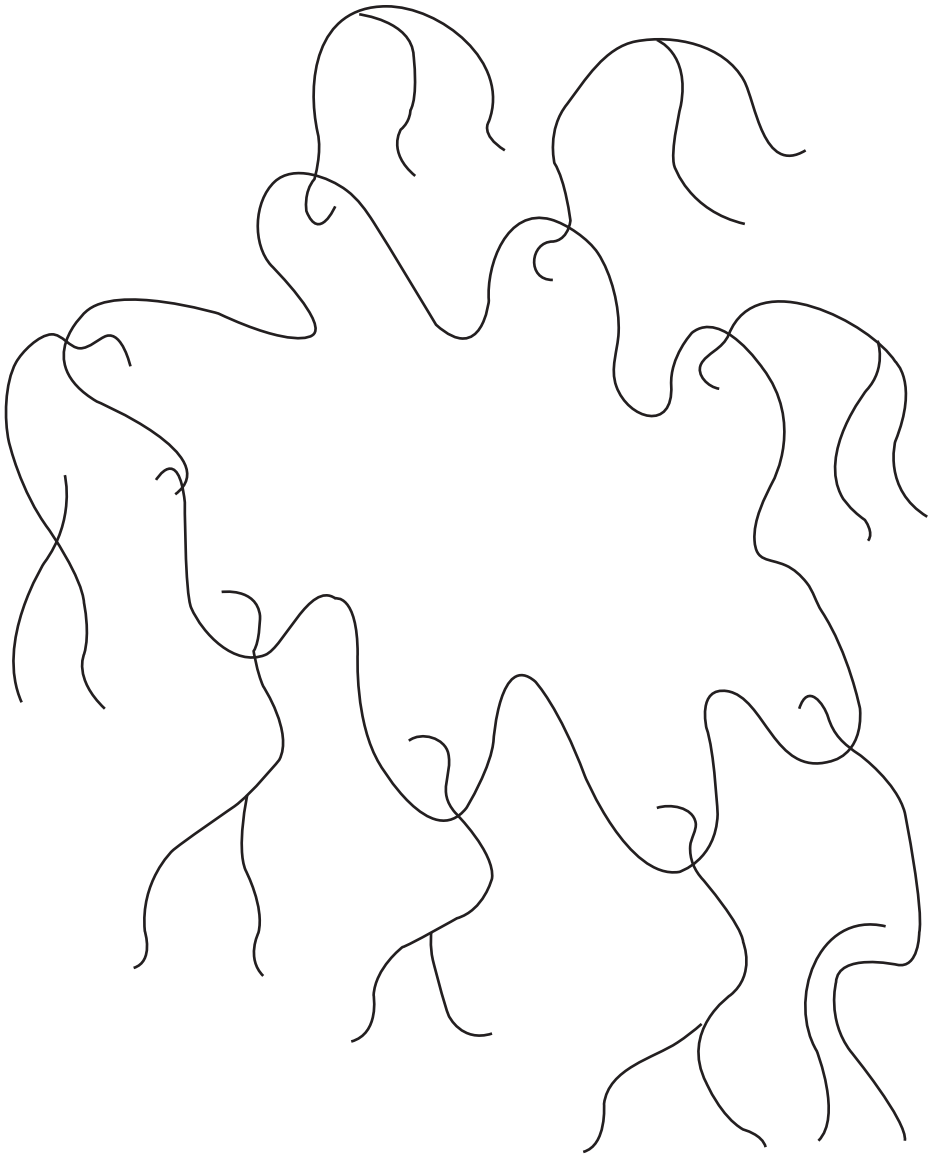
The book series *Rejoining Joy* is divided into eight volumes. They cover a diversity of topics related to destressing, *a)* the nature of stress and how to best deal with it, *b)* the topic of emotions, such as worry, anger, motivation, and love, and *c)* topics relevant to daily life, such as communication, children, and work. The series does not try to cover every area relevant to destressing, nor does it attempt to be exhaustive. In order for readers to complete their knowledge and appreciation of the available destressing techniques in the field, they should consult other relevant self-help books, their family physicians, and, if necessary, mental health professionals, such as psychologists.

The *Rejoining Joy* book series is unique because it makes extensive use of visualizations, illustrations, drawings, figures, diagrams, graphs, charts, tables, and so on. In the book series, for the most part, I refer to them as "figures." The advantage of using the visual modality is that it captures simply the message that is being communicated. Moreover, visualizations are like verbal metaphors. They suggest, inspire, make people think, and so on, and often avoid direct instruction. Thus, they can function as powerful therapeutic tools. Within each chapter, the figures are loosely organized. It is not necessary that they be read in sequence from first to last. Each figure is meant to be a self-contained unit. Although there is accompanying text, each figure can be understood without reference to it. Similarly, the text can be read and understood without reference to any associated figure. Therefore, the reader can read the text on its own without reference to the figures, or can flip through the figures without reference to the text, or go back and forth between them.

One result of this format is that, at times, there are repetitions. For example, the idea of having a positive attitude is a common theme in the book series; instead of seeing this repetition as a drawback, we can see it as positive because it allows for the accentuation of important themes. The reader should note

that, although the focus of the book series is on figures, graphs, and so on , such visualizations have their time and place. For example, if using the book series, the therapist should not simply rely on visualizations. It is important to see each client as an individual with particular problems in particular stressful situations and, only when it is appropriate, should visualizations be used.

In our streams of consciousness, we find not only words and ideas but, also, visual images, both of what happened in the past and what can happen in the future. Therapists can use more effectively the human penchant to visualize. Often, the visual modality is neglected in our thinking process regarding more positive stories that we can tell to ourselves and to others. The current book series aims to rectify this oversight through its many therapeutic visualizations. Narratives need not be verbal alone.



Dream Dance

The joy of music, rhythm, and dance invigorates life and provides the best source of destressing. We are connected in the smooth flow of coordinated, undulating bodies and the powerful chant of multitudes singing. Music and dance empower both individual and group. We sing in unison in choirs, or dance together to the trance of drumbeats. Or, we simply absorb the enchanting melodies that we hear at symphonies, at concerts, on the radio, or from our electronic devises. We listen to music as we fall asleep and it carries into the reverie of our dreams. **Music is to life, as life is to life.**

ACKNOWLEDGMENTS

The book series on Rejoining Joy owes much to my teachers, some of the best of whom have been my clients. It is their stories that have inspired me. Often, it is their ideas and solutions that I put into written and visual form. Often, they are like psychologists, and I simply facilitate the dialogue that they are having in their own minds about which course of action to follow, which advice to accept, and so on.

Another special set of teachers has involved my family, including my mother (Rosalind) and my late father (Samuel), my wife (Lelia) and our children (Carina, Joy, Victoria). They have been great teachers about children and parenting, as has been our first grandchilden, David and Osher. In turning to rehabilitation psychology, I owe much to Stephen Swallow, who was an excellent supervisor and mentor. Other important teachers whom I have had in my student and professional life have included: Jim Alcock, John Crozier, Thérèse Gouin Décarie, Neville Doxey, Michael Lewis, Edward Meade, Ronald Melzack, Gert Morgenstern, Marvin Simner, and Peter H. Wolff. To all these people, I say a hardy THANK YOU.

I would like to thank the following people who have helped put together the book series. Orden Braham of epromotions completed the computer graphics following the hand written figures that I gave him, and he turned them into the professional quality so clearly evident. Beth Crane of WeMakeBooks.ca worked diligently setting up the pages in their attractive format and provided timely advice, as well. Moreover, she greatly improved on the organization of the contents of the figures. Kim Monteforte set up the pages for the sayings book. Also Cindy Cake expertly put together the child alphabet book, which has been placed on the website for the book series (rejoiningjoy.com). Finally, Heidy Lawrance contributed to the last phases of preparing the book series for the website. The website itself is an excellent one, thanks to her work and that of Nathan Lawrance and Donna Lam, who worked so creatively on it.

Carina Young Rock had worked arduously on the first draft of some of the graphics, and Arthur Demerjian has helped her in this regard. More important, Carina Young Rock has provided photographs for the book series, the excellent quality of which is noticeable. These are, first, from the holy land and its nature preserves. Also, she took pictures in New York State. Brian Rock has added wonderful pictures of Switzerland. Joy Young provided the pictures of Toronto. Not to be left out, I added pictures from my visits to the San Francisco area and the Phoenix area (where conferences took place). Carina Young Rock and Joy Young have contributed some artwork to the series (Carina: the introductory art to Volume IV; Joy:

Figures 29.11 and the loon in Northern Bird in Volume V). They collaborated in writing the essay entitled, "Harmony."

Polly's parents have given kind permission for me to reproduce her epitaph (text for Figure 29.11) and the Foreword to the sayings book.

Editors and proofreaders must have patience, and, and I give Joy Young, Carina Young, Victoria Young, Catherine Leek, and Shayna Buhler many thanks. Jessica Chan and Darcy Winkler provided pertinent advice. Don Bastian provided incisive feedback from an editor's perspective that led to improvements in the final draft. Finally, a colleague, Andrew Kane, provided feedback on the essay, "On Psychology," demonstrating his effective writing skills.

Joy Young and Candice Rubinstein undertook the noble effort of struggling through my handwriting to type the manuscript. They had help from Regina Altarkovsky, Jessie Amaral, Melissa Canastraro, Kaitlyn Chambers, Jessica Chan, Joyce Chan, Aline Demerjian, Bonnie Donaldson, Hilary Downes, Paula Druzga, Ilana Gorodezky, Michelle Greisman, Urszula Jasiowka, Natalie Kardasopoulos, Ko Khaira, Vanessa Kissoon-Singh, Simone McMillan, Kathy Raufi, and Darcy Winkler.

I wish to thank Plenum Publishing Company (now called Springer Science & Business Media) for their kind permission to use full or adapted versions of material from my 1997 book, entitled *Adult Development, Therapy, and Culture: A Postmodern Synthesis*. The material forms the basis of the following figures in this series: E2-2, E2-3, E2-4, 7.5, 18.4, 26.5, 28.10, and 29.9. The poem entitled "A Healing Poem" is reproduced from that book, as is the essay "Reflections for Adults in Transition or Crisis." The art piece introducing Volume IV is taken from the cover of the Plenum book. Springer gave kind permission to take excerpts from chapters in my 2006 and 2007 books for the appendix in the book of essays. The first appendix is constituted by an excerpted, condensed version of a chapter by Young and Yehuda (2006). The second appendix is mostly constituted by excerpts from a chapter by Young, Kane, and Nicholson (2007), and by excerpts from an undergraduate BA research thesis by Janice Dias, written under my supervision, and published with permission by the authors. Parts of the essay entitled "Rehabilitation Psychology" are based on an article that I published in 2008 in the Springer journal that I edit, *Psychological Injury and Law.* Springer also gave permission to use material from my book in press for a section of the introductory essay on psychology and for two figures.

Many thanks to Mark Biernacki, LLB, of the law firm Smart and Biggar, for securing copyright and intellectual property rights for the book series and the website.

If you would like to order material related to *Rejoining Joy*, such as the artwork or the photographs, kindly visit **www.regainingjoy.com**.

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February, 2011

SUGGESTED PROFESSIONAL READINGS

There are many books available for the interested reader. Robert Sapolsky (2004) has written an excellent trade book on the topic of stress. Boenisch and Haney (2004) present a fine book with ways of dealing with stress. In terms of dealing with the psychological trauma after an accident, the reader should consult Hickling and Blanchard (2006). A more academic description of stress can be found in Lehrer, Woolfolk, and Sime (2007). Pain management techniques are described very well in Turk and Winter (2006) and in Thorn (2004). The psychology textbooks that I use to teach my courses at the university have provided me with an excellent fund of knowledge (Arnett; DeHart and colleagues; Wicks-Nelson and Israel). For my own work, the reader is referred to Young (1997), Young (2007), and Young and colleagues (2006, 2007). For those interested in original academic journal articles on stress and destressing, you may consult: *Anxiety, Stress, and Coping*; *International Journal of Stress Management*; *Journal of Psychological Trauma*; *Journal of Traumatic Stress; Work and Stress, Traumatology, Journal of Child & Adolescent Trauma,* and *Psychological Traumas: Theory, Research, Practice, and Policy*.

Arnett, J. J. (2007). *Adolescence and Emerging Adulthood: A Cultural Approach* (3rd ed.). Upper Saddle River, NJ: Pearson.

Boenisch, E., & Haney, C. M. (2004). *The Stress Owner's Manual: Meaning, Balance, & Health in Your Life* (2nd Ed.). Atascadero, CA: Impact.

DeHart, G. B., Sroufe, L. A., & Cooper, R. G. (2004). *Child Development: Its Nature and Course* (6th ed.). Boston: McGraw Hill.

Lehrer, P. M., Woolfolk, R. L., & Sime, W. E. (2007). *Principles and Practice of Stress Management* (3rd ed.). New York: Guilford Press.

Hickling, E. J., & Blanchard, E. B. (2006). *Overcoming the Trauma of Your Motor Vehicle Accident: A Cognitive-Behavioral Treatment Program Workbook*. New York: Oxford University Press.

Sapolsky, R. M. (2004). *Why Zebras Don't Get Ulcers: Guide to Stress, Stress-Related Disease, and Coping* (3rd ed.). New York: Freeman.

Thorn, B. E. (2004). *Cognitive Therapy for Chronic Pain: A Step-by-Step Guide*. New York: Guilford.

Turk, D. C., & Winter, F. (2006). *The Pain Survival Guide: How to Reclaim Your Life*. Washington, DC: American Psychological Association.

Wicks-Nelson, R., & Israel, A. C. (2009). *Behavior Disorders of Childhood*. (7th ed.). Upper Saddle River, NJ: Pearson.

SUGGESTED SELF-HELP READINGS

In a certain sense, there is no competition for this book series because it is unique in the ways described. In another sense, the other self-help books that are presented below do very well and promise to continue to do well. Given that the present book series is unique compared to them, it is complementary to the others, and reader will find it an excellent addition to their self-help book library. Or, for young people, it could be a great way to start in self-help, learn psychology, or otherwise be inspired, learn, and grow. In the following, we review some recent books on the topic that are somewhat related to the present book series. By comparing them to the present book series, we illustrate not that the present book series is better, but that the field is ripe for another self-help book in psychology having the series positive characteristics, as described in the above.

A. The first group of competitors in the field that I examine consists of workbooks.

1. The first one is by Martha Davis, Elizabeth R. Eshelman, and Matthew Mckay called, *The relaxation & stress reduction workbook*. It follows the traditional model of workbooks, with a lot of text and exercises given throughout the chapters. The workbook in the present book series differs from it by having most of the exercises being one page in length, so that there are hundreds of them in the book. Each of mine has a brief introductory text that can stand alone, is interesting to read, and relates to a major theme in the other book in the series. Then, each introductory text is followed by two questions. Both questions are aimed at having the reader learn how to handle the issue presented in the exercise and feel confident in doing so.

2. The book by Glenn R. Schiraldi, *The post traumatic stress disorder sourcebook*, follows the same model. It covers many common therapeutic techniques to help clients deal with their traumas. It also covers the effects of trauma on many aspects of daily life. The present book series covers the material in Schiraldi, but in a more concise way, allowing coverage of many other topics.
3. The next book is *Mind over mood*, by Dennis Greenberger and Christine A. Padesky. It is a workbook that deals with cognitive-behavioral therapy, for example, for depression. Many of the workbook exercises deal with standard cognitive-behavioral techniques. In comparison, in my book series, although it is based on a cognitive-behavioral approach, it is not strictly on that approach. It is more expansive in how it deals with problems, yet nevertheless it is grounded in the cognitive-behavioral approach.

4. The next book is by Margaret A. Caudill and it is called, *Managing pain before it manages you*. The title shows a similarity with the present approach because a lot of what is done in the present book series is aimed at helping people manage their problems. The Caudill workbook is written in the standard workbook format, with a lot of text and exercises. It includes chapters on communication and problem solving. The comments for this book are similar to those of the others—it is well done but it deals with a limited range of difficulties that people confront after trauma and in their daily lives.
5. The same can be said for the workbook by Martin M. Anthony and Richard P. Swinson, called, *The shyness and social anxiety workbook*. Comparative analysis reveals that most likely at the scientific level, this workbook is the best one. It emphasizes that we are the experts and it intends that we generalize from what we learn so that we can deal with future difficult social situations. Once more, it is noted that the present book series covers a broader range of material, and is complementary to this one.
6. *Mindstorms* is a book written by John W. Cassidy, and it is a guide for families living with traumatic brain injury. It gives suggestions to families and patients, but it is not a workbook, *per se*. The present book series does not focus on traumatic brain injury, but it can help patients and families dealing with the stress, emotional upset, and effects on daily living that accompany traumatic brain injury.

To conclude, all these workbooks that I have reviewed are complementary to my own, but, given its advantages, mine will gain a fair share of the market and prosper in sales.

B. The second set of competitor books that are examined are not workbooks, but are more general ones, mostly with text, rather than exercises.

1. The first one is by Barbara L. Fredrickson, called, *Positivity*. Positive psychology is a recent, fast-developing field, and Dr. Fredrickson builds on her concept of "broaden and build" to construct a helpful book. In her book, she ends up with suggestions for increasing positivity and flourishing, and offers a helpful toolkit of ideas. She does not have workbook exercises and does not use visuals. Given this contrast, the present book series is different and unique. At the same time, although it is not called a book directly on positive psychology, it is steeped in this approach.
2. The second book is by Stephanie McClellan and Beth Hamilton, who have written a book called, *So stressed*. It explains very well from a scientific basis the negative effects of stress on our body and on our psychology. It develops a stress detox program and indi-

cates how we can build resilience and regain peace of mind. There are a lot of similarities in the present approach in dealing with these matters, although the present book series is medical than them and deal with many more issues than just handling stress. There are also the other differences described in the above that make the present book series special.

3. James Hollis wrote a book on, *What matters most*. In a certain sense, my own book deals with similar issues. He considers love and living fully, wisdom and spirituality, adopting new ways of living, finding meaning, and creating our own paths and journeys. The present book series deals with these topics, as well, as it is not simply just about handling stress and emotions on a momentary level. It is also about living a full life, and it reflects my basic philosophy that life is about re-responsibility or taking on responsibilities that make sense to us and about continually re-dedicating ourselves to these responsibilities. Our responsibilities might include raising children with love, living with our partners in love, and studying and working with dedication and application.
4. Another book about daily living and change has been written by David Posen, called, *Always change a losing game*. It deals with making the right choices, avoiding traps, strengthening beliefs, and so on. As with these other books reviewed in this section, it consists mostly text. Not only does the present book series deal with the themes in this book, it also deals with them in the unique ways indicated.
5. Ronald D. Siegel has written a book on the very influential approach of mindfulness, called, *The mindfulness solution*. Mindfulness is a kind of meditation that is simple to use and apply. As explained by Siegel, mindfulness can help deal with anxiety, depression, pain, and stress. Also, the book discusses areas of daily living, such as romance and parenting. Mindfulness can help us break bad habits, change, and grow.

The reader will notice that the present book series deals with all of these, although it does not refer to techniques as mindfulness, *per se*. Rather than teach one technique, the book series offers an array of choices to the reader and they can combine them in ways that are effective for them, while adding to them other coping resources. The approach of the author to psychotherapy and counseling is not about technique. Nor is it about theory. Rather, the present book series is about learning about oneself and growing, on the one hand, and about genuinely meeting the person in context at the individual level, on the other hand.

6. Finally, there are self-help books with catchy titles and contents, such as written by Leil Lowndes, on *How to instantly connect with anyone*. The reader will appreciate that the book series includes

hundreds of sayings in the margins of the text pages, and has gathered them into a book fully dedicated to presenting them. In addition, the present book series has put in bold font hundreds of sentences in the text that are catchy and that are worthy of emphasis. However, the approach of the author in writing these sayings and sentences has been to be educational and instructional, and not only wise, humorous, inspiring, and realistic. Dr. Young wants the reader to remember and act on the sayings. However, more important, he would especially like the reader to remember specific behavioral and cognitive techniques and other strategies that have proven through psychological and scientific bases to lead to constructive change in the ways of living.

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CONCLUSION

Readers should note that the book series may not apply fully to them. Some parts might strike home, while others may be too advanced or may not address personal situations. On the other hand, readers may find that some parts have raised points that they have avoided. A good response would be to say to oneself, "I didn't realize that this book series could help me with this situation. I will keep going in my reading to help me with it."

Throughout the book series, I use some humour, irony, and other means of inducing smiles or laughter. When clients first enter my office, the use of humour is not appropriate. However, humour can help as sessions proceed, as long as it is used sensitively for helping clients move forward.

Note that in this series, I have protected the confidentiality of my clients. In this regard, at the few points when I do refer to particular clients or case studies, their background characteristics, situations, and issues have been altered in order to protect their anonymity.

In summary, I have written a self-help book series with unique features. There are eight books in the series, and the total pages across the books that are available to the reader number almost 2,000 pages. The book series should be appealing to the general reader, as well as mental health professionals and their patients. It will have a long shelf life, so readers should keep it on their reading list for years to come, and consult the full series, available at www.rejoiningjoy.com. We look forward to your feedback.

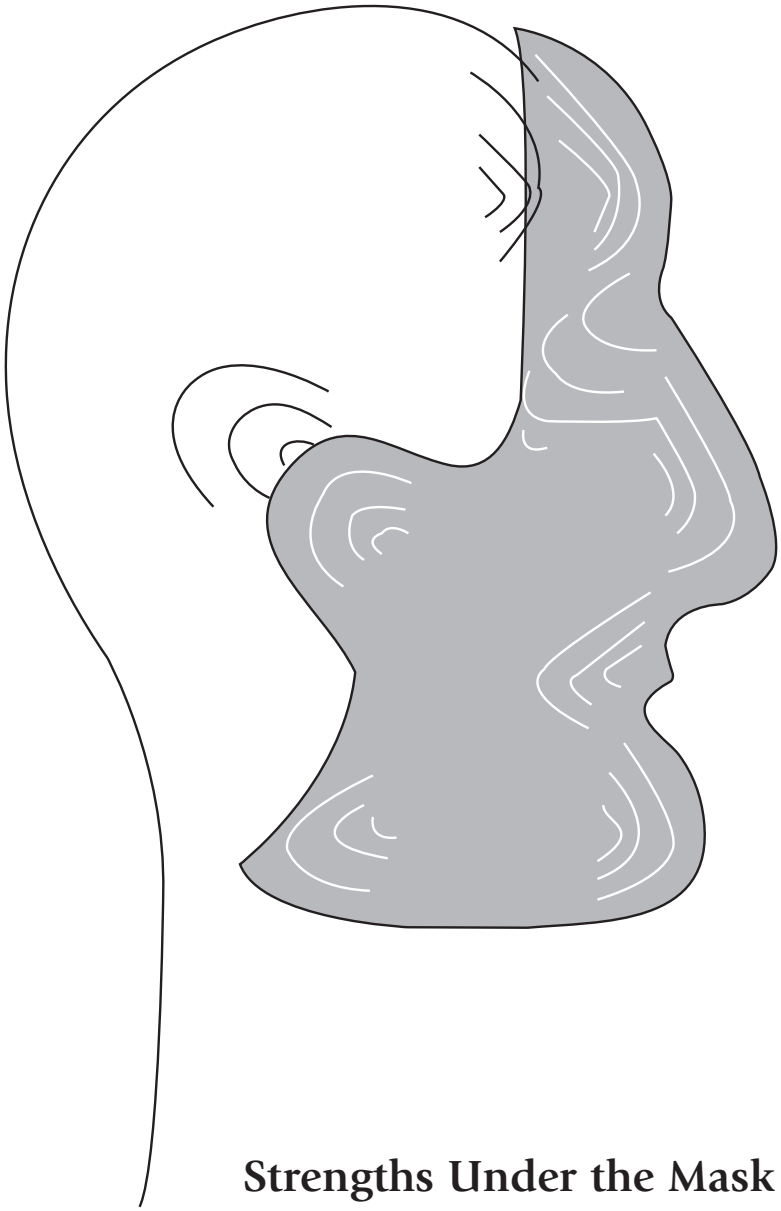
From Science to Practice and from Practice to Science

[Summary of an article published in the *Trauma Division Newsletter* of the American Psychological Association, 2009]

Evidence-based practice concerns application of sound scientific empirical investigation of psychological interventions to the treatment of patients. Moreover, it includes the capacity to engage in critical thinking, using scientific principles, in analyzing the quality of the research and in applying it to the patient being treated. Evidence-based practice adjusts to the wide individual variations in the population and the limits of the research.

Ideally, psychotherapy is a dynamic encounter of the therapist and patient, as they strive together to establish pathways to empowerment and improvement in the patient. Psychologists are trained in according to schools of thought, but often prefer eclectic and individualized approaches. We treat people for their symptoms rather than treating them for how they fit into schools of thought and learned techniques.

For a scientifically informed approach to psychotherapy published in the journal, see: Young, G. (2008). Psychotherapy for psychological injury: A bio-psychosocial and forensic perspective. Psychological Injury and Law, 1 (4), 287-310. (www.asapil.org)



Strengths Under the Mask

Each of us has a unique set of core strengths that make us special. Each of us has weaknesses that can be improved by self-exploration, social support, and good advice. What others see in us is not a measure of what we know to be true of ourselves. At the same time, we may be confused about who we are, what are our strengths and virtues, and where we want to go and grow. **When times are difficult, we need to know that we have positive psychological anchors that can help us stabilize, preparing constructive change.** These can be found by being vigilant to our depths. By seeking inside, we will find constructive paths to the outside. By taking constructive paths on the outside, our inside anchors will grow.

VOLUME I — INTRODUCTION FOR ESSAYS

Stress is constantly present in our lives, because there are always, at least, *a)* minor daily hassles that are stressful, *b)* past situations that have been stressful and have left sequelae, or *c)* anticipation that future events will be stressful. Thus, it is important to develop a positive attitude to get us through rough times. A positive attitude consists of both little and big components. Grand wishes or magnificent dreams can pull us through the roughest of times, but this may not be enough. Small positive efforts, ideas, and approaches are needed to pave the way, as well, and they add up. For example, when we need help, a positive nod, a smile, a laugh, and kind words offered by an acquaintance can help. Or, when others need help, support offered by ourselves can help. These efforts act to moderate stress, to put it in perspective, and to open different avenues. That is, when we are determined to maintain a positive attitude despite stress and to maintain basic civility and decency in our dealings with people despite stress, we may break a vicious circle that stress could induce, and, instead, we may end up creating a better mood for all concerned. Small things also consist of using learned ways of destressing, such as breathing techniques, visualization, meditation, and muscle relaxation exercises.

We have two sides to us as we face the stresses around us, even though we may not acknowledge it. We all know that we have the side that feels overwhelmed but, at the same time, we should recognize that, even if it is just a small part of us in the beginning, there is a side that is trying to cope, to organize our resources, and to resolve the problems or situations that confront us. This side is helping us in determining options, seeking solutions, and calculating possible outcomes. We all have a resilient side. Perhaps in moments of difficult stress, that side may be buried and seem lost or incapable of functioning, but it is still there. We have to work to uncover it and bring it back to the surface. **No matter in what situation we find ourselves, the resilient side may be the core kernel of our response to stress and we must keep seeking it.** That is, in each of us, no matter how dark it seems, there is not simply an attitude of resignation to stress but, also, an attitude of hope for recovery. Moreover, as we confront stress, we should always hope to learn from it, if we find ourselves in situations where we cannot master it.

We can come to tip the balance toward the positive, recovery side of our reaction to stress. We can even learn to deal effectively with stress before it arrives in our lives, through appropriate daily stress-reduction exercises and through appropriate daily actions and attitudes aimed at enhancing the quality of life. **Just as our body has an immune system, so does our mind.** Moreover, the number one antibody in this drama between the "bad guy" (stress) and the "good guy" (resilience) is our self, or our will (wanting to beat or accommodate to stress). We are our own psychological antibody.

Bad habits are not born in us. They are created in us by circumstance and by things that happen to us—they are learned. Thus, they can be unlearned. Moreover, we are the best teacher for unlearning our bad habits. We did not choose to have bad habits. They appeared because of things outside of us. But we can choose to replace them. A good way of doing this is by creating good habits that take their place and lead us to better outcomes.

Our core self is still there even when bad habits are present. It may be hidden by the stresses that caused them, and the bad habits that resulted. There is no reason why we cannot be victorious in our battle with stress. Note that by victory, I do not necessarily mean that there is a war against stress and bad habits, and they have to be eradicated. Victory also means learning to control stress and bad habits, learning to co-exist with them, learning to live with them, and learning to live well despite them and be oneself. This is the best victory possible, because it means that when the next stress and bad habit comes along, we will be better able to handle the situation.

Often, I ask clients to recall some pleasant scenes of childhood, the laughter they once knew. Children display not only laughter and smiling when they are having fun but, also, open their mouth wide as if to laugh, such as during rough and tumble play. The function of childhood is to play. Each of us can recall such scenes of total engrossment in the moment. A good suggestion is to share memories of your childhood while on a walk in the park with a friend. Is the vegetation as verdant as that of the neighbourhood park of your childhood? Do you see the rich colouring and delicate shapes of the flowers? Do you hear the wondrous array of vibrant songs of the park birds? Can you feel the soft, caressing breeze of the day? Can you smell with deep breaths the fragrant scents of the roses? Do you notice the busy flight of foraging honeybees? Do you spy the refined webs of the master weavers, the orb spiders?

There are natural highs that we can experience that are unforgettable. Moreover, our brain is equipped with natural pleasure centers, biochemicals that bring pleasure, and drug-free pain-killing molecules. Our body is not only a temple deserving respect but, also, it is a bank of biological wisdom filled with products of millions of years of evolution that cannot be obtained either over or under the counter.

An inner calm allows us to remain focused and determined, and brings other rewards. By seeking out our natural inner calm in natural ways, daily living becomes more enjoyable. For example, instead of having an easily activated chip on our shoulder, more likely, a sense of peace and contentment imbues us when we have this attitude. Additionally, this kind of peaceful attitude is attractive to others, at least when compared to an attitude having aggressive elements. People are more likely to gravitate to and favour an individual who is calm and wholly present. The attraction felt by people toward such calm individuals inevitably creates opportunities for them, leading to both personal and work satisfaction. In this way, an attitude of being calm is self-reinforcing, bringing calming and bene-

ficial experiences to its practitioner. Calm begets calm, and brings advantages.

Some people deal with stress better that others; they show a calmer attitude, keep their smile, and remain communicative. Partly, they perceive stress differently than others and, partly, they can channel it better. But, also, they have learned that no matter what attitude they adopt, whether positive or negative, the stress is the same. Thus, they have learned that when they are stressed, given the choice between being more negative or more positive, there are benefits in being more positive. It becomes easier for them to think clearly and to get the help of other people. In the end, because they have a more positive attitude when confronted by stress, compared to other people they clear up the source of the stress earlier and easier.

This book has been influenced by another book that I wrote, entitled, *Adult Development, Therapy, and Culture: A Postmodern Synthesis* (1997). That book suggested that human psychology is a continual, ever-changing growth process throughout the lifespan from birth through the elderly period. Thus, the book presents a psychology of hope, change, and adaptation. Therefore, following this tradition, in their therapy, clients and I work together to learn to tell more positive stories about their stress and how they can handle it. For example, I work together with clients to find in the stories that they tell to themselves about themselves even some minor positive signs. As sessions proceed, a new story is built around clients' increasing coping skills, problem solving, and psychological growth. At the heart of each of us are positive qualities, but, because of stress, bad habits are generated that may encircle us and overwhelm our coping mechanisms and resources. However, with appropriate social support (including from mental health professionals, if necessary) and our own inner resources, we can begin to develop alternate and better ways of behaving, allowing us to move forward to control our stress and any bad habits that it had caused us to develop.

I have labelled this type of therapy "transition" therapy, because, no matter what our age, we are all capable of learning to tell more constructive stories to ourselves about ourselves and, thus, growing psychologically. Clients should not consider therapists to be problem solvers and mood changers. Rather, therapists should be thought of as facilitators of one's own abilities to solve problems and change moods. **Each of us has an unending growth potential waiting to be activated**. The therapist's role is to get the ball rolling, and the best way to do this is to get clients to roll the ball themselves.

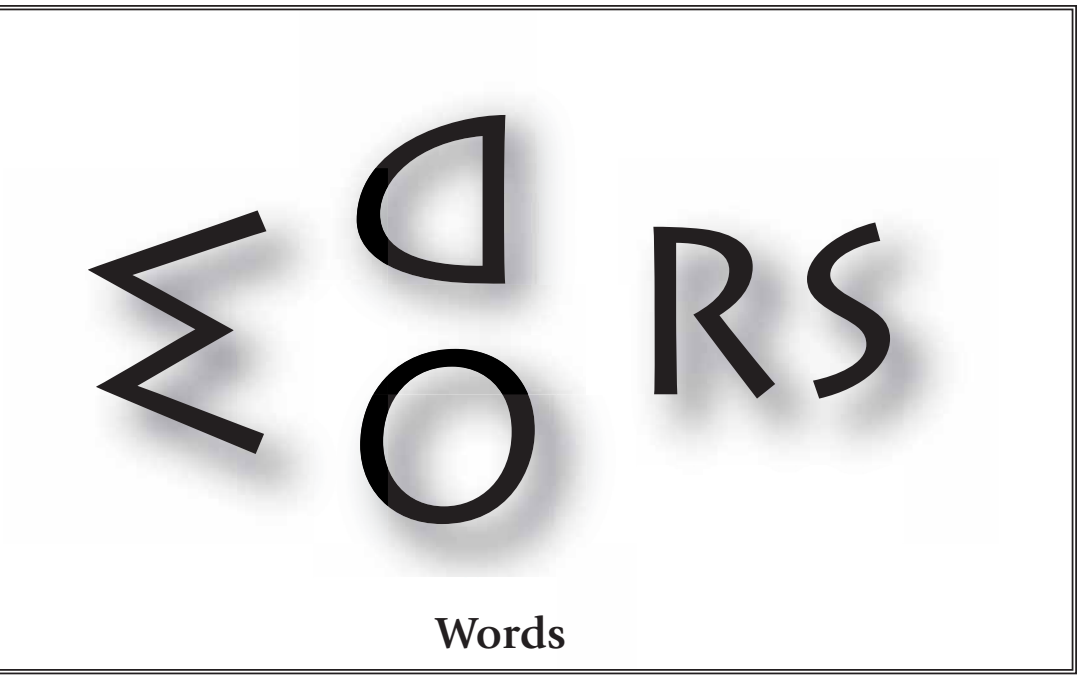
In this book of essays, I explore further the topics of psychology, stress, destressing, and Rejoining Joy. The first part of the essays consists of 10 sections on fundamental concepts in psychology, often providing definitions. I add, in particular, an essay on rehabilitation, also in 10 sections. The second part consists of a collection of short works dealing with various topics that can help accomplish these objectives. Also, they present a 25-step model of development and its implications, described in my 1997 books and IA press. Key themes in these essays relate to our growth imperative and our sense of responsibility.

nison

We are not more than body and mind, or heart and head, because we are only one whole.

Part 1

On Psychology, Therapy, and the Multiple Determinants of Behavior



Words

These first essays of the book series consists of five parts. First, I describe the field of psychology. I proceed by giving a comprehensive description, but without considering all its areas. I focus on what is needed to get a better understanding of stress and destressing. Sample topics include the science of psychology; models in psychology; the role of the environment and of biology, but also of personal factors in the causes of behavior. Other topics includes individual differences, emotions, pain, therapy, coping, rehabilitation, free will, activation/inhibition, and forensics. Second, I have written an essay on the essentials of psychotherapy. In the essay, I provide an overview of the basic principles in psychotherapy, and describe 10 components to the whole person that should be considered in therapy. The approach is especially cognitive-behavioral in orientation, but I include the emotions, social behavior, and so on. Therapy is considered facilitative, or a process where the therapist helps the client to grow through her or his difficulties and helps the person grow in a general sense, as well. The essay covers rehabilitation, but is applicable to most therapeutic encounters. It focuses on the adult, but includes working with children, as well. The third portion on essays in this book relates to how to change and what promotes it. Change can be individual, and deal with how you are unique and how you can improve. Also, change can follow developmental paths and stages, these might be cultrure-wide, or universal changes that apply to you. In either case, whether individual or

common, change presents a challenge in adjusting accepting, making the best of it, and making other people better, too.

In the fourth part of the essays, I tell stories that are meant to induce hope and help heal. An important theme that I express is that we need to accept and undertake responsibility, to which both our moral imperative and the evolution of our intelligence are aimed.

The fifth part of the essays written for this book are more spiritual and about the mind and different ways of thinking. It begins with essays on religion and natural psychology. Both involve salvation, in this case what we can do to save both humans and the planet. Mind produces thought, such as straight forward textual essays, but also, it produces poems.

Poems are words in a different language. Poems may be musical, mysterious, majestic, or magical. They may be about the mundane, but never are. They are always about the mystical, words carried from person to person holistically one at a time. They may be auditory, visual, or evoke any of the other senses, but they are always beyond the senses.

1 Fundamentals in Psychology

Psychology is a fascinating discipline that we think we know well by virtue of constantly encountering situations in our daily lives that we believe require psychological acumen. However, it is important to realize that, beyond our personal knowledge of the psychology, it is a complex field of inquiry that is carefully studied scientifically. Because psychology is embedded in the scientific perspective, it seeks relevant theory, knowledge of core behavioral and brain processes, and advances in therapy through empirical research, or investigations producing data.

Psychologists trained to help people with their psychological difficulties are called clinical or practicing psychologists. A major focus of clinical psychology is on stress, in terms of explaining stress to clients, instructing them on stress management, or destressing, and facilitating recovery from the effects of stress. In order to better understand psychology, I review these topics and others, such as science, psychopathology, the biopsychosocial model, cognitive-behavioral therapy, pain, the brain, emotions, coping, rehabilitation, motivation, assessment, forensics, and causality. For a more specific introduction to psychology, and the many terms and concepts in the field, the reader should consult an introductory textbook of psychology.

PSYCHOLOGY. Psychology is defined as the study of behavior, and it seeks to describe behavior as well as understand its origins, mechanisms, determinants, or explanation. Psychology is part of the social sciences, which also includes sociology, anthropology, and the like. Typically, social sciences are considered soft sciences compared to hard sciences such as the natural sciences, medicine, and engineering. But this does not make psychology any less scientific; it is just that it is harder to study with controlled experiments given the complexity of human behavior, so that there are less established or well-accepted facts in the field. Despite the difficulty in studying psychology scientifically, there are thousands of psychological investigations undertaken each year.

Through its experimental side, psychology is based on carefully developed theories, models, approaches, concepts, hypotheses, and definitions. In its scientific investigations, it uses rigorous research methods, and each study emerges with empirical data (concerning numbers). The psychologist applies descriptive and experimental statistics; the latter describe the data in terms of averages, norms, and the like, whereas the former tests for significant differences, e.g., is the average for one group significantly different than that of another, taking into account the variations of the data in each group around the average. Once the researcher obtains the data of interest, e.g., do boys and girls differ on a measure of verbal skill or a measure of mathematical skill, the researcher submits the write-up for publication. The best journals use peer-review (i.e., publication follows acceptance of the article after several drafts responding to criticisms and suggestions, given in blind review by other researchers).

Psychology undertakes research on basic, core human processes, such as attention, memory, learning, development, personality, tests and measurements, psychopathology, or abnormal psychology, and brain-behavior relationships. This research provides the foundation of knowledge on basic human psychological functions and their capacity for change and adaptation, which is important to know in order to help individuals in need of psychological services.

Through its practical side, psychologists help a wide variety of individuals. Psychologists apply standard models of assessment, testing, and therapy in order to help individuals of all ages with many different types of difficulties. For example, psychologists work with young mothers experiencing postpartum depression, children with Attention Deficit Hyperactivity Disorder or Learning Disorder, teenagers trying to find themselves, or establish their identities, young adults in need of career counseling, men in midlife transition, the elderly feeling lonely, prison inmates needing management, businesses requiring organizational restructuring, marketing agencies needing to know consumer preferences, and insurance companies requiring evaluation of disability.

Psychological research and practice are becoming increasingly positive, in the sense of seeking how to prevent psychopathology and promote wellness. We are exploring healthy lifestyles, and factors that facilitate them or, if psychological treatment is needed, we are emphasizing coping, solution-focussed therapy, resilience, enablement, and so on.

Although treating psychologists use innovation in their work with clients and use individualized, or eclectic procedures, we do so from the framework of established theory and treatment modalities. We value applied research to help us in dealing with clients in assessment and in therapy. We use assessment procedures well-supported by scientific research, and use psychological treatments shown to be appropriate for clients' conditions. Cognitive behavioral therapy is the treatment of choice for many conditions. Ethically, psychologists should offer the best evidence-based therapeutic procedures to their clients, and need to keep up with the literature.

PRACTICE. Practicing psychologists are called clinical psychologists, and there are specialists such as neuropsychologists, rehabilitation psychologists, family and couple psychologists, child psychologists, industrial/occupational psychologists, forensic psychologists, and so on, each with defined areas of professional competence. Psychologists may work in multi- or interdisciplinary teams. Psychologists formulate treatment plans for their proposed psychological treatments. Treatments are also called interventions, therapy, counselling, and so on. They may reflect broad theoretical approaches, models, or schools, such as cognitive behavioral therapy, or they may refer to specific techniques or procedures, such as deep breathing techniques to control panic attacks or visualization of pleasant scenes to counter fears. Psychologists may use therapeutic aids, such as complex biofeedback equipment to monitor heart rate, or simpler pamphlets, workbooks, or self-help books distributed to clients. Psychopharmacological treatment may take place in conjunction with psychological treatment, e.g., when clients are receiving anti-depressants. Psychologists do not begin to treat clients before obtaining voluntary and freely given informed consent, e.g., where the risks and benefits are explained. They assure clients about confidentiality, or keeping information private, while specifying any limits that may apply in this area, e.g., if a client represents an immediate real danger to her/himself or to another.

Medical doctors see "patients," and psychologists and other mental health professionals see "patients," as well. However, in some psychological traditions, psychologists avoid using the term "patient," because its use reflects a power imbalance, potentially creating an attitude in the psychologist that renders passive the individual needing treatment. Also, the term "patient" speaks to the medical model, which seeks biological explanations for disease, in contrast to psychologists who seek multicausal explanations for disorders. Clients are also called customers, consumers, complainants, and claimants, depending on the context, or may be referred to as individuals in assessment or in treatment.

Psychologists are regulated professionals, who have passed stringent examination and other requirements, getting extra supervision and internships after graduation, in order to be licensed by governmental boards. They mostly have doctorates, Ph.D.s or Psy.D.s, rather than having M.D.s like psychiatrists. Psychologists engage in "talk" therapy, but only after an assessment that may include the use of psychological instruments, for which we specialize in our education. Psychiatrists are medical doctors who complete a residency in psychiatry after getting a general medical degree. Like all doctors, they prescribe medicines as possible cures, although they are also trained in certain models of talk therapy. A psychotherapist may be an unregulated mental heath professional without the necessary qualifications to be registered, who nevertheless engages in treatment, or a psychology graduate who has not continued to be supervised and licensed, or a medical practitioner who would rather do coun-

selling than regular medicine. Mental health professionals include not only psychologists, psychiatrists, and psychotherapists, but also social workers, guidance counsellors, some rehabilitation professionals, and so on.

SCIENCE. Psychologists are trained to be objective rather than subjective; i.e., we are trained to base our assessments, diagnoses, and treatment plans on comprehensive data gathering, observable data, scientific evidence, and the like, rather than only on client report in interview, our intuitions, and so on. Also, we are trained to avoid the use of psychological instruments that do not stand up to scientific scrutiny, and recent fads in psychotherapy that have not been objectively verified by scientific investigation, as part of the rigorous scientific training that we receive.

Clients report to us their subjective feelings, their pain experiences, and so forth. We may ask them to give an account of their feelings, pain, etc., in terms of a 10-point scale. For example, we may ask, "On a scale of 1–10, how much psychological distress are you experiencing at the present moment?" Or we may ask them to fill in self-report questionnaires about their symptoms, where the answers are given on 5-point or similar scales, e.g., from always absent to always present. So we attempt to transform their reports of their subjective feelings and bodily symptoms into objective data with which we can work. Because there is still the subjective impression of the clients underlying these numerical values, we also include in our questionnaires that are given to clients measures of response bias, such as symptom exaggeration or minimization. Even with other psychological instruments that are apparently more objective, such as intelligence tests with their intelligent quotients (IQ), where the average score for the population may be set at 100, the apparent objectivity of the numbers may also reflect subjective factors. For example, with respect to IQ, results may be affected by response biases and other confounding factors, such as test taker fatigue, poor motivation, being influenced by examiner race, and so on. Psychologists may use physiological measures, which may appear to be more objective, such as heart rate and brain activity in scans. However, even with the most objective measures in psychology, one is never truly free of subjective factors.

This underscores the need for psychologists to proceed with caution in working with any individual, in using any instrument or measurement, and in applying any therapeutic technique. The psychologist must always work from a scientific perspective in all aspects of her or his work.

CHANGE, SELF-HELP, AND THERAPY. Individuals in unmanageable distress seek help. They attempt to redress disequilibrium set into their psychological fabric. Psychological disequilibrium may be occasioned by psychological conflicts developed in the past, upset brought out by a new stressor in the present, or experiencing distress at prospects for the future. Mental health professionals

are consulted, or referrals are made, and psychotherapy begins after a comprehensive assessment.

Reading a self-help book is another way of dealing with psychological difficulties. We all change as we grow through the lifespan, but sometimes we are stuck, or even fall backwards in our growth. Self-help books may help readers who feel stuck in their general developmental growth. Furthermore, at any one moment we may feel that we are doing fine, but we want to change some bad habits for better ones. Self-help books may also help those readers who want to change at this simpler level. However, change does not happen just by reading about psychology. We need to want to change, or get good social support or professional advice that would help lead us to that transition point.

II

Core Areas of Psychology

BEHAVIOR AND LEARNING. Behavior refers to observable actions, but also to inferred processes. We cannot observe covert thinking, for example, but we infer its existence through behavioral changes, such as when we infer someone is afraid when they tremble in seeing a dog. We cannot directly observe someone's internal emotional experiences, pain, and so on, but we can infer that they are being experienced according to the behaviors that we observe the individual expressing, such as a smile being expressive of a positive emotion, or a wincing facial contortion after an injury expressing pain.

Thus, there is more present in observed behavior than stimulus-response connection. In another example, we infer that learning has taken place when stimulus-response connections change due to environmental factors, such as—*a)* reinforcements, including that of praise, and *b)* punishments.

Behavior may alter through three basic learning mechanisms. The first is classical conditioning, and in it the stimulus parameters that elicit behavior change, but the actual behavioral output, or nature of the response, does not change. For example, when a dog learns to salivate to a bell and not just to food, the stimulus elicting the response is changed but the response remains the same.

The second learning mechanism is more powerful, for it allows behavior to change, rather than just the stimuli eliciting responses. Behaviors, or responses, are altered in the learning mechanism called operant conditioning. After an individual expresses a relevant behavior, agents in the environment alter the contingencies normally available, and this feeds back to the individual, affecting the probability of future behavioral output. For example, a child goes near the piano, and the parent praises the child. This may increase the frequency of piano practice due to the powerful effect of the praise. In the shaping process, rewards such as praise are offered in successive steps to increasingly narrowed behavior resembling the desired goal. Therefore, in the present example, the parent praises first

behavior that brings the child near the piano, then only to good practice on the piano and, finally, only when the child plays well a particular piece.

A third major mechanism of learning concerns imitation of modeled behavior, where reward, per se, has no role. For example, the child copies the modeled behavior of a parent after observation. However, factors such as attention and motivation are important in deciding whether the child will model the behavior and, moreover, whether negative or positive modeled behavior will be imitated.

Learning involves more than acquiring new behavior or modifying existing ones in the repertoire, for it also involves the acquisition of information, knowledge, and skills through the effect of experience, schooling, study, and practice. Learning is propelled by motivation and curiosity, and becomes a reward in its own right. We all have the potential to develop a passion for learning, and to become passionate about the things that we learn.

This speaks to the role of the individual's dynamic inherent impulse to be motivated, to learn, to pay attention, to be active, to be curious, and so on. Behavior often is understood as the product of nature and nurture, or genes and environment, but there is the person in the middle mediating these influences on her or him. Each of us has a powerful growth imperative, the will to learn, and so on. Behavior develops not only through mechanisms such as *(a)* learning, environmental input, and rewards, and *(b)* genes, biological influences, and maturation, but also through *(c)* the individual's contribution to her or his own growth. Because growth is a lifelong or lifespan process, we may have an adaptive temperament, a positive approach to learning, and the will toward transformation and transition at each new challenge, phase, step, or stage.

Of course, there may be losses as well as gains or progress in development. Individuals may not have adaptive personalities, the will to learn, and the capacity to evolve through each challenge to growth, because they may have experienced events such as maltreatment, abuse, poor schooling, delinquent peer influences, substance abuse, or racism, either within the family setting or wider sociocultural sphere. Development may be delayed, not advance or become fixated, or even regress in such circumstances. These various influences on the person coalesce to produce our individuality. Humans may be the product of universal developmental mechanisms, constant in all of us, but we are also unique expressions of the coalition of biological and environmental influences on us, especially given that we have our own voice in the matter.

COGNITION AND MEMORY. Cognition concerns multiple levels, which differ in complexity. Cognition may be about concrete problems or abstract problems, about questions in texts or real life problems, about non-social situations or about social relations, and so on. The ones that we have discussed so far, such as those involved in cognitive behavioral therapy, are about basic thoughts that we have in guiding how

we behave. But there are broader cognitions, such as values and attitudes. Other aspects of cognitive function concern memory, organization, reasoning, wisdom, creativity, and so on. I return to some of these topics in the section below on executive functions.

Memory is an important aspect of cognition and learning, for it refers to what we retain, or store, after information, knowledge, or instruction is introduced to us. Memory involves both short term and long term storage, with the dividing line being about 30 seconds. Information can be stored for future recall or it can be placed in working memory to help us solve ongoing problems. It can be verbal or nonverbal, about single statements or longer scripts, about procedures, actions, episodes or events, and so on.

Memory is selective, for either through conscious or unconscious mechanisms, we filter what passes from short term to long term memory. Items that we remember are not stored statically, staying unchanged on some sort of mental shelf. Rather, memory can be influenced by ongoing events, by what people have told us about their memories of the same or similar situations that we are attempting to recall, by type of interview questioning about events that took place, and so on. This malleability of memory is adaptive in the sense that our brain would be quickly overloaded if we stored everything as an exact replica of what we had experienced. At the same time, the disadvantage is that false memories can sometimes be created, and recall can be inexact. Our reconstructed memories can even be damaging to others when we make false accusations, give false testimony as witnesses, and so on.

EXECUTIVE FUNCTIONS AND SOCIAL COGNITION. There are other core processes in human behavior that we can consider, such as perception and sexual desire. However, due to space limitations, we describe in more depth executive functions, which are considered the most complex human mental activities. Executive functions include: establishing a set or framework in thought, maintaining it or changing it; initiating behavior or thought, planning and organization it, and inhibiting interference in such activity; juggling all the things happening in our lives to keep our goals in mind; watching how we perform as we put our goals into action; evaluating feedback on the outcome of our actions; decision making and reasoning, and using abstract thinking; and, finally, using good judgement.

An increasingly studied area of cognition is called social cognition, emotional intelligence, or theory of mind of the other. In general, individuals need to develop good intelligence, executive functions, and applied thinking skills, in order to succeed in their daily functioning, such as at school or at work. However, we are realizing that an important component of being successful in these endeavors concerns knowing how to read the mind of the other, how to use good social skills, how to monitor their use, how to be sensitive to the other and not only the self, how to use our intelligence in

context, and how to work in teams. Teamwork leads to success in daily life, whether at home, at school, or at work. Collectively, we can think better when working at it together. Think of brainstorming. This is a highly complex group cognitive activity that can be highly productive. But teamwork in resolving problems can take place only if we know how to integrate into a team, help organize it, and so forth. Teamwork may be a higher-order cognitive group function, and the capacity to organize teams is part and parcel of the process.

Our thinking is not always conscious to us; it may be automatic or even governed by conflicts.

Theory of mind concerns reading the nonverbal cues of others, taking their perspective, putting oneself in someone else's shoes, and so on. It develops gradually, and there is a classic task used to determine its presence. It is easy to administer, and employs a candy box that has pictures of bright candies on it. We can give the candy box to a child, but we must replace the candies with something else like crayons before showing the child the box. Then we ask the child what she or he thinks is in the box. Children will be surprised when they see crayons and not candies. Then we ask the child what they think another child who sees the box will think is inside if we were to show it to that child. Three-year-olds will not be able to take the perspective of the other child. They will think that they know what is in the box—crayons—so that any other child must know this, too. However, children who are older will understand that another child will create a different theory of what is in the box, basing her or himself on what they see in the pictures on the box, as clues to what should be inside the box. Older children will not assume that another child possesses the same secret knowledge that they have of what really is inside the box. That is, older children develop a theory of mind of the other, knowing that the other may think about things differently than them because of their particular context, which is different from the one they know. This capacity grows as children develop. At the same time, it can go awry.

One theory of infantile autism is that underlying biological deficits contribute to a delay in the development of a theory of mind of the other. The effects are devastating, for these children develop pervasive developmental disorders. At the same time, this example serves to illustrate the importance of social skills, mind reading, and being considerate of the other, and that there are individual differences in these qualities, as in all behavior.

INDIVIDUAL DIFFERENCES. We are individuals, unique, special, one of a kind, and so forth, yet we are members of groups, normative exemplars of them, like the average, and so on. This is a constant theme of opposition in psychology. As a science, we trace the universal patterns of behavior evident in a population, the norms to which we can compare individuals, and we treat individual deviations from the normal curve as noise, dirty data, outliers, and so on. We want to understand the typical

behavior of people in typical situations, the typical developmental path of children, the typical way psychopathology is expressed, and so on. At the same time, the goal in psychology is *(a)* to understand individual differences and differences in groups that diverge from population norms, *(b)* to respect individual differences and group differences, *(c)* to promote change for the better in individuals so that they can define themselves better with respect to population norms, be comfortable with their difference, and encourage the same in others, and *(d)* to help individual people in psychological treatment with their individual problems, helping them find their unique solutions.

Individual differences also concern psychological attributes such as personality, or enduring traits in how we perceive, think, and feel in the world and interact with it. Each of us likes to think that we are different from others, that we are our own person, and so on. But there are patterns in personality that differ across people, such as being unstable in relationships, dependent, or joyful. Psychology is characterized by this tension between wanting to understand the universal and the individual.

III

Emotions and Cognitive-Emotional Schemas

EMOTIONS. Emotion may be positive or negative. Emotion contrasts with mood by its duration. Mood refers to a longer term affective state, general disposition, or long lasting sentiment, as in being in a depressed mood. Emotion refers to a shorter term subjective response involving bodily, feeling tone, and cognitive components, with accompanying behavioral tendencies, for example, a depressive reaction to receiving a poor mark. There are several universal emotions, expressed by everyone in the same way even if there are individual differences in which situations they are displayed, how intensely, etc. By universal, we mean that they are expressed with characteristic facial expressions, such as in the cases of happiness or joy, and sadness or depression. Other emotions are not expressed in a universal manner, without a characteristic facial expression, and they usually are dependent on more advanced underlying cognitions or thoughts, such as in the cases of pride and guilt. Feeling and affect are two related terms; affect is a global term that encompasses terms like emotions and mood, whereas feeling refers to an affective state that may be less intense than an emotional one. Hedonic tone refers to the positive or negative valence, or subjective, interior quality, experienced in feeling, emotion, mood, and affect. Note, however, that in practice the various terms often are used interchangeably.

NEGATIVE EMOTIONS. There are four types of major negative emotion—worry, sadness, fear, and anger. Worry is an example of a negative universal emotion. It is a typical emotion generated in the stress process. It refers to fretful contemplation of a stressor. It may be accompanied by panic attacks, which include symptoms such as rapid breathing, rapid heart rate, and sweating. Anxiety is more like a mood, in that it refers to pervasive, prolonged worry and related emotional reactions to a stressor, real or imagined, or even vague and undefined ones. Psychologists can help worriers by using cognitive behavioral therapy, including the teaching of breathing techniques and appropriate self-talk.

Depression can refer to a short-lived reactive feeling, a more intense emotion, or a more long lasting mood. As a feeling, we may refer to being down. As an emotion, we may refer to sadness. As a mood, we may refer to Major Depression, or other disorders. Depressive disorders may occur alone. We may feel sad, feel like crying, appear listless, cannot sleep, lose appetite, and so on. Depression may alternate with mania, where there is not only an abundance of energy to the point of not being able to sleep much, but there are also irritable feelings, self-focussing, and so on. [Note that mania may occur without depression.] Suicidal ideation is often associated with depression, but it may also take place due to other emotions, such as excessive worry and anger. Depressed individuals often need to learn to think in more adaptive, optimistic, and self-enhancing ways.

Fear needs to be distinguished from worry. Fear is accompanied by a clear bodily reaction and is stimulus-specific, as in the case of driving fears or a fear of dogs. When the fear becomes of clinical concern, the psychologist diagnoses a phobia, specifying the type. Psychologists can be quite successful in dealing with isolated phobias, such as fear of snakes, using a technique called systematic desensitization, which is explained later on.

Avoid of losing Joy—learn how to keep it.

Anger is the fourth type of major negative emotion. It involves a tense outer-directed behavioral tendency, with accompanying physiological upset. It also refers to irritability, frustration, hostility, aggressivity, and so on. Psychologists need to check for violent tendencies when engaging in anger management. They also must check for suicidal intent when they begin sessions. Emotion involves an underlying message, and psychologists can help the client deal with the underlying problem in a more constructive manner.

POSITIVE EMOTIONS. Joy, or happiness, is another basic emotion, or short term subjective response, one that is positive. But, at the same time, it can refer to a person's general disposition or mood, as in "He is joyful"; in this sense, it is considered a long lasting pleasant sentiment. Thus, the term "joy" refers to both an emotion and a mood; but, in addition, as a mood it builds over time through collected positive emotional feelings elicited by conducive circumstances. In other words, joy is a spirited and peaceful long term élan that is constructed in short term positive encounters with the world. Ideally, it is a product of self-growth through the multitude daily interactions in which we participate, the grounded and sensitive dialogue and social contact in the daily lives that we live, and the successes that we have in dealing with our stresses and those of others. Positive psychology is a growing movement in psychology that explores the origins of optimism, a sense of well-being, joy, and so on. Of course, joy can also be constructed through positive outcomes in stress management.

Even though we may be experiencing a mood of joy, it may not be expressed in an evident facial expression or vocal

display (e.g., a smile, laugh, or song), because often we are too busy as we proceed with our daily lives. Nevertheless, the joy may still evident in our demeanor, attitude, and openness to the world around us. Even if it does not project to the outside world visible to the other, it is still felt on the inside, as a strengthening serenity. We admire people who express this essential element in their being, and we strive to reach the same interior peace.

The long term, profoundly felt mood of joy is not gained simply by experiencing the emotion of joy, because the emotion of joy may be experienced for superficial or fleeting reasons. The mood of joy may even reflect the accumulation of negative emotions, for example, deriving from stress; that is, as we resolve stresses or better deal with them, or help others do the same, the internal contentment and axis of strength created brings with them feelings of joy that solidify into enduring features as they accumulate and entrench. As we work through stressors that overtax us, and succeed in dealing with them, depressive and other negative feelings that may have arisen are lessened, and eventually are replaced by more positive ones. The probability of developing a deep-seated joy increases with each success in dealing with stress. Moreover, as we succeed in dealing with successive stresses, our emotional reactions to them may reflect more of an inner calm and aplomb than a bodily and mental upheaval, no matter how objectively terrible the stressor. A part of us that reflects a deep-seated joy and serenity prevails and is preserved despite other parts of us that may be in turmoil, or it could be that even the latter reactive part is quite minimal compared to the enduring characterological inner joy and strength that we bring to life no matter what the circumstance.

Stress is not only what happens to us. It happens to others, as well, and the manner in which we deal with the stress of significant others, such as family members, goes a long way in determining whether a temperament or ingrained mood of joy will develop in us. If we seek pleasure and joy only in this sense, while shirking our connection with others when they are overwhelmed by stress, we may preserve moments of joyful emotion, but also we will be eliminating the possibility of developing long term dispositional joy in our mood. Joy is developed in ongoing genuine, grounded, participatory encounter with the other, and by managing not only our stresses in such encounter but also those stresses of the other and those stresses intertwined in our linkage to the other. When we help others in need, helping them manage their stresses, we create the ground for the growth of genuine joy. Shirking our responsibility to the other is a good way of avoiding not only stress but also of avoiding the development of such genuine joy.

Happiness and joy may take other forms, including those of romantic or parental love. Note that other positive emotions relate to interest, and a host of related constructs like curiosity. However, space limitations have led us to consider excluding these emotions in this work.

COGNITIVE-EMOTIONAL SCHEMAS. Behaviors involve muscle movements, motor actions, and activity, to be sure, but behaviors are so complex that we need to understand the processes that underlie them. Behaviors are complex because they involve organized, coordinated, simultaneously sequential and parallel, multipath processes. This requires effective underlying schemas or structures, which help cohere behaviors into these parallel yet focussed processes. Traditionally, psychologists conceptualize behaviors as being guided by underlying schemas or structures, and these are conceived as being perceptual or cognitive plans, maps, images, representations, operations, and the like. However, they are not only perceptual/cognitive, for necessarily they are entwined with emotions, feelings, affects, mood, hedonic tone, and other subjective experiences. Therefore, schemas should be considered perceptual/cognitive-emotional structures. They develop in the socioemotional matrix of family, peers, significant others, school, workplace, and society, and incorporate the positive and negative experiences all the latter bring.

Moreover, our perceptual/cognitive-emotional structures are not static, stored, and archaic central control mechanisms inflexible to change. Rather, they are reconstructed dynamically in each moment and reflect the different layerings of the mind as it develops in the different layerings of the environment in which we inhabit. Therefore, perceptual/cognitive-emotional schemas and structures underlie our behavior at all its levels, and dynamically evolve in context, pervading our discourse with the environment and with ourselves. They gauge the most acceptable action tendencies that are called for in the context at the moment, either in the sense of optimizing the present or facilitating the future. They may be quite local and specific, as in particular thoughts that we may have about this environmental event or that homework assignment, but also they may be quite broad and general, a higher-order cognitive-emotional map that infiltrates many particular schemas that it subsumes or with which it is networked. Collectively, these higher-order cognitive-emotional maps represent the grand narratives guiding our lives, important valued concepts, working models of how to live with the other, and so forth.

MOTIVATION. Motivation refers to the process of initiating or beginning and, then, directing and maintaining an activity. The activity may be physical, involving movement, or especially mental, as with reading. The motivation may be especially physical, as with being hungry, or more psychological, as with curiosity. The motives may be conscious (in awareness), or unconscious (out of awareness). They may be lower-level, as with basic needs and drives, or higher-order, as with feelings of altruism, wanting to help others without any ostensible benefit. Finally, the motivation may be constructive, as with wishing to fulfill one's responsibilities, or destructive, as with purposefully wanting to hurt someone

else for no reason. Motivation is an important parameter in the expression of individual differences in psychology.

Psychologists have great difficulty evaluating motives, because individuals are not always aware of their own motives; for example, individuals may engage in the unconscious defence mechanism of denial. Or individuals may be consciously concealing their motives; they may be trying to manipulate others for their own ends. Or individuals may have quite negative motives; they may be destructive to self or other. Or change may be threatening, or a lack of change may be reinforced, thereby minimizing one's positive motivation and others' sympathetic responses to one's difficulties. Some clients attempt to sabotage themselves while others attempt to sabotage the psychologist. Clients such as these may need help in understanding their motives for blocking change, or their inability to confront difficulties.

Standing between the grand influences of the environment and biology on the growing individual is the resultant growth in the individual.

Psychologists need to help clients arrive at a stage of readiness for change. Much of psychology is aimed at increasing the motivation of individuals. Often, therapy flounders because of poor motivation demonstrated by clients. For example, clients may fail to adhere to treatment regimens. However, we are all capable of becoming motivated in the positive sense, to move out of the doldrums into an energetic, helpful attitude toward ourselves and toward others.

IV

Stress, Pain, and the Brain

STRESS. "Stress" is a general term referring to the process of experiencing and dealing with a psychological strain perceived as overtaxing our personal and supportive resources. There are three components to the stress process—*(a)* the input or stressor, *(b)* the person's appraisal of the stressor and its context, and *(c)* the stress response. The term "stressor" refers to the particular stimulus, situation, or event in the present that has initiated the stress process. However, it could also concern a memory of the past or a thought comprising an anticipation of the future. Some stressors are terrible or horrific, examples of which include assault, rape, injury in a severe motor vehicle accident, suffering serious injury such as burns or a traumatic brain injury, and witnessing war, terrorism, violent death, or community violence. But many individuals who experience traumatic events do not develop psychological disorders, such as an immediate Acute Stress Disorder or a longer term Posttraumatic Stress Disorder. Part of the reasons lie in how the event is perceived or appraised by the individual.

"Appraisal" refers to the cognitive interpretation of the meaning of a stressor, which may render it more or less stressful than the objective reality of the stressor may suggest. Depending on the evaluation of a stressor by an individual and the evaluation of the personal resources and social supports available to her or him, the individual may magnify or minimize the severity of the stressor. Thus, in the context of the stress process, appraisal involves not only evaluation of the stressor, but also evaluation of one's coping skills in light of the particular stressor, the social supports available, and so forth.

The stress response refers to the physiological, emotional, cognitive or thinking, and behavioral response of the individual exposed or subject to a stressor. When an individual's critical thresholds in adequately managing a stressor are exceeded, whether due to

the objective reality of the stressor or the magnifying appraisal processes involved, psychological strain is excessive, and we refer to the person as experiencing "stress," which is accompanied by concomitant arousal reactions in physiology, emotions, cognition, and behavior. If a stressor is not considered overtaxing, then it may be considered a motivating challenge or growth opportunity. I primarily use the term "stress" to refer to the term "stressor," but also I may use it to refer to its more general meaning.

When stressors overtax us, our body experiences typical physiological reactions. We engage in fight or flight, and our longer acting hypothalamus-pituitary-adrenal axis or system is kicked in gear, as well as our immediate-acting adrenaline system. If the stress continues without respite, the cortisol that is produced in our bodies from the stress response can have a negative effect on our health. For example, it lowers the efficacy of our immune system. Psychologists are learning that stress is reacted to and expressed in different ways in different individuals. For example, aside from the classic fight or flight response, stress may induce a withdrawal response and, when under stress, women react more socially than men; they are less confrontational, engaging in "tending and befriending" or caring and sharing (Taylor).

PAIN. Pain experience is an unpleasant sensation initiated by tissue damage or injury. Nociception refers to the first effects of tissue damage or injury, where nerves at the site of the damage send impulses to the brain along specialized fibers, so that the brain can process the information and respond adaptively. There are quick-response fibers that may lead to short circuits in the spinal cord so that adaptive responses, such as removing a hand from a hot stove, can take place before the signal reaches the brain. In all cases involving tissue damage or injury-related signals, the brain analyzes the incoming information, and may even feed information back down into the spinal cord to modulate the tissue damage or injury signals incoming into it, perhaps greatly reducing or even eliminating the actual pain experience.

There is no one pain center in the body or the brain, which is an idea consistent with the work of Ronald Melzack, who developed the concept of the gate control in the spinal cord, and how the brain and thus psychological factors can influence it. Pain intensity is not equivalent in a one-to-one way to the severity of tissue damage or injury or to the nociceptive transmission signals that result. Pain experience refers to what is subjectively felt, and it can vary in context, so that there is little dose-response relationship with the extent of tissue damage or injury, or the degree of nociceptor, pain fiber firing. For example, childbirth pain may be moderated by familial and cultural factors about what to expect, and the brain may greatly reduce or close the pain control gating mechanism in the spinal cord, as much as the tissue damage and injury signal from the birth opens it. Psychological pain

control techniques, such as deep breathing, also may help in this regard, for example, by reducing the pain experience that one may expect in normal circumstances from serious tissue damage or injury.

Unfortunately, in cases of chronic pain, where pain experience is pervasive, persistent, and long lasting, there are multiple parts of the central and peripheral or receptive components of the pain system that can become hypersensitized, or fired more readily. A striking example relates to phantom limb pain, in which amputees may experience excruciating pain in psychologically perceived yet physically absent body parts. Therefore, as these examples attest, pain reflects an integrated body-mind experience.

Pain behavior refers to the panoply of behaviors expressed due to pain experience, from pained facial expressions to withdrawal from daily activity due to pain. As with any behavior, it can be learned, altered by reinforcement contingencies, magnified, suppressed, and so on. For example, if pain becomes chronic after an acute phase, pain behavior can be used to express a helpless attitude and to solicit excessive sympathy, or at the other extreme, it can be used to bolster a "stiff upper lip" attitude, with little complaint, and so on. Pain clients need to learn the principle of hurt vs. harm, which states that any recommended physiotherapy and home exercises may induce a temporary increase in discomfort but, nevertheless, have long term benefits. Also, they need to learn the dangers of doing little or nothing, or withdrawing from or excessively reducing daily activity.

When chronic pain persists, is distressing, becomes deeply ingrained, dominates the clinical picture, affects functional adaptation, and so on, it is diagnosed as Chronic Pain Disorder. It may be associated with biomedical conditions, psychological factors, or both. Some psychologists dispute these distinctions, arguing that pain always reflects both physiological and psychological factors, and others dispute whether Chronic Pain Disorder should be considered a psychological disorder at all. Overall, the psychologist needs to assess, in a comprehensive manner, all the psychological factors that may reasonably be exacerbating an individual's chronic pain experience, such as sleep difficulties, personality variables, ongoing marital issues, and economic stresses associated with job loss. There are also confounding factors such as conscious symptom magnification to get sympathy or financial compensation, adopting a sick role out of fear of further pain, and so on. Pain is not purely psychosomatic, somaticized, willed, or "all in the head" but, at the same time, the psychologist needs to be aware of all possible reasons for the continuation of chronic pain when it is reported to be disabling, especially if litigation is involved.

MILD TRAUMATIC BRAIN INJURY. The nervous system (NS) can be divided both according to anatomical and physiological criteria. Anatomically, the NS is divided into the central nervous

system (CNS) and the peripheral nervous system (PNS). The CNS consists of the brain and the spinal cord. The PNS is comprised of spinal and cranial nerves. Physiologically, the NS is separated into the somatic NS and the autonomic NS. The brain consists of the brainstem, the cerebellum, and the cerebrum, which is comprised mostly of the left and right cerebral hemispheres with their cortical matter, and thalamic centers.

The hemispheres are specialized for relative advantages in certain behavioral functions; for example, the left hemisphere generally is considered better at verbal functions, and at subtle fine motor skills, accounting for our species right-hand dominance. [The hemispheres exhibit contralateral, or opposite-side, motor control of the hands.] The hemispheres are divided into four lobes—the occipital, parietal, temporal, and frontal. Each one has its specialization, or localization of function, although the brain also works in terms of mass action, parallel distributed processing, and other models of nonspecialization and neurological flexibility. The frontal lobe is especially important, for it is the executive, planning, organizing, and inhibiting, or self-controlling lobe. The cortical matter especially consists of "grey" matter, or the nuclei of the neurons comprising the association areas in the lobes. The axons descending from these neurons comprise the "white" matter of the hemispheres, and they bundle in pathways.

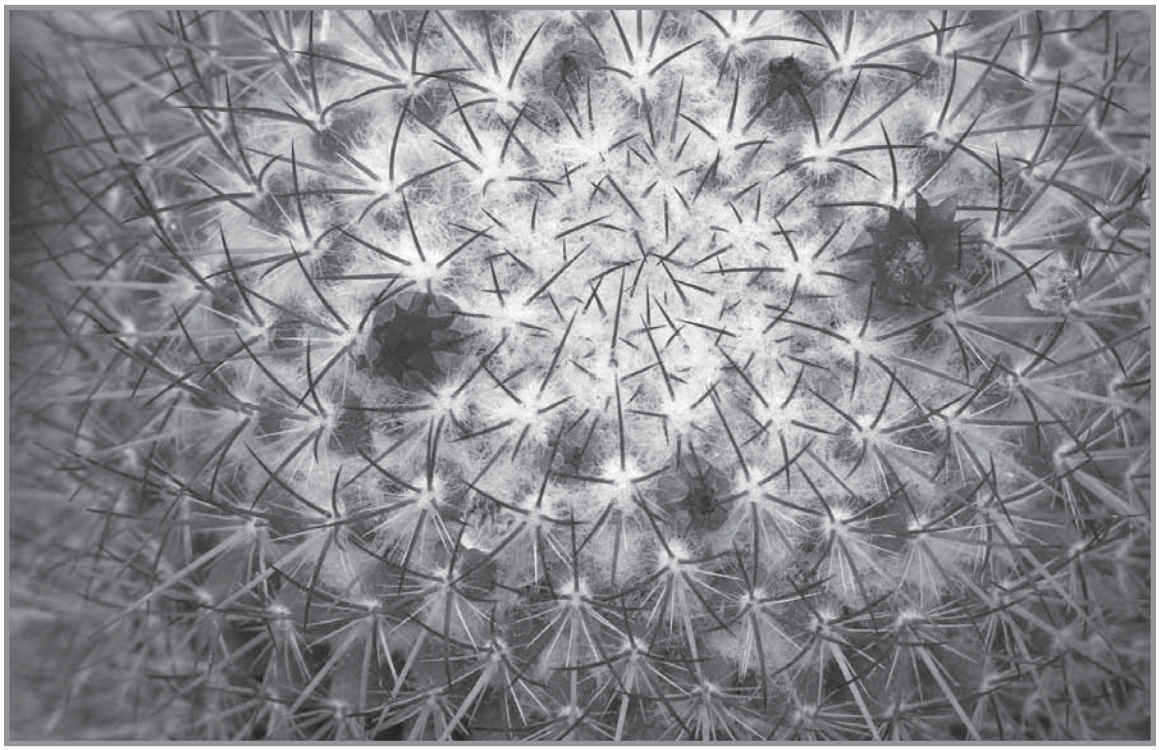
Traumatic brain injury can be mild to serious, depending on the degree of impact, whether lesions are involved, and so on. Moderate to severe TBI is easier to diagnose, because the criteria are elevated compared to the ones for mild TBI, and there are objective data required, including those identified with brain scans such as MRI. Mild TBI is diagnosed based on behavioral observations and neuropsychological test results, for the most part, and can lead to contentious debate regarding whether its effects have resolved. The specialists involved note any absence of pre-trauma memories, the nature of the mechanical forces involved in the trauma, post-trauma loss of consciousness, any post-trauma loss of memory, confusion, headaches, dizziness, fatigue, and so on. They rely on objective coma scales, based on observer evaluation of residual verbal behavior, eye movements, and motor responsiveness. The neuropsychological tests that psychologists administer evaluate residual memory, attention, concentration, language, reasoning, and so on, and evaluate probable pretrauma functioning, facilitating comparison.

Mild TBI sets in motion neuropathophysiological processes in the brain that can cascade for days, and that can lead to cognitive effects for months. In the trauma, the brain usually receives a coup (blow), perhaps damaging the area of the brain involved under the skull at the point of impact and, in a rebound effect, the area of the brain on the opposite side of the coup (contrecoup) may sustain even more of an impact and subsequent damage. Also, the frontal lobe usually receives much of the force in the coup-contrecoup because, as the brain is jostled, it hits the skull around it, and the areas

on the inside of the skull near the bottom of the forehead have bony protuberances that can damage the frontal lobe at that point. Finally, the grey matter may be sheared or torn, producing diffuse axonal injury, as the brain twists in the trauma. These damages also affect brain function.

Normally, mild TBI resolves within several months, but in a minority of cases it may persist, in what is labelled "persistent post-concussive syndrome." This is a contentious area of research and practice in neuropsychology, because standard neurological and brain scan testing reveals little measurable long term effect, if any, and only more advanced but less universally accepted testing may reveal underlying pathophysiology, along with corresponding neuropsychological and behavioral effects. The value of these recent brain scan approaches remains an issue. Moreover, these cases often go to litigation, and the relative permanency of the long term effects, their importance in establishing any life-role disability, and their eligibility for financial compensation are subject to debate.

Many clients visit a psychologist because they are experiencing stress, pain, or both, as presenting problems. In addition, some have suffered traumatic brain injuries. Psychologists engage clients with these symptoms in treatment where they can learn to deal better with their symptoms, and where they can become more optimistic about eventual outcome.



V

Coping and Therapy

REHABILITATION. Rehabilitation psychology concerns helping individuals who are experiencing chronic conditions to optimize their psychological health and functional activity. Rehabilitation psychologists typically work as part of interdisciplinary or multidisciplinary teams, often from the beginning of the hospital stay, should this be is involved. Rehabilitation typically refers to helping individuals with illness or injury deal with the impact, which can be devastating. They experience varying degrees of pain and of mental anguish, such as anxiety, depression, adjustment difficulties, and posttraumatic stress. They may develop headaches, sleep difficulties, multiple somatic complaints, problems with substance abuse, etc. As the time course since onset unfolds, vicious cycles propagate, especially if there is concomitant job loss, family stress, inability to work, financial stress, and so on. The pain experience and the stress experience interact, exacerbating each other, so that pain and distress are maintained and even worsen, lasting well beyond what may be expected in cases without such co-occurrences, or comorbidity. In the acute phase after an injury, for example, stress may facilitate the eventual development of Chronic Pain Disorder, which is a persistent, pervasive pain experience that comes to dominate client lives.

Therefore, stress management is a fundamental priority in rehabilitation, to help clients control the worsening effects of stress, and control any exacerbation of the psychological effects of illness and injury. The psychologist needs to help clients come to terms with any permanent impairments, disorders, disabilities, or losses, if these are at issue, and to facilitate the use of assisted devices/environmental accommodations needed for them, which often means working with interdisciplinary or multidisciplinary teams on the case. Rehabilitation psychology, therefore treats the whole person, and facilitates an integrated recovery by structuring an optimal quality of life as best as possible.

Psychological impairments are lacks, losses, derangements, abnormalities, deficits, or deviations in a psychological

structure or function. A psychological disability is an inability to meet important daily functions, such as working or raising children, due to psychological impairments. Invariably, a psychological disability concerns the relationship of one's array of impairments with one's contextual demands, and the limitations and restrictions imparted by the impairments. A handicap may be either a negative self-perception, or a negative perception by another related to one's impairments or disabilities, which is difficult to deal with.

Note that a disorder usually relates to a psychological diagnosis or label listed in a professional classification manual such as the DSM IV-TR (Diagnostic and Statistic Manual of Mental Disorders, Text Revision, 2000, American Psychiatric Association) or the ICD 10 (International Classification of Diseases, 1992, World Health Organization), and each entry is comprised of a list of symptoms that must meet specified thresholds of clinical significance for the diagnosis to apply. However, in and of themselves, a diagnosis of a disorder does not automatically imply a disability; for example, a banker with a fear of heights may still be able to work, unlike a construction worker with the same disorder, or a nurse with a mild traumatic brain injury may not be able to work, unlike a factory worker with the same condition.

Hoping is the start of coping. Acting is the end.

Psychologists must deal with the after-effects of events such as trauma and accidents, and undertake a comprehensive assessment of an individual's symptoms, impairments, disorders, diagnoses, disabilities, and handicaps, in order to arrive at an appropriate treatment plan, assuming that there are no complicating factors such as conscious malingering for monetary gain. Psychologists implement treatment plans using psychotherapeutic procedures consistent with their education, training, and professional experience, such as using cognitive behavioral therapy.

COPING. Good stress management is cardinal for good mental health. Stress management refers not only to appropriate use of our internal coping resources, but also to appropriate recruitment of external sources of support. It refers not only to passively absorbing well the impact of stressors, but also to actively increasing our coping skills, widening our social supports, knowing what resources in the community are available, and so on. Coping is not just about meeting and moderating stress, it is also about circumventing and preventing it. It involves specific destressing skills, such as breathing techniques and visualization, but also higher-level skills, such as effective social skills and effective problem solving skills. Coping may involve reduction of the negative around us, but it should also involve an increase in the positive, ensuring that we get distraction and relaxation time. The shorter that stress dominates us, the less deleterious its effects.

There are two major modes of coping, emotion-focussed and problem solving. The latter is considered an optimal

coping technique because, by problem solving, the source of the stress is addressed. For the most part, the former concerns either a passive resignation or an overemotional reactivity. Emotion coping often is criticized for being too passive or reactive, less skilful, and more damaging to the other or the self. But, at the same time, I would add that emotions are integral to the coping process. Emotions give us messages about how our adaptation to the environment is proceeding, and they inform others about how we feel about our adaptation. Moreover, problem solving cannot take place without the impetus of emotions. Social skills are intimately emotional. Thinking and emotions go hand in hand and, in fact, are not really separate aspects of mental or behavioral activity. We separate them to simplify our own reflection about them, but this leads to the false premise that they are separate processes, and conjoin at times but not at other times. To conclude, emotion-focussed coping most often is ineffective, but this does not mean that emotions are not integral to coping, and should be excluded in better managing stress.

COGNITIVE-BEHAVIORAL THERAPY. The predominant psychotherapeutic approach used by psychologists is cognitive-behavioral. The psychologist attempts to alter distortions in cognitive schemas or structure, and to provide behavioral techniques to help eliminate maladaptive behavior. This may be difficult to accomplish, because cognitions provide a filter or focus through which experience is analyzed and synthesized. They feed forward, *(a)* eliminating behavior inconsistent with their framework, *(b)* channelling behavior consistent with it, and *(c)* canalizing the behavior of other people towards behavior that confirms their validity. For example, if we believe that people are not trustworthy, we perceive all people this way, and those who manifest trustworthy behavior are analyzed for hidden motives. Also, we may behave in such a manner that encourages other people to suspect that we are not trustworthy, setting in motion a dynamic where our worst fears may become justified, in a self-fulfilling prophecy.

Individuals enter counselling with such maladaptive cognitions. In general, such cognitions relate to *(a)* issues of control, with self-control or self-regulation being either excessive or not enough, or control by others perceived as being either excessive or not enough, and *(b)* issues of warmth in relationships with others, e.g., someone being too cold with us, or even abusive, or ourselves seeking better ways of finding a caring relationship. In successful outcomes, emotional difficulties and distress are reduced as the individual acquires more adaptive cognitive schemas and, consequently, better coping skills and good habits.

Some cognitive techniques concern learning positive self-talk statements, seeking evidence for and therefore refuting maladaptive cognitions, analyzing underlying cognitions the moment one experiences them in chart keeping, and learning to reframe maladaptive cognitions. Clients learn to analyze

their maladaptive cognitions, and to replace them. Specific examples of maladaptive cognition include catastrophizing, or thinking the worst, all or none thinking, perfectionism, overgeneralization, having irrational or poorly supported thoughts that persist, and attributing good things that happen to us to events or people outside of our control ("I passed the exam because it was easy"; high external locus of control), and bad things that happen to us to ourselves ("I failed because I'm dumb"; low internal locus of control).

Some behavioral techniques concern learning: progressive muscle relaxation therapy, visualizations to relax, problem solving skills, applying appropriate reinforcement contingencies, teaching parents or partners better behavioral management techniques, meditation [single-object focussing while in a relaxed state], and systematic desensitization to reduce fears [where relaxation techniques are coupled with imagining feared scenes, from the least to the most fearful in a fear hierarchy]. Individuals also can learn communication and social skills, when to be assertive, anger management, etc.

Children learn by instruction and by imitating those who have learned.

CONCLUSIONS. Surveys of the scientific research comparing different therapies consistently support the cognitive behavioral approach. However, it is no panacea, i.e., it does not solve all difficulties for all clients. Moreover, although it is supported by the scientific research, the danger is that it is used as a technique without considering the individual needing therapy. That is, it could be followed too strictly according to manuals, resulting in the loss of therapeutic flexibility. Moreover, other schools of thought of psychological treatment have evolved which emphasize interpersonal, relational, attachment, and other forms of treatment. Moreover, the roots of behavioral therapy lie in the psychological model of behaviorism, which refutes the concept of mind and anything associated with the mental, such as cognition. Finally, research shows that creating rapport is an important component of any therapy, and cognitive behavioral therapy will not have much effect without this component of the therapeutic process. Nevertheless, cognitive behavioral therapy is the treatment of choice for many individuals and many conditions that psychologists encounter in their practice. However, in choosing an appropriate treatment for a client, not all psychologists uniformly adhere to a strict, evidence-based practice, as they may maintain that they consider the particular needs or values of a client, their own clinical opinions, and so on.

This being said, psychologists need to be wary of new fads in psychological therapy, but sometimes when new therapies appear they seem very innovative and powerful. There is a temptation to use them not just in a prudent, preliminary way before all the research is in, but across the board for many clients. For example, when it was first introduced, facilitated communication was

considered a major way of getting autistic individuals to communicate their inner thoughts and feelings. The facilitator would hold their hand over a device which permitted them to spell out their ideas, and some autistic individuals seemed to have an intelligence quite above what had been previously found by conventional means. Moreover, some of the statements purportedly made by the autistic individuals involved allegations of abuse and the like. Careful scientific study, e.g., by blocking sight of the communication device by the facilitator, showed that the autistic individuals had not really communicated in an improved manner. The conclusion was that the facilitators were the ones who were producing the ideas, for their own reasons. When it comes to innovation in therapy, it is best to build on existing therapies, to apply them in individual ways to clients, to integrate different accepted therapies in an eclectic manner for clients according to their needs and, in general, to find the right individualized match out of available therapies for clients.

As for myself, I refer to the therapy that I use as transitional therapy, because we are always growing psychologically, unless there are factors blocking that growth potential. This approach is systemic, narrative, developmental, and so on, but at the same time incorporates standard cognitive behavioral techniques. Keep in mind that psychological treatment works when clients are ready for it, that is half the battle. It facilitates compliance with treatment, insight or awareness, undertaking psychotherapeutic "homework," and so on. Transition therapy accentuates the capacity of change in all of us, no matter what our developmental level, age, or stage.

VI

Psychopathology and Assessment

DIAGNOSIS AND DISORDER. A constellation of symptoms that persists may lead to the diagnosis of a disorder by a mental health professional. Often these symptoms concern feelings, emotions, mood, and affect. Psychologists, psychiatrists, and other mental health professionals permitted to do so use the professional diagnostic manuals that offer compendia of diagnostic categories of psychological and psychiatric disorder, such as the DSM IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Text Revision, 2000, American Psychiatric Association) or the ICD 10 (International Classification of Diseases, 1992, World Health Organization). Psychological and psychiatric disorder refers to a more persistent and dysfunctional, harmful form of a mood, or equivalent condition, such as being diagnosed with Major Depressive Disorder, or an anxiety disorder, (e.g., a Specific Phobia). Another example of an anxiety disorder is Generalized Anxiety Disorder, which refers to an individual experiencing multiple, uncontrollable worrying that interferes with functional adaptation. This illustrates that, often, each type of disorder has many examples, and for each of them there are many ways at reaching the clinical criterion levels for the disorder.

[There are also disorders that are harmful dysfunctions in behavior, but that are not primarily emotional or mood related. There is also a class of disorders related to personality, called personality disorders, such as borderline personality, relating to instability in relations.]

Related to depressed mood and anxiety disorders are Adjustment Disorders, e.g., Adjustment Disorder with mixed anxiety and depressed mood. Generally, the emotion of anger is not well integrated into the diverse diagnostic systems. For example, children may be diagnosed with oppositional or conduct disorder, and may have the legal term of delinquency applied to them, but there is nothing like Anger Disorder in the current diagnostic systems

in use. Suicidal attempts would appear to be expressions of depression, but there are other motivations in this Behavior, such as anger at a loved one. Cases of complicated mourning or bereavement after the death of a loved one can become a disordered depression, requiring grief therapy. Personally, I find these cases the most difficult ones with which to deal.

When fear is elaborate, and is initiated by a specific index event, such as witnessing a terrorist attack, then the diagnosis of Acute Stress Disorder and Posttraumatic Stress Disorder may apply [within the first month after the event, and after one month, respectively]. The individuals may feel numb to what happened, but perhaps also to loved ones in daily life. They may have dissociated when the event happened, feeling as if they were watching a movie, or they were not really there. They may be experiencing ongoing efforts to distance themselves from what happened, but may not be able to block the memories. They may experience bothersome flashbacks, intrusive memories, or daydreams about what happened, and so on. They may startle easily, and generally may be hyper-vigilant or hyper-aroused. They may try to avoid reminders of what happened, e.g., avoiding driving if having been in a frightening motor vehicle accident.

CRITICISMS. There are many different diagnostic categories, but there are psychologists who query the validity in the proliferation of these labels. They argue that the labels may be hard to be proven reliable or, in individual cases, diagnosed equally by two independent mental health professionals. Also, the labels may be hard to be proven valid, or actually diagnosing what they are supposed to in a sound way. They may not correspond to other measures; for example, a diagnosis of Generalized Anxiety Disorder given by a mental health professional may not concord with the observations of an individual's romantic partner that the person is indeed worrying too much, and to their detriment.

Because of these reliability and validity problems in choosing diagnostic categories from long lists of diagnostic labels found in diagnostic manuals, psychologists may prefer simpler approaches. Psychologists see the dangers of thinking in diagnostic categories, because these categories are all or none, with only two possibilities, that is, the diagnosis is present or absent. There are other problems with the DSM and the ICD diagnostic manuals. Another difficulty that psychologists have with all the diagnostic labels typically used by mental health professionals is that clients end up receiving multiple diagnoses, which is called "comorbidity," an outcome which may overpathologize the clients, rendering any understanding of them more problematic, and rendering treatment more difficult.

In general, psychologists like to think more in terms of dimensions than in categories. Psychologists believe that behavior is best conceived as varying from high to low on dimensions, which are continua with positive and negative poles. Examples of dimensions include individuals expressing different degrees of depression or different degrees of

oppositional behavior. The dimensions might vary from 0 to 10, or from 1% to 100%, for example. Therefore, in describing people, when looking at any behavior, psychologists believe that there are much more than two options, or all-or-none diagnostic categories. Psychologists construct their psychological instruments, self-report questionnaires, tests, and so on, in terms of these dimensions. By using a dimensional approach, psychologists reduce the problem of comorbidity, because they use few dimensions in their conceptualizations, examples being externalizing more or less, and internalizing more or less.

Nevertheless, psychologists do support the use of the diagnostic manuals and contribute to their development along with other mental health professionals. Moreover, psychologists frequently consult and apply the DSM IV, because their professional and ethical obligations require them to use the best available instruments in their practice, and the DSM is considered the most advanced diagnostic manual, despite its problems. It has made great strides over its editions, and psychologists await the next version with anticipation. The DSM V is due in 5 years or so, and psychologists are involved in its development.

Further, the DSM asks psychologists to evaluate five axes. Respectively, the first two are based on clinical disorders and personality disorders, or mental retardation in the case of children. The next three evaluate important supplementary information relating to: associated medical and physical problems, level of general functioning, and contextual and environmental problems. The assessor needs to establish whether biological factors are playing a role, whether past functional activity had been adaptive, or had been compromised by previous stresses, psychopathology, and other factors, and whether the current context and degree of difficulty may interfere in recovery.

In the end, psychologists explore developmental and contextual dynamics in the evolution of behavioral difficulties, such as whether there are biological predispositions in experiencing them, and early or ongoing experiences that act to bring them out, in vulnerability models. They are more interested in the why of problem behavior than in finding the right label to give it from a long list where the label may be hard to choose. Therefore, when psychologists conduct their assessments, they refer to the diagnostic manuals, but adopt a comprehensive approach geared to answering many questions beyond diagnosis.

ASSESSMENT. A psychologist has the responsibility of carrying out an adequate assessment of any individual seeking psychological treatment in her or his practice. Without gathering all the essential data needed to evaluate an individual, an appropriate treatment plan cannot be formulated, because the symptoms, impairments, disorders, diagnoses, disabilities, functional limitations, losses, and handicaps involved will remain unknown. The psychologist conducts an in depth interview, and administers psychological instru-

ments, such as self-report questionnaires related to mood and personality, and possibly intellectual or other cognitive tests. The various instruments reveal additional information, including about tendencies to engage in symptom exaggeration and minimization.

The psychologist analyzes all the data available about the individual, including all instrument scores. She or he compares the obtained scores to the norms, or distribution of results obtained on the standardized populations with which the instruments were constructed and for which they are aimed. The psychologist may continue with her or his assessment by speaking to collateral sources, i.e., other professionals, family members, etc., reading all relevant documents, checking records with respect to school, work, and the military, and so on.

The psychologist evaluates *(a)* personality, pre-existing psychopathology, and so on, *(b)* ongoing psychopathology, impairments, disorders, diagnoses, disabilities, functional limitations, losses, and handicaps, and *(c)* future projections or predictions in these areas. The psychologist parses the source of the stresses on the individual in terms of *(i)* past or pre-existing stresses, *(ii)* stresses related to any trauma or event, especially if it is subject to litigation, and *(iii)* post-event stresses, such as pain experience, work limitations or loss, and so on, including those stresses which may be unrelated to any event in question. The psychologist examines base rates, or typical frequencies or prevalence, of possible diagnoses in the general population, including those concerning similar cases under evaluation. Finally, the psychologist arrives at a diagnosis and prognosis, and makes recommendations aimed at helping the individual through the distress, the stress, the trauma, the changes, etc.

In the conclusions to her or his assessment, the psychologist addresses causality, if appropriate. Forensic psychologists especially deal with this issue. What are the origins of the problems? Among the multiple factors involved, which ones are more salient, how do they interact, how can they be approached in psychotherapy, and which ones relate to any legal action? Are there any confounding factors, such as extensive pre-existing factors, a personality not open to change, symptom exaggeration, or even outright malingering? And so on.

Rehabilitation psychologists sometimes fail to realize that their assessments could end up in court, and their clients also may not realize that this may be the case. Forensic psychologists expressly evaluate clients for court purposes, but treating psychologists have the same ethical obligations as forensic psychologists to undertake comprehensive assessments, and to be aware of causality issues. At the same time, forensic psychologists need to realize their limits in assessing individuals pursuing litigation. They may see the individual only once, and they may be subject to the same biases that any professional faces when paid by third parties.

Finally, psychologists of any persuasion need to know the rules and regulations governing their profession, the professional and ethics codes of which they are obligated to follow, the laws in

their jurisdiction concerning their particular cases at hand, and evidence law related to their testimony in court. But this collection of guidelines, rules, regulations, and laws are subject to change and, moreover, the psychologist may motivate psychologists to have moral prerogatives that conflict with certain of these standards. Such conflicts may motivate psychologists to function as the leading edge of change to these standards, and psychologists should act on them, as appropriate, after careful reflection, planning, and research. They can be change agents in their profession, and in associated ones, such as law, just as they are change agents for their clients.

VII

Models

MIND-BODY. The body consist of bones and muscles, and other soft and hard tissue, to be sure, but also involves subtle, unseen physiological processes. These include the processes of metabolism, nerve conduction, and the like, but, most important, the workings of the brain and the central nervous system. There are voluntary and involuntary control mechanisms in the brain, e.g., voluntary muscular control and involuntary heartbeat. At the same time, the voluntary and involuntary do interact. For example, we can apply psychological techniques to control a rapid heartbeat induced by panic or fear.

In general, the mind and body always interact, and represent a unity out of which behavior manifests. This is especially evident when problems arise with our health, for psychological factors may either retard recovery or accelerate it. **1.** For example, recovery from physical injury may be influenced by degree of optimism, by coping skills, and even by spiritual factors. Recovery may also be influenced by the ability to express emotions, which, in turn, is influenced by personality style, unconscious influences, and so on. **2.** Anger facilitates cardiovascular disease, especially when it becomes dispositional in a hostile attitude, is coupled with time pressures, and so on. **3.** To some extent, the brain is plastic or modifiable after a traumatic brain injury, when a therapeutic regime is followed. **4.** Stress influences health, as evidenced in the new field of psychoneuroimmunology. For example, something as simple as a head cold may be affected by social parameters, such as social support, through explicit effects on immune system components.

Despite this knowledge that the body and mind interact, the predominant model of disease remains the medical one, where physical factors are considered primary in disease onset and maintenance.

THE MEDICAL MODEL. Models of human behavior that attempt to separate mind and body are called dualistic, and stem from the French philosopher Rene Descartes. This tradition has led to the medical model, where disease is reduced to somatic, physical bodily processes and etiology mechanisms that can derange them, such as microbial pathogens and agents of injury. In the medical model, the degree of the individual's medical problems is thought to vary with the severity of the causal impetus, in a one-to-one correspondence, or a dose-response relationship. Medical practitioners arrive at diagnoses of their patients' medical problems according to standard texts of disease. Moreover, for any one diagnosis, there are usually specified causes, and most often there is only one cause or a small number of causes per diagnosis. The specific treatment recommended hinges on the specified cause(s). Psychology has little role to play in this model, and medical techniques, such as surgery and prescribing medications, are the treatments of choice.

The medical model of psychiatric illness or psychopathology follows the general medical model of disease, and it seeks physiological or biological explanations, and physiological solutions, such as through psychopharmacological treatment. It is a linear model, where causal sources such as genetic defects or biochemical imbalances, are thought to create psychological abnormalities. Psychological models of disease, in contrast, are broader in scope, being multifactorial or multicausal, and often are referred to as biopsychosocial, as we shall see below. Stress plays an important role in psychological models.

THE BIOPSYCHOSOCIAL MODEL. Psychologists adhere to integrated models of behavior and how it can become disturbed. The primary model respected today is the biopsychosocial model. That is, behavior is seen as an outcome of multiple influences, interacting synergistically, where it is difficult to single out one source or the other. In the determination of behavior, especially where disease is involved, there are always biological influences of one sort or another. In particular, this may involve genetically-based factors or conditions, such as found in several types of mental retardation. Other ways biology influences behavior and disease are less evident, but there are genes implicated in *(a)* schizophrenia, and other major mental disorders or psychopathological conditions, *(b)* various personality predispositions or disorders, such as neuroticism or instability in relations, *(c)* intelligence, learning disability, and other neuropsychological conditions, and in *(d)* predispositions to anxiety, depression, and so on. In the biopsychosocial model, biological influences are seen to vary on a continuum from quite high risk to no or little risk, depending on the individual.

The psychological part of the biopsychosocial model refers to the personal resources that individuals possess, from their thinking process to their personality, emotional, and social skills.

What are peoples' long lasting, enduring, and stable personality traits, dispositions, temperaments, and so on? How well can individuals socialize, recruit social support to help cope with stress, relate to people, solve problems, etc.? Stress is a constant in people's lives, but the manner in which they handle it varies from one person to the other, depending on their personal and social resources. One finds individual differences in the degree of psychological skills in dealing with stress that individuals possess or, in inverse terms, individual differences in the degree of risk to the effects of stress that individuals face.

The social component of the biopsychosocial model refers to the influence of the wider environment on behavior. We are raised in families, go to school, work, socialize, get partners, raise children in our turn, participate in institutional life from the military to the religious, live in neighborhoods, receive messages from the media, live in a political society, and are imbued in general with cultural values, constraints, and directives. The environment is not monolithic, but is variegated and layered, in an ecological network. We transact with all these levels at all times, and need to become aware of these influences. For example, just think how fashion changes and we follow along, how teenagers are caught in advertising frenzy, the influence of peers, and so on, how some people live in poverty and dangerous neighborhoods, how the government of some countries oppress some people, and so on. Once more, individuals are considered to vary along a continuum of risk in terms of the social component of the biopsychosocial model.

To conclude, behavior is a result of multiple factors that interact, and it is impossible to absolutely single out whether one factor, such as biology, is more important in understanding how individuals cope with stress, illness, injury, and pain. The biopsychosocial model affords an interactional perspective, placing the crux of understanding behavior and how it can go awry at the intersection of biology, psychology, and sociology.

SYSTEMS. The biopsychosocial model of behavior is a systems model, where the whole is considered greater than the sum of its parts, and where change in one area of the system influences change in the others. System components interact with and influence each other back and forth, or reciprocally. Also, they continue to interact with and influence each other over time, that is, they interact with each other transactionally. Given the multiple elements involved in any system, system elements engage in a multiple, simultaneous interactions. The lower levels and higher levels of systems mutually influence each other, in a coordinated "top down" and "bottom up" process.

The pattern emanating out of the whole in a system precipitates out of it in a self-organized manner, without external forces involved. The most graceful alignment of the parts of a system is adopted as ongoing form. Therefore,

abrupt changes to the state of the system may materialize due to self-organizational solutions to the perturbations, or system-disorganizing inputs, impinging on the extant pattern at any one time. Novel, emergent, unpredictable solutions may obtain due to these self-organizational tendencies. Psychologists are especially aware of this when they work with families or couples. For example, a family may be in a state of constant turmoil, but a positive change in one member may produce a positive cascade effect on all members. Or, a family may be on the verge of turmoil despite the apparent stability it presents to the outside world, and a minor crisis for one member can lead to major disruptions in family life for all members due to vicious cycles that materialize. Therefore, the whole defines the outcome of system component interactions more than the additive sum of the parts.

The pattern of family interaction is a telling example that individual dynamics of each family member is best understood by viewing the whole family. But the concept that the whole is greater than the sum of the parts applies to every facet of psychology, for each of us constitutes a system of many parts, and the same applies to other people in our environment. We can be more than what our parts dictate for us, because there are intangibles that can stitch together unforeseen potentials that we could not fathom. We have hidden potentials in the parts of the configuration of the whole of ourselves. We have hidden, masked, or alternative parts that may be exceptions, minor players, or subsidiary selves that are waiting to be activated as primary. They are our core attributes, even if unknown to us, and are both positive and constructive. However, for those of us in this situation, we do not yet understand our positive potential, except perhaps in glimmers. Psychologists can help clients in their efforts to liberate their potential. In doing so, in turn, such as with our families, there will be positive benefits for the positive parts of others waiting to find their voice.

Systems theory includes language such as dynamism, catastrophic change, and the "butterfly effect," where a small change in one part of the system can lead to major overhauls of the system. Chaos in system theory language does not refer to the impossibility of change because things are so chaotic, but to the unpredictability of system outcome because things are so complex to the point that anything can happen. In chemistry, two colorless liquids may be mixed, and a bluish color may result in an unforeseen way from the mixture. In biology, one species may become extinct in a habitat being cut back by human activity, and the chain reaction of consequences may lead to multiple species die-out. In psychology, one positive component of the self, such as underlying self-esteem or optimism, may be improved only somewhat, but the result could be a major improvement in outcomes such as success, happiness, and empathy, beyond any level

that could have been predicted by the one change.

STAGE MODELS, SYSTEMS THEORY, AND THE BIOPSYCHOSOCIAL MODEL. One biopsychosocial model of chronic pain, developed by Robert Gatchel and colleagues, describes three steps in its development. In acute pain, the patient not only is hurt, but also gets emotional and gets out of physical shape. In the second phase at 2–4 months, pain increases, and the patient experiences worsening emotions and continues to get out of shape. Pre-existing factors, such as personality, psychosocial, and socioeconomic issues, can have an effect. In stage 3, chronic pain develops. The patient lives a life dominated by pain. [See the references for details of the models presented in this section.]

Change models in therapy also refer to stages. For example, one model of the changes in therapy describes five stages in change (Prochaska, Norcross, and DiClemente). In the first stage of precontemplation, the patient is not ready for change. Then, the patient contemplates change, weighing the pros and cons. Next, the patient prepares to change, asking when should the first step be taken. Finally, the patient undertakes concrete actions/activities that help lead to change. In the next stage of maintenance, gains are consolidated and preventative steps are instituted. In the last stage, the patient achieves problem resolution, confidence, and control.

The three-step chronic pain model and the five-step change model in therapy may both reflect the same system dynamics, or the same change processes. There may be the same general change processes that all systems go through as they move toward increasing complexity. Therefore, there may be five steps in the development of chronic pain, not three. Elsewhere, I have described such a 5-step general change model applicable to chronic pain. In this change model, systems theory has given an added dimension to the biopsychosocial model, because it applies equally to whether it is progressive as in therapy or regressive as in chronic pain.

VIII

The Biopsychosocial Model Revisited

Which way they grow depends on which way we sew.

In this section, I integrate different ways of viewing human behavior into a multifactorial model. The "biopsychosocial" model is a complex model of human behavior that considers all the major classes of variables that can influence behavior. I attempt to explore the various determinants of behavior considered important by the biopsychosocial model, and to explore prior and competing models. One way of presenting models of behavior is to indicate the leading theorists associated with the model (e.g., Freud) or to give its primary label (e.g., psychodynamic theory). In presenting the various models, I adopt these approaches, at times, but, in organizing presentation of the theories, I focus more on the types of influence on behavior, such as the environmental and the biological. The goal of this chapter is to provide a more comprehensive understanding of the stress process from the biopsychosocial perspective, and the role that we can play in dealing better with stress.

If I knew that things seemed so far, I still would have come near.

There are three major influences on behavior—the biological, the environmental, and the personal. Variously, psychologists emphasize one or the other. An important ongoing debate in psychology is whether behavior reflects more the influence of nature or nurture, that is, biology or environment. There is usually an ebb and flow in what is emphasized, as some psychologists gravitate first to one extreme and then other psychologists gravitate to the other extreme. However, most psychologists respect a more integrative position, viewing behavior as the outcome of the

Our goal is not to reach the end but to extend our reach.

Seeing deep inside brings us farther outside.

combined influence of biological and environmental factors. Moreover, many psychologists consider a third influence on behavior, that of the person or the self, as the most important.

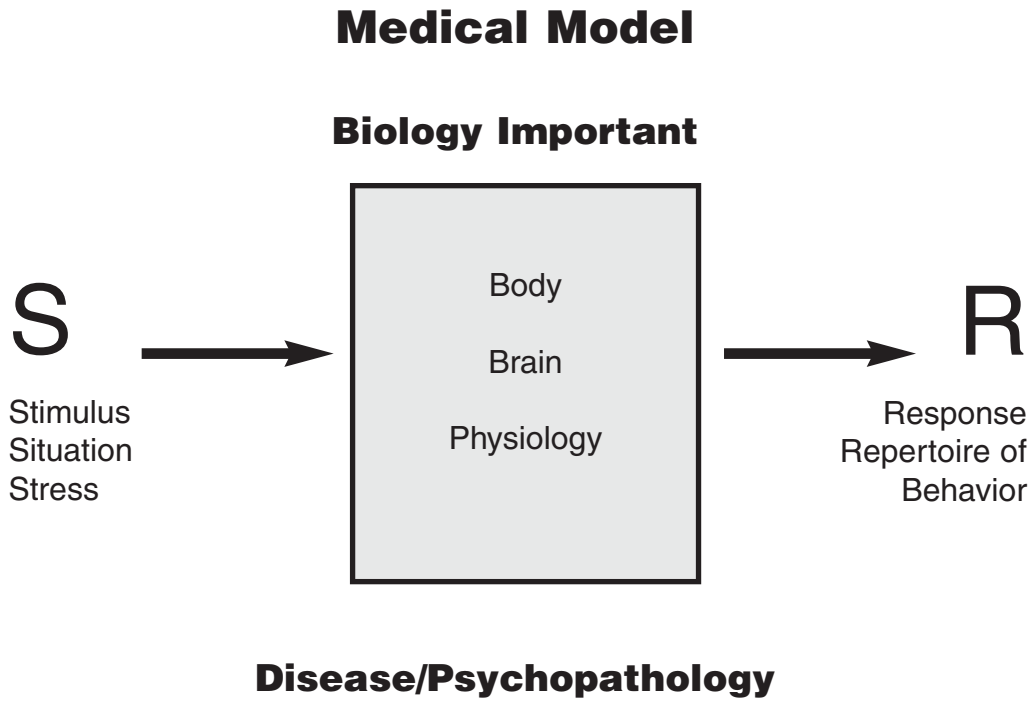
In the figures that follow, I have adopted a constant format. On the left side of the figures, we see the input into the behavioral system, which I have labeled "S." The "S" stands for "Stimulus" or "Situation." In addition, the "S" can stand for "Stress," which affects the behavioral system, as well.

On the right side of the figures, we see the output from the behavioral system, which I have labeled "R," for "Response." It also indicates the collection of responses and behaviors expressed by an individual behaving, which I refer to as the behavioral "Repertoire."

Biology begins life; psychology continues it.

Figure E-1

The medical model considers biological factors important in generating psychiatric illness. At the physical level, disease develops because of pathogens, injury, and the like. Treatment is quite similar from one person to the next, usually involving medication. Similarly, for psychopathology, the body or brain becomes weakened, or vulnerable, producing a psychiatric disorder. Stress may add to the process, or even cause the disorder, but only through its biological effects. Illness is reduced to mechanical workings of a dysfunctional body or brain. In this model, each psychiatric illness tends to have one cause, one way it manifests, and one best treatment.



The central portion of the diagram is represented by a box, and stands for the particular physiological or psychological mechanisms that connect input and output in the behavioral system. Different schools of thought have different concepts addressing this issue of how input to the behavioral system leads to output. Explanations of what is crucial in influencing behavior range from the biological to the environmental to the personal. The particular mechanisms linking input to output in the behavioral system, as described by the various models, are presented within the central box of the various figures in the chapter. Moreover, for each figure, the text that has been written to accompany the box further explains the relevant explanation.

Whyatt asked, Who, What, Which, Why, Where? How did he find out? Read Section 8.

Figure E-1. In the areas of disease and psychopathology, the biopsychosocial model contrasts with the medical model. The medical model reduces disease to specific biological-based causes, such as pathogens and injury. For the medical model, these causes have specific biological consequences on the body and, therefore, need specific biological treatments. **In its classic version, the medical model admits no separation of mind and the body. In this sense, it is considered monistic, in that the mind and body are considered indivisible and cannot interact.** The brain, in particular (along with the central nervous system, in general), is considered the primary system governing behavior. In the medical model, the mind is reduced to the activity of the brain. This component of the medical model is labeled "reductionistic." Contemporary medicine had adopted more flexible models of disease, the body, the brain, the mind, and behavior, and the role of stress in affecting these areas. However, the foundation of medicine today remains the biological basis of disease.

Life is smarter than us. No matter how well we plan, it always has ways of testing our intelligence.

In terms of understanding mental disease, the medical or biological model indicates the importance of our body and brain, and their underlying physiological processes. When an individual lacks a sound biological basis, there are critical risks toward the development of difficulties in behavior. When stress is added to the mix, through the deleterious biological cascade that it may set off when it becomes chronic, the biological axis on which our behavior depends weakens further.

If I had known what I know now, there would still be an infinity of things to learn.

Self-construction builds with others, not on them.

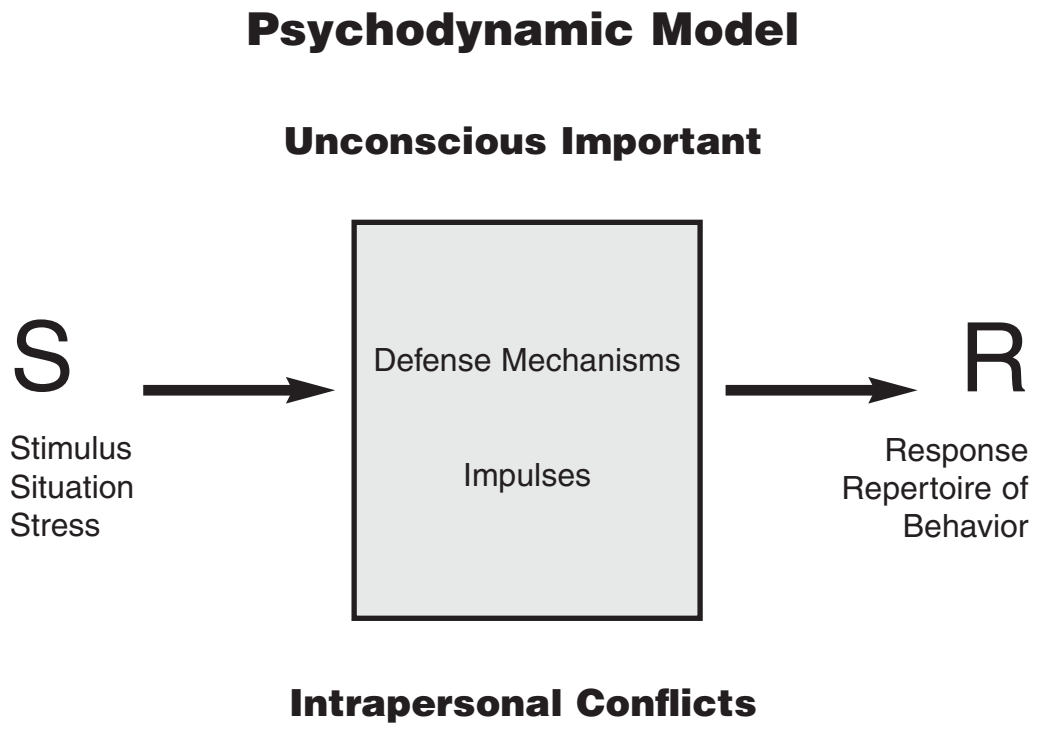
When injury or disease impacts the body, vulnerability to stress and its effects is accentuated. Prior psychological difficulties that we may have been managing to an adequate degree become exacerbated. Moreover, the stress of the injury or disease adds to the total life stress being experienced, further increasing the susceptibility to psychological difficulties. Finally, with injury or disease, stresses subsequent to the interfering effects on daily life roles, responsibilities, and functions compound the total life stress being experienced, further facilitating a possible downward psychological course.

The unconscious hinders—when we remain unaware.

When medical practitioners diagnose a biological disorder, and use medical intervention techniques that help it stabilize, subside, remit, or be cured, their confidence in the medical model augments. However, many times treatments that spring from a strict medical model do not produce the

Figure E-2

The psychodynamic model is consistent with the medical model, because it views problematic behavior and psychiatric disorder as reflections of unconscious processes in the mind, or due to intrapsychic conflicts out of awareness. They arise partly because of repressed biological urges developed in childhood, as in the Oedipus situation. In order to protect ourselves from these urges, we use defense mechanisms; for example, we may channel them toward more constructive ends, or we may project them onto others instead of facing them.



desired ameliorative results. In such cases, medical practitioners may fail to realize that the mind can influence the body, affect the injury/disease process, and accentuate the stress process that interacts with it.

Do right by children—by praising them when they are right.

When medical practitioners treat individuals experiencing behavioral difficulties, their training leads them to consider biological causes and solutions. However, behavioral difficulties may develop because of nonbiological contributing factors.

In psychology, which is aimed at understanding behavior, in general, there are equivalents of the medical model that emphasize the primacy of biology. For example, behavioral genetics is a discipline that studies the influence of genes on behavior. Evolutionary psychology seeks particular sequences of mechanisms that translate the influence of genes on behavior. The Darwinian perspective is about the evolutionary advantage that an inherited behavior may serve. **However, psychology understands that behavior is more than biology.**

To bring out the best in a child, bring out the best in yourself.

Figure E-2. Freud proposed the first great theory of human behavior. It is called the psychodynamic or psychoanalytic approach. Freud described psychosexual stages in human development. It is a biological theory because, according to Freud, the stages develop due to biological energy, or instinctual impulses coursing through the body and settling in critical zones, activating the behavior associated with the zones. The zones are oral, anal, and genital, in particular. The theory is considered medical, as well, because Freud was a medical doctor trained in psychiatry, which has made important advances in the study of human behavior.

At the same time, Freud proposed that the environment is important in behavior, through its prohibitions against actions that biological impulses would have us undertake. Due to environmental prescriptions inhibiting behavior, such as the need to control sexual desire for the opposite sex parent in the preschool period, a lack of satisfaction or gratification of biological impulses results. In this conception of behavior, the person is considered passive, without much will or voice in the course of behavior. Either biological impulses or environmental controls dictate how the developing individual will behave.

Have faith in fate means actively helping yourself and others.

The psychodynamic model has made valuable contributions to the medical understanding of behavioral difficul-

ties. It emphasizes biological factors, especially in its concept of biological energy investing in different body zones, which results in the development of successive psychosexual stages as the energy moved from one zone to the next. Freud called the psychic structure that contained the biological energy coursing in the body the "id."

The more knowledge we have, the more knowledge we can create.

Freud also had a special label for the psychic structure that developed to deal with frustrations derived from the environment via its prohibitions on behavior. The frustration that grows out of the blockage of biological impulses moves the developing child to form the ego. Its function is to deal better with the lack of satisfaction of the child's biological needs because of prohibitions encountered in the environment. In this sense, the ego represents the first manifestation of personal factors in development. In its young form, it is not in the service of the self but, through its efforts to negotiate the environment, albeit for the most basic of biological needs, it sets the stage for the development of more mature forms of self development.

By putting together heart and mind, we head in the right direction.

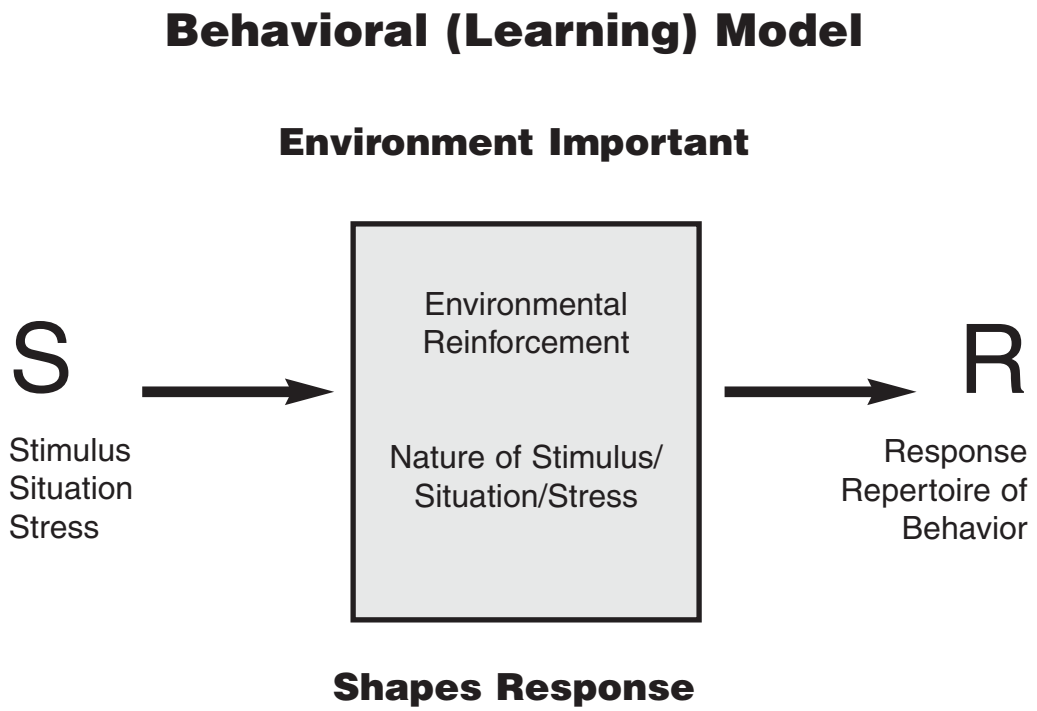
As the child grows into the preschooler period, there are different frustrations. When the child confronts environmental barriers to its biologically-precipitated desire for the opposite sex-parent, through the perceived refusal of the same-sex parent, the child represses the desire into unconsciousness. Such repression requires the expenditure of psychic energy, engendering intrapsychic conflicts between the repressed biological impulses attempting to break through and a sense of prohibition incorporated from the environment. The psychic structure that incorporates parental and environmental prohibitions is called the superego. Because of this incorporation, the superego may be considered an extension of the environment.

There are many defense mechanisms that we use to protect us from intrapsychic conflicts of this nature, and from the anxiety and other harmful emotions that accompany them. Some defense mechanisms are very adaptive, and are not considered possible sources of psychiatric difficulties. For example, humor may serve as a deflection of unconscious desires that cannot find satisfaction but, in humor, the means of releasing the tension involved takes a healthy turn. Of course, humor can go too far, and reflect deep-seated conflicts. Repression into unconscious is

The environment provides the soil for growth, not the map.

Figure E-3

The behavioral or learning model considers the environment as especially important in eliciting behavior. The environment may reward behavior, punish it, or otherwise alter the frequency of its occurrence in situations where it manifests. The environment may afford learning opportunities by altering the contingencies or secondary stimuli present when behavior in response to primary stimuli occurs. The environment also offers modeled behavior, e.g., by parents, which we may observe and then imitate.



another defense mechanism, one that we already have introduced. It helps the child deal with the overwhelming power of the same-sex parent, in effect, by canceling out of awareness the desire for the opposite-sex parent. Other defense mechanisms include projection, where one's desires and conflicts are denied, but are attributed to another person.

Certainty is the absence of humility.

Freud's model of development is still used in psychology today, although it no longer has a dominant status. Nevertheless, I find his work very powerful because it is clear that he tried to grasp the range of factors that influence development—the biological, the environmental, and the personal.

Time heals all wounds. We can help.

Figure E-3. In terms of understanding the origins of behavior, psychology has made great strides in specifying the nature of the biological, environmental, and personal factors entailed. We are learning increasingly of the refined physiological underpinnings to behavior, from peripheral receptors to the spinal cord to the brain. We study animals to learn of evolutionary and genetic origins.

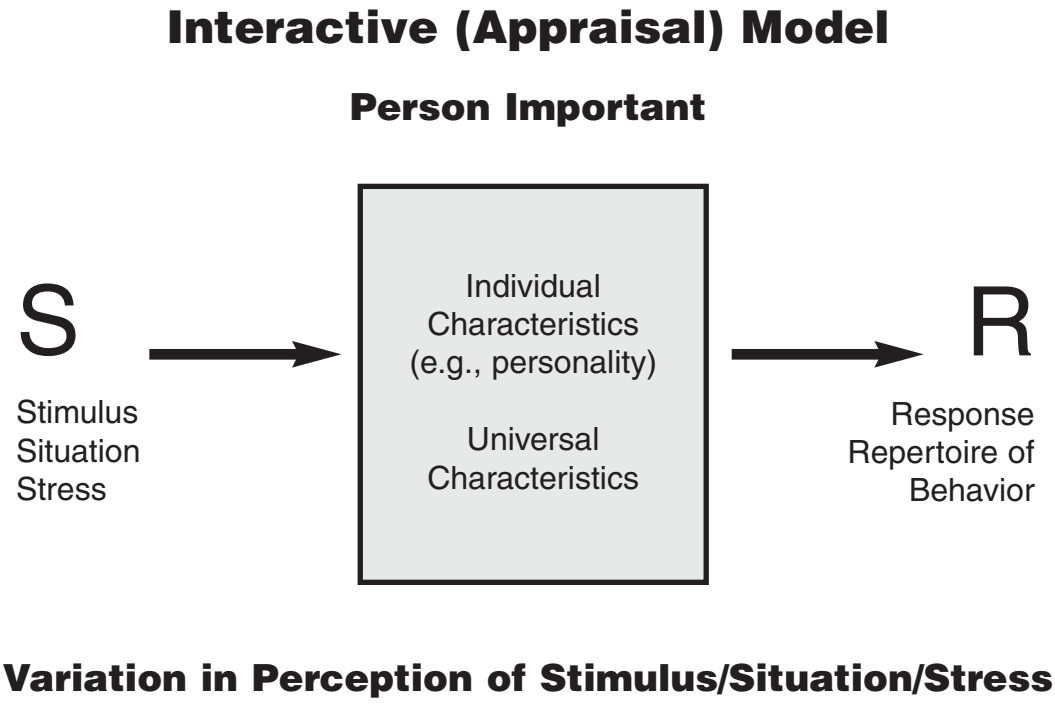
People are different and perceive differences differently.

Fanatical thought deserves fantastic criticism.

Psychology has studied especially how behavior is learned, focusing on how behavior changes in frequency due to reinforcement contingencies. For example, praise may not be material, but it works very well in shaping the behavior of a child toward constructive ends. Some learning takes place through association, or in the pairing of stimuli. One stimulus may elicit a reaction due to an innate connection, such as when we salivate to food, and another may come to elicit the same reaction due to linkage to the naturally active stimulus, as found in media advertising for food products. Other learning takes place through operant conditioning behavior, for example, by using reinforcements and punishments after a desired behavior is emitted, such as in the example with praise. Finally, in newer learning models, it is understood that some learning takes place because individuals imitate modeled behavior after observing it, that is, that it takes place without explicit rein-

Figure E-4

In the interactive model, perception counts. For example, we appraise stress for its severity, for how we can handle it, for the resources available, and so on. What may seem overwhelming for one individual may appear manageable by another. The person varies in so many ways, such as in personality and coping resources. Each of us has a history of dealing with stress that has conditioned how we perceive each new stress. Stress lies neither in the objective parameters of the situation nor the person's characteristics and abilities, but in their interaction.



forcement or instruction. In all these cases, the environment is considered crucial for the learning to take place. There may be personal factors involved, such as motivation to attend to the modeled behavior, and a sense of self-efficacy that develops when the child learns well the modeled behavior, but psychology added this understanding to learning only relatively recently.

Be humble. The ego you save will be yours.

Figure E-4. Psychology made a great leap forward in understanding that behavior is the product of the interaction of nature and nurture, of biology and environment. When psychology understood that there are multiple factors involved in the interaction, it continued its progress. As a science of behavior, psychology sought to delineate the multiple biological, environmental, and personal factors that contribute to influencing behavior. It realized that they all interact in complex ways, and that the interaction is continual and recursive, or with feedback. At each second, the interactions among all the factors that take place in the determination of behavior in the environment in which it is found leads it in certain directions, and affects the environment, in turn, in a transactional process. The system is not fixed in one direction, but is flexible and responsive.

The interactive model excluded a role for personal factors, at first. However, because our personal attributes are part of our behavioral system, through our personality, will, self, identity, ego, and the like, we influence its course through the goals that we set, and our persistence in arriving at them.

Thinking is what we do best when we emote best.

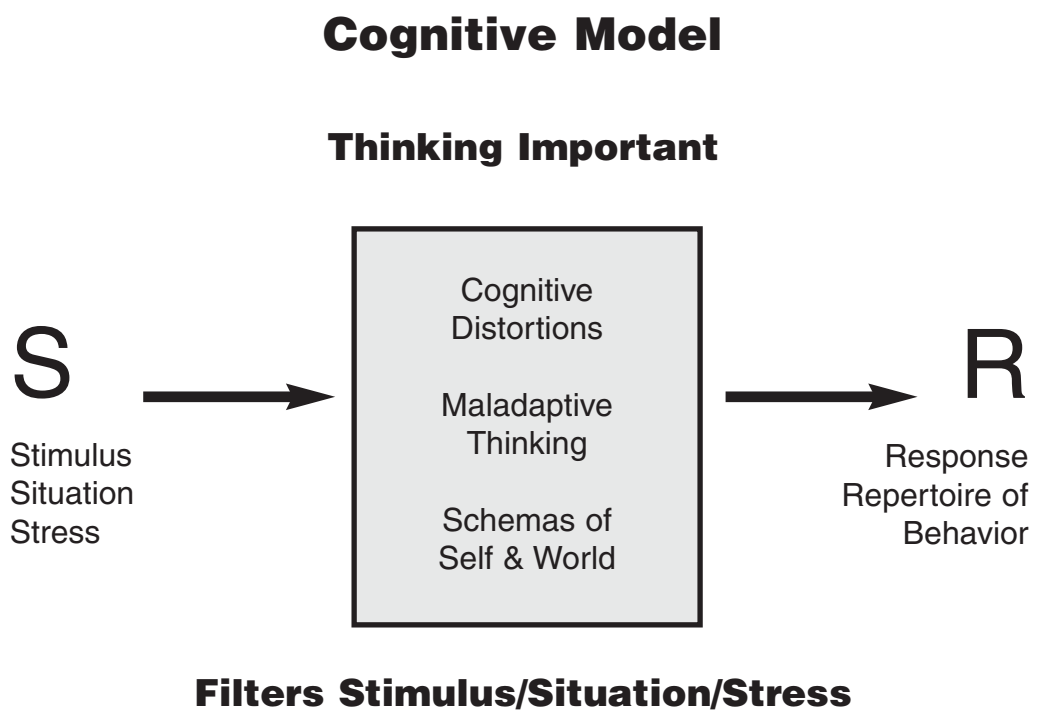
In the area of stress management, the interactive model of Richard Lazarus and Susan Folkman has proved very important. It especially emphasized personal attributes, such as an individual's appraisal, or evaluation of the stressor, and perception as determining factors of the quality of stress being experienced. There are individual differences in how a stressor may be perceived, depending on how we evaluate its danger and how we can handle it, our coping resources, and so on.

A turn for the worse is not necessarily the worst turn.

This interactive model of stress illustrates very well that our personal characteristics contribute to how the environment and our biology impact us. We have our resilience, our resistance, our internal fortitude, our will, our personality, and so on, that intervenes between stress and our response

Figure E-5

The cognitive model emphasizes the importance of how we think, from simple, automatic thoughts to wider beliefs and values. When we are under stress, do we use poor logic, use all-or-none thinking, engage in distorted thinking, fail to test out hypotheses, overgeneralize from a few examples, and think the worst, or catastrophize? There are many ways that thinking can be maladaptive, and this may occur at several levels, from the simple to the complex. Ultimately, we develop schemas or mental models of the self and world that filter and influence how we react to stress.



to it, even altering how we perceive it and what we can do about it.

We send children to school to learn about the world and to learn from our mistakes.

An internal conflict is a sign that we should face into it.

Figure E-5. The next two figures address two major components of human behavior, the cognitive and the socioemotional. I have emphasized that attributes of the person serve to influence reactions to the environment. In this regard, in particular, I have mentioned personality and appraisal. Personality concerns enduring characteristics that we express in the typical situations in which we find ourselves. Appraisal is a cognitive process of evaluation of the nature of stress and our capacity to handle it. Personality is more affective, about emotions, feelings, social behavior, and so on, although there is a cognitive base. Cognitions are about thoughts. Cognitions are not isolated from personality factors, emotions, and so forth. They serve as filters

through which we perceive the world. They may be smaller-scale schemas, or individual thoughts. Or, they may be broader models of the world, values, and beliefs. They occur at different levels, including being automatic, derived reflexively from context, or being quite conscious and voluntary. They may be about the self, for example, involving representations of self-worth, or they may be about the other, for example, about another's personality, intentions, and feelings.

The past is gone.
The future is present.

Cognition can be adaptive, appropriate to the context, and well-formed and well-intentioned. They may be used in a logical reasoning process to solve important problems. However, stress can alter the efficacy of our thinking. Or, habitually misguided thoughts may have developed over the years due to personal experience, social processes, stressors, and so on. Whatever their origins, thoughts may be negative, distorted, maladaptive, inappropriate, filtered from a skewed perception of the self or the other, and so on. They influence how we react to the input from the environment and, therefore, may lead to difficulties in adaptation to the environment, either through how we react to it or how it reacts to us.

Examples of errors in thinking include all-or-nothing thinking, where everything is considered black or white, present or absent, and so on. Overgeneralization involves taking one negative happening, for example, in job performance, and thinking that everything is like the one happening. Catastrophizing is quite maladaptive, because when we catastrophize we think the worst without evidence supporting our conclusion. **In general, good thinkers test their hypotheses by analyzing the evidence for and against, weighing the pros and cons, listing the advantages and disadvantages, considering options, and so on.**

We are social beings joined to shape individuals.

Being optimistic is an important aspect of cognition. Do we think positively, feel that we have the skills to resolve a stressful situation, believe that it will work out, approach it with self-confidence, anticipate the best outcome possible, and so on? In contrast, pessimism is generally maladaptive.

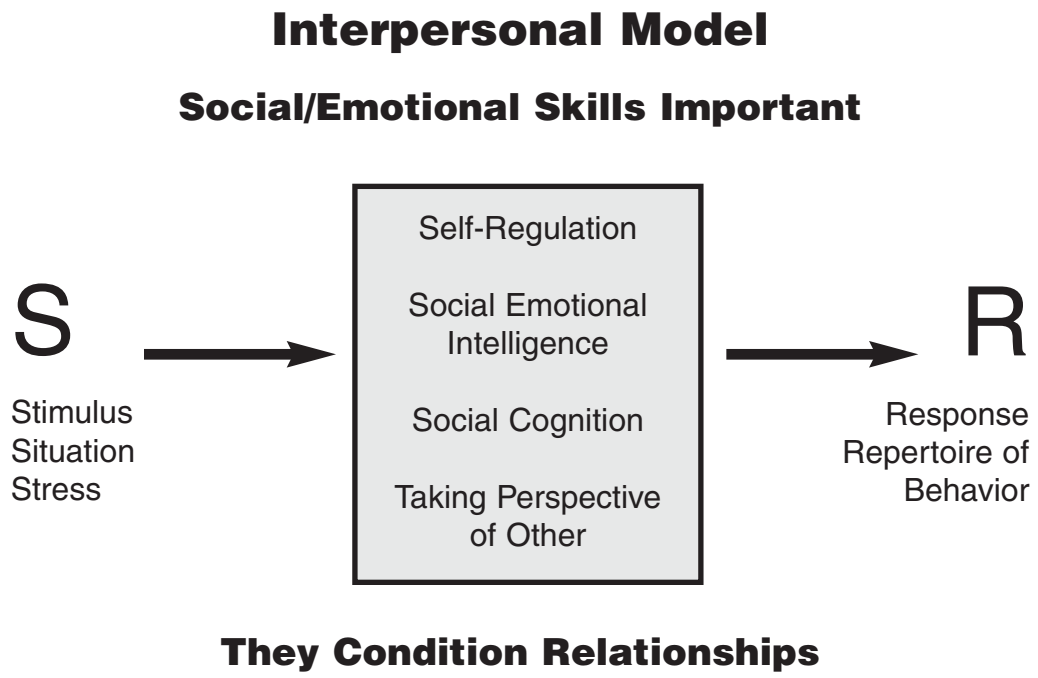
The cognitive model provides an important illustration of the factors inherent in the individual that influence behavior. A second important area relates to the socioemotional arena.

Figure E-6. This figure illustrates that our emotions, feelings, social skills, interpersonal capacities, and so forth, are

We are the medium—development is the message.

Figure E-6

Other models are more interpersonal, social, emotional, and based on relationship. In these models, the skills that we possess in dealing with the social world are important moderators of stress. We need to develop good self-regulatory skills and good ways of interacting with others, using our emotions toward positive ends. Often, in our daily lives, we use our thinking skills especially toward people, social situations, and emotions. Also, we use our thinking to read the mind of others, or take their perspective, to know their feelings, intentions, and so on (in social cognition/ emotional intelligence).



In our deepest despair begins the repair.

The more we know, the more we new.

important influences on our behavior. We need to develop self-control, regulation of our emotions, directions in our behavior that are conducive to our goals, and so on. We possess an emotional intelligence as well as an academic and practical one. We use our intelligence to learn how to behave socially, express our emotions constructively, read the mind of the other, take the other's perspective, understand the other's mind, intentions, feelings, social behavior, and so on. Our relationships are social and emotional, and define us. Our skills are not learned in social vacuums, but in social encounters, in participation in interactive daily activity. **In dealing with stress, the links in our social world provide buffers against it, and good ideas for overcoming it.** Again, we see that the person has much say in the magnitude that stress takes in her or his life.

Figure E-7

Models that are more developmental consider the history of individuals up to the present. How were their childhood and teenage years? Did they receive warmth, affection, positive attachment experiences through sensitive caregiving, and so on? Did they receive appropriate limits without it being over-controlling or abusive? Did the parents demonstrate too much conflict, arguments, and even violence? Did the family experience divorce, father absence, or single parenting? What were the intergenerational patterns in the family?

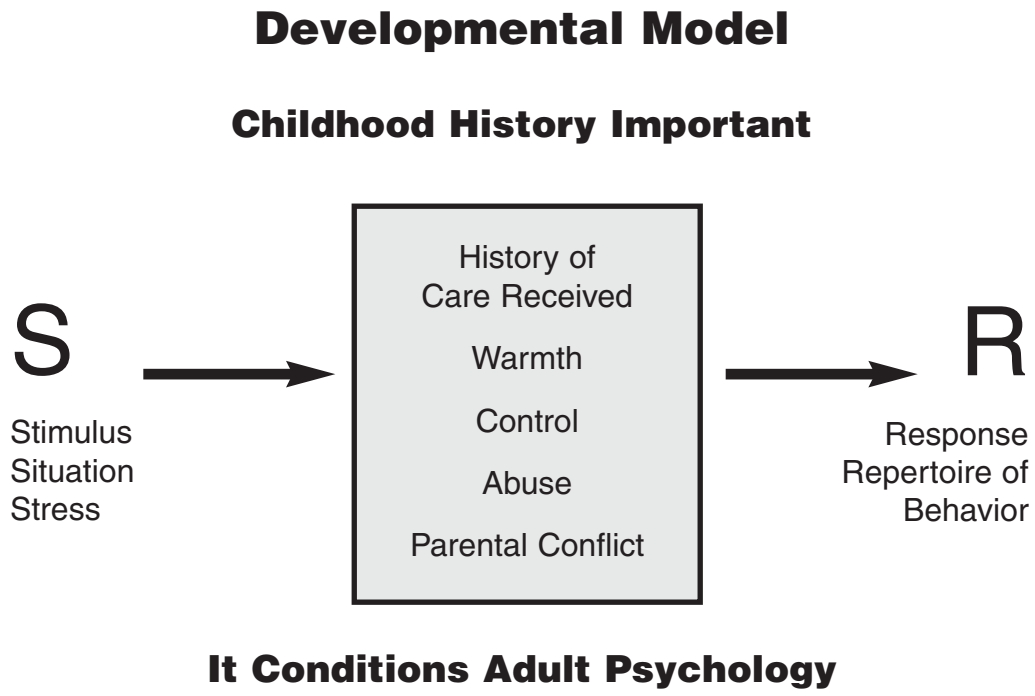


Figure E-7. Without considering the developmental history of the individual, one cannot obtain a complete picture of the genesis of ongoing behavior. Development concerns change of behavior over the lifespan, and its reorganization. Development is a continual process that lasts from conception to the elderly period. Models of development vary in terms of whether they emphasize stages in development, like in Freud's theory, whether the person is considered active or passive in development, whether the role of early experience is considered critical, whether biological factors predominate, whether they emphasize universal acquisitions compared to individual differences, whether they are more cognitive than socioemotional, and

Conscientiousness is Consciousness.

The future holds what we hold up to it.

Children require nothing but everything that we have in us.

If decency marks our life, we will make our mark.

Working for human betterment takes one feel at a time.

whether they address applied matters, such as psychopathology.

Let your parents rock and roll—give them your newborn.

The history of care received by an individual as a child reveals a lot about the individual. When care has been sensitive, the child feels more secure with the caregiver. In children, this refers to the development of secure compared to insecure attachments to the caregiver. **Secure attachments are promoted by sensitive and contingent caregiving, where the caregiver provides responsive and timely care.** The theory that infants will be spoiled and become cry babies if the caregivers pick them up and attend to them when they feel needy has not been supported by the research. To the contrary, infants who receive sensitive care and become securely attached are more likely to listen to prohibitions such as "No." This appears to be the case because infants who have received sensitive care develop cognitive schemas of the self and of the world that consist of positive ideas and feelings, akin to statements such as, "The caregiver loves me," "I am loveable," and "I won't do anything that risks losing that love."

Grandparents make grand friends.

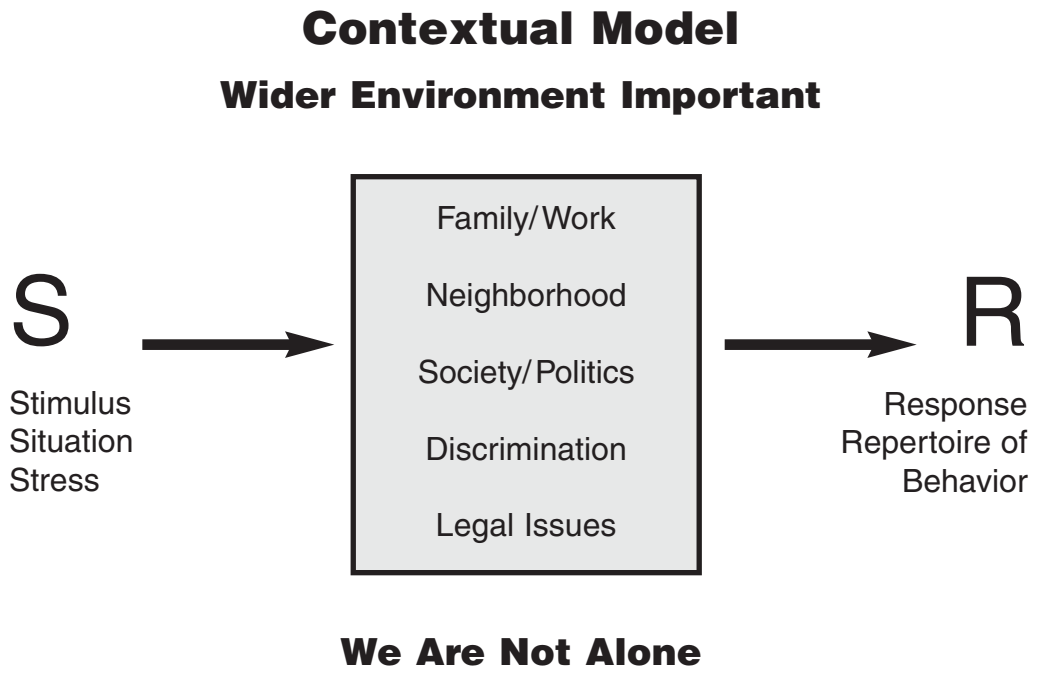
Another way of looking at caregiver behavior is in terms of whether there has been enough warmth, or affection, and appropriate limit-setting, or control. Has the caregiver promoted an appreciation of her or his behavior by being both involved and loving? When caregivers behave this way, there is less likely to be resistance expressed by children to requests, more cooperation ensues, and so on.

When caregiving is not optimal, children are placed at risk for developing psychological vulnerabilities and difficulties. When parents engage in continual conflict, children suffer. They may even blame themselves for the conflict. When children experience physical abuse, sexual abuse, and so forth, the probability of developing psychopathology and traumatic reactions increases. Divorce itself is not a risk factor, but the conflict between parents that accompanies the divorce trajectory is toxic to children. In dealing with families, psychologists like to examine intergenerational patterns of transmission of maladaptive behavior. At the same time, children are not simply reflections of their experiences. They can find their own developmental path, especially with the onset of adolescence. We can think through

Let grandparents give a word from the wise.

Figure E-8

Environmental models have become more differentiated. Context is always important in behavior. Some models consider the formula of Person x Environment interaction, which indicates that we differ in style and personality, depending on circumstance. Other models are more ecological, viewing the multiple levels in the environment, from family and work to wider societal influences, such as the messages in the media. The multiple levels in the environment interact with each other; for example, work stresses influence the family, which in turn affects the growing child.



our problems and aspire to change and grow. This process is facilitated by good social support.

Nevertheless, our childhood experiences influence our adult behavior. In one important example, the cognitive schemas of the self and the other that we form in infancy are carried with us, and although they do transform as we grow, they still may reflect the basic dimension of being more or less secure. Furthermore, we may seek romantic partners who fit the patterns in relationships that we expect based on our early experiences and the cognitive schemas formed by them.

Passion can create the impossible.

Passion can create the possible.

We do not know what the future holds, but we do know that we hold it in our hands.

They say that the world was created in seven days. They say that it can be destroyed in one.

Be fair to your children—praise them all.

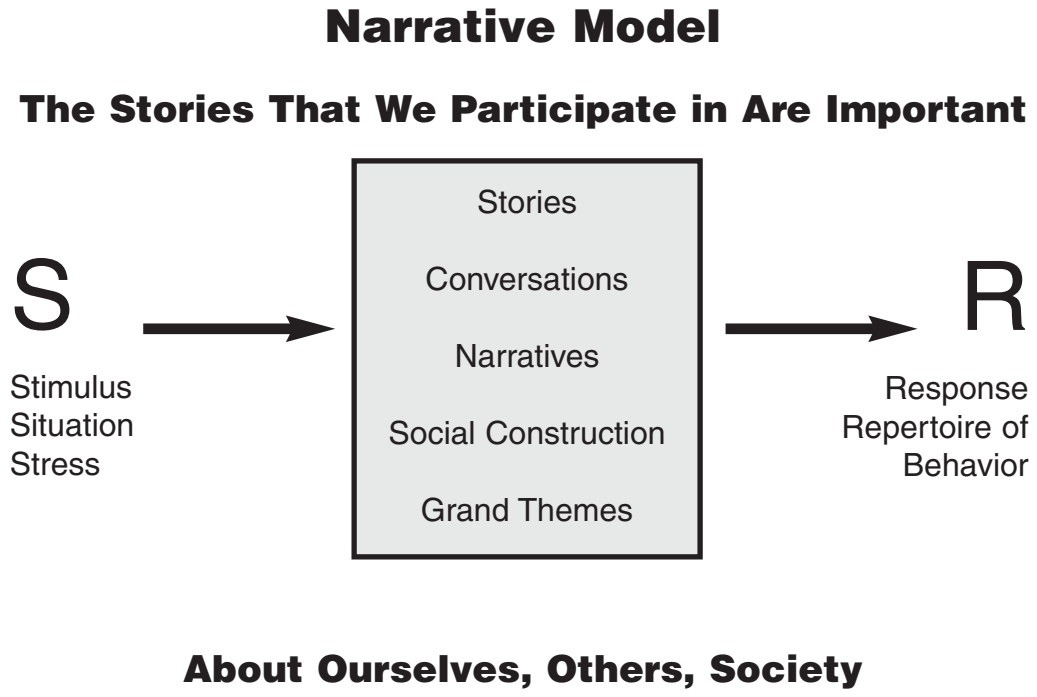
We are not less than our stories—and not more than our imagination.

Each of us can make a special difference—by helping others find their special difference.

Figure E-8. Psychologists have realized that the environment is not one block and that we do not interact with it in one way. First, in the concept of person x environment, the person is considered to vary in personality and manner of responding depending on the particular context in which the person finds herself or himself. For example, a person who is more outgoing, in general, may become more inhibited in certain circumstances. Different people perceive the environment differently, as well. A particular situation may be a stressful one for one person but a challenge for another. Finally, in the ecological model, **the environment exists at different levels of complexity** and different levels of proximity to the individual, from family and work to the neighborhood and larger society, to factors such as socioeconomic status and cultural and media effects. We feel close to members of our family, and know personally our friends, classmates,

Figure E-9

The narrative model looks at the stories that we tell and that are told to us, and how these stories govern our lives. Family and culture offer innumerable stories about how we should live, and these stories shape our behavior. We become the stories that we hear. At the same time, we learn how to write our own stories. We can rewrite the scripts of our lives. People are expressions of social construction (both directly from others and indirectly from their influence on us), more than the expressions of their biology. The stories that we construct about ourselves can be reconstructed in better ways, for example, in terms of the stories that we should tell ourselves about coping with stress.



and co-workers, but the media exerts a powerful influence on us from a distance, even though we do not know personally the advertisers involved. The different parts of the environment interact with each other, and have both direct and indirect effects on us. For example, if we have a dispute at work, it can affect not only ourselves, but also our home life.

Figure out your potential. Then, make it more.

Figure E-9. We develop higher-order cognitions in terms of beliefs and values. We use higher-order abstract logic when solving complex problems. We assimilate complex books as we read. The same higher-order cognition and complexity applies to the grand narratives that we tell about ourselves and that are told to us. We are shaped by the stories that we hear about our family and culture as we grow up. We create detailed scripts about ourselves that we tell to ourselves and to others. They may mirror the narratives that are told to us but, usually, these narratives told to us are incorporated, first, and, then, are altered to fit into the cognitive network that exists when they are heard. We live according to the stories that are part of our lives, following the plots that we tell ourselves or are told to us. If we learn that we have no control, will fail, and so on, we come to believe these stories, and act accordingly. If we believe that we can succeed in the circumstances in which we find ourselves, this belief will help us organize toward success.

To maximize personal growth, maximize community involvement.

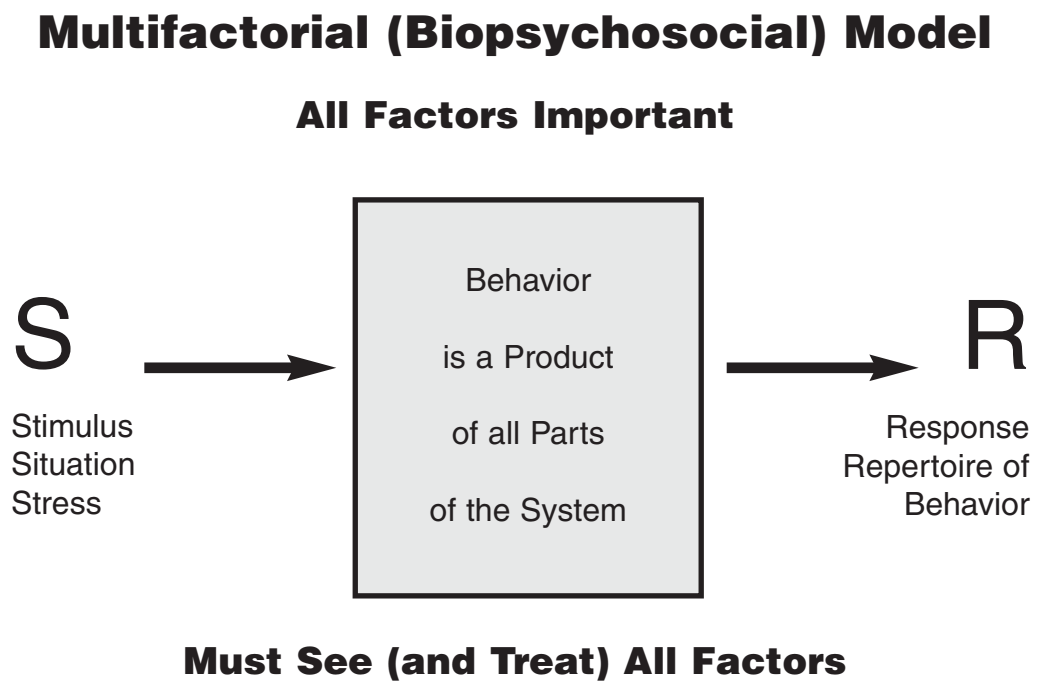
We inhabit the stories that we hear, as chief writer, actor, and narrator. If the stories are not adaptive, we can learn to rewrite them. **Therapy may involve having individuals learn to rewrite their own stories, to gain the assertiveness needed to be the authors of their own stories**.

With the beginning of each day, the important stories that will mark the day have yet to be written. We need to learn that the stories that we tell about ourselves are not fixed on pages, but are glimmers of what may be as we meet the day, adjust to it, and shape it. Stories are written online with the people who share our lives, and so they evolve; stories are not monologues but, rather, they are "multilogues" that are formed as the day proceeds. They are co-constructed with the social other, and can be written to have better endings for ourselves and for others. We can be the main character on our life's stage, improvising fine endings to each subplot and wonderful endings to the grand stories told.

If we do good, we be good.

Figure E-10

In the multifactorial model, behavior is understood as the outcome of a complex interaction of many parts in a system. Each part contributes to the whole, but the whole is greater than the sum of the parts. Factors related to biology, to the individual, and to the social environment are all important in understanding behavior (the biopsychosocial view). These factors do not simply add together. Rather, they interact multiplicatively, and it is hard to isolate out one or the other factor as more important. Stress is always the expression of such complexity.



Children can be only as great as the educational system that we build for them.

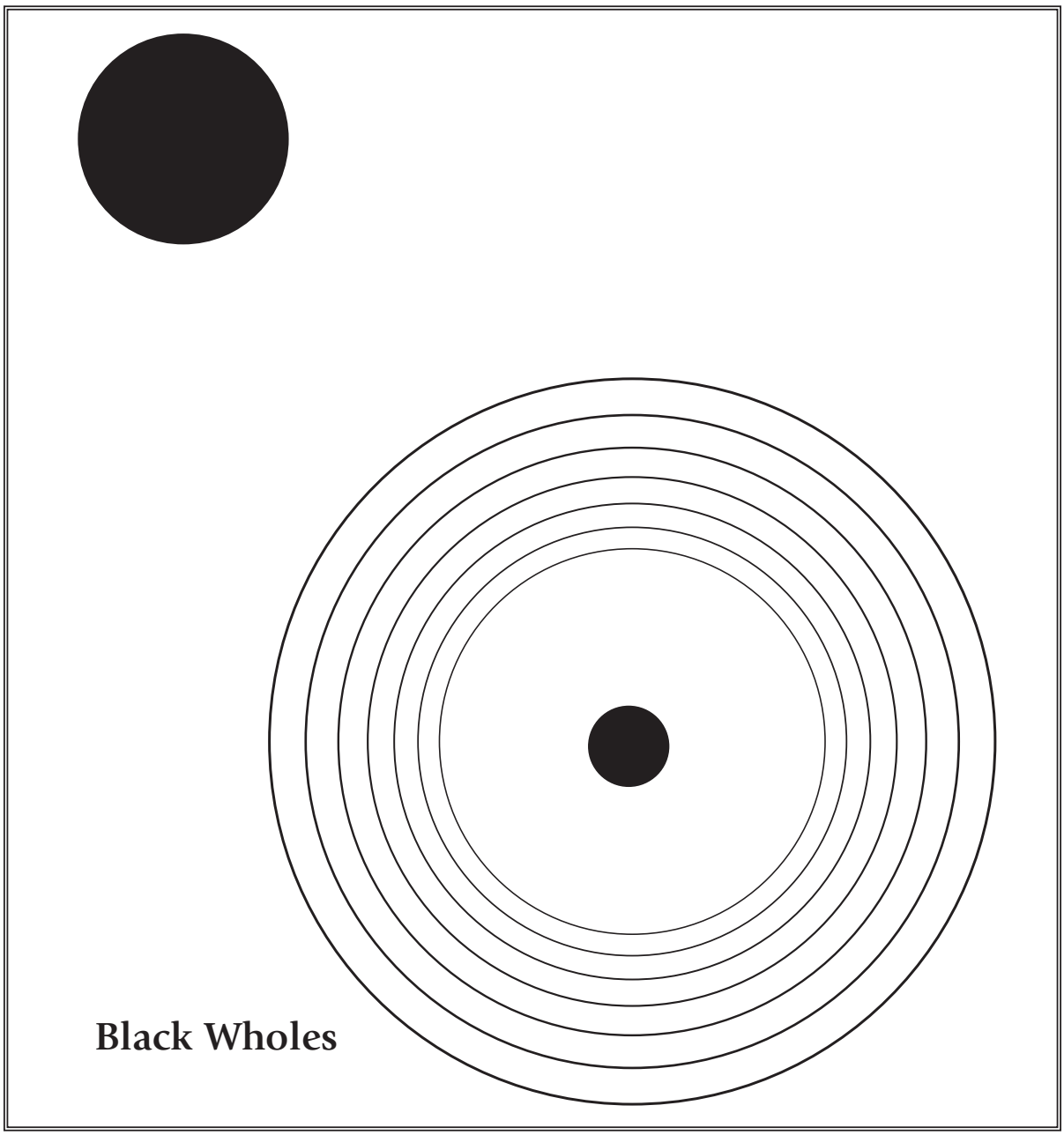
Frontiers may defy us or define us.

Figure E-10. We have seen that there are multiple influences on behavior, from the biological, to the environmental and social, to the personal and individual. In the biopsychosocial model, all these factors are considered important in explaining behavior and how it can get disturbed and lead to psychopathology. To be sure, we function from a physiological basis, with a central nervous system and an autonomic nervous system directing our bodily functions and our involuntary and voluntary movements. Also, the environment in which we find ourselves affords contextual opportunities that allow our behavior to unfold and it has powerful influences on us that contain, control, channel, and even form our behavior. Finally, our personal characteristics, personality, thoughts, emotions, beliefs, attitudes, motivation, will, and so on, influence the manner in which we interact with the environment and manage our biology.

When realism tempers dreams, temper realism with steel.

I am only a part of We, but We is only a part of I.

It is impossible to specify which component among the influences on behavior is more important, because they all act together in synergy to determine behavior. Simple models of behavior are called linear ones, where one factor seems to directly produce one effect. In such models, there may be a dose-response relationship, where the intensity of the input specifies the intensity of the output. However, causality in psychology is never linear because of all the factors involved. Even when it appears that one factor is more important in determining behavior, the others serve as



In the grand scheme of things—the only grand schemes are the ones that we make for ourselves, for others, and for our community and society.

a background. In systems theory, the key concept is that the whole is greater than the sum of its parts, and this is exactly the case in the behavioral system. **In a system, the pattern that emerges out of the interaction of the system elements and its influences may not be recognizable in any one element or influence.**

The biopsychosocial perspective of behavioral determination is a systemic, interactive one. The component influences on behavior multiply together, often in unforeseen ways. If we think of some behaviors that are part of our repertoire, or that emerge in new situations and that have never been expressed before, we may be amazed by them. Nothing could have predicted them from knowing the past, the present, and ourselves. However, perhaps our perspective on the future had been the impetus, had been the one ingredient that pushed us into novel, uncharted directions. It could be that the system just came together in the right away at that time. Stress may be a component of the system, but it does not have to lead us in the negative direction suggested by it. There are always other options, especially when we decide to let our will and goals become part of our behavioral system.

Life starts with DNA —Do Not Abuse.

In this section, I provide an integrative perspective by examining the multiple influences on behavior, from the biological to the environmental to the personal. We have seen that **there are many factors that influence behavior, so that it is hard to single out one of them as primary**. This applies both to understanding people, in general, and to understanding particular individuals. In trying to understand the source of an individual's psychological difficulties, it would

Have A Telling Experience—Help A Soul In Need.

When we think of what is our I, it already was.

We have met our maker— and it is ourselves.

Faith is what we choose to decide. Fate is what we decide to choose.

Perseverance stops severence. Patience starts reverence.

We do not know what is out there—but we do know that we have to be good in here.

Enablement is ennobling.

May peace be with you—and what you do toward peace.

Helping is good for us—and is us.

be too simplistic to say that it is uniquely or fully due to this event or that person. Each of the models that have been described contributes to our understanding of human behavior and the factors that work together to determine it. Because behavior is complexly determined, there are no simple solutions to helping individuals in distress or expressing behavioral difficulties.

Children learn what the world teaches, models, and instructs—but, also, what the world lets them learn by stimulating their curiosity, motivation, and capacity to learn on their own.

As a final conclusion to this book in the book series on rejoining joy and destressing, I emphasize that, in efforts to treat people psychologically, it is best to work with knowledge of all three major levels of the biopsychosocial model, and in a synergistic fashion at the three levels. In addition, we should be aware that the biological component of the model includes evolutionary influences on behavior and that the psychosocial component includes developmental influences on behavior. The risk when we do not adopt such an integrated therapeutic strategy is that we use a piecemeal approach to psychological treatment that will not work, or will work less well. The science of psychology is establishing a solid, if ever changing and improving, knowledge and practical foundation. I would hope that reading this book series contributes toward improving the knowledge base, reflective capacity, emotional propensities, relationships, coping skills, and psychological condition of each reader.

Give children their say so—that they can give to their children.

Walter knew that he had rejoined joy by destressing and dealing with life better. Now he was ready for even more personal growth and social experiences.

IX

Responsibility, Forensics, Causality, Free Will

RESPONSIBILITY. According to me, psychology, the study of behavior, is especially concerned with sense of responsibility. First, are we responsible to our own developmental path, allowing it the conditions to grow toward its full potential? Second, are we good providers to our family, either in a work sense or a caregiving sense, allowing it to grow toward its full potential? Third, do we contribute to the welfare of others around us, being good role models, giving of ourselves, and so on, promoting growth in others to their full potential. Emanuel Levinas, a French philosopher, emphasized the importance of a sense of responsibility as fundamental to the human condition. In development of this proposition, I refer to our ongoing sense of responsibility as "re-responsibility." For me, psychologists need to foster the growth of our multiple, ongoing, continually rededicating re-responsibilities, because we are sentinels for others in our shared responsibility. On the one hand, we are individuals, seeking our identities and differences, our uniqueness and sense of being special but, on the other hand, we all have this growth imperative, to share willingly responsibility continuously. For me, accepting this charge is the quintessential individual expression of our humanity and its validation.

IRRESPONSIBILITY. For the most part, clients visit psychologists because they are in distress. They may know that psychologists engage in talk therapy in a general sense, and they feel that things somehow have to change, but they do not know specifically what must change, how to do it, and the way psychologists can help. Most clients seek genuine change, and listen to the advice of the psychologist, follow techniques learned, are happy to make progress, and so on. However, some clients are not ready for change, and sabotage all efforts at change, being fixated, and they stay as they are. They may appear to be motivated, but are really incapable of change, and stay with their problems. For example, they may have too many past problems to enter a phase of change, willingly or consciously, and stay away from school, work, child care, and so on. They may attribute all their ills people who serve

as scapegoats. If they are suing after an injury, there may be objective evidence that there were many pre-existing problems that can explain, in part or even in full, the ongoing psychological difficulties. They may consciously attempt to paint a worse picture than actually is being experienced, or may malinger for profit motives.

FORENSIC PSYCHOLOGY. Forensic sciences, in general, have become the focus of popular attention, partly because of some spectacular cases covered in the media, and partly because of recent television programmes on crime scene investigations. In general, forensic psychologists deal with psychological issues related to the needs of the court, such as in personal injury lawsuits or tort actions. The role of forensic psychologists is to apply psychological principles and techniques to questions of law, in order to assist the court in its deliberations. Forensic psychologists evaluate individuals who are referred to them using the most appropriate methods supported by scientific research in order to arrive at sound conclusions supported by the scientific literature, and need to maintain an unbiased and ethical stance. The concept of causality is an important one in forensic psychology, and each evaluation undertaken of individuals in forensic assessment must consider carefully questions related to causality. Often, forensic psychologists deal with situations such as the ones just described, where personal injury is involved, and plaintiffs who have been wronged proceed to sue defendants who have been negligent, claiming damages due to their suffering and their long term physical and psychological injury. Therefore, forensic psychologists, in particular, must navigate between determining to what extent an individual's unique set of psychological difficulties after a trauma or the like represent genuine psychological impairments, disabilities, and so on, relative to the normative reactions, or base rates, in the population both, in general, for psychopathology and, specifically, for the typical traumatic events subject to litigation. They take into account issues such as possible malingering.

CAUSALITY. Causality has multiple meanings in psychology. First, it refers to the search for the origins, determinants, and causes of behavior. How does it develop? What are the relative roles of biology and environment, nature and nurture? Does the person contribute to her or his own development? Is there free will in behavior, can we choose our behaviors, or are we at the mercy of our biology and of our environment? Can we perfectly predict behavior at the individual level, should we know the individual's personality and penchants, the context, and her or his past?

Second, with respect to difficulties in behavior, contemporary psychology regards psychopathology as the product of diversity in cause, with multifactorial processes implicated in etiology. Individuals experience vulnerabilities and risks in comparison to resilience and resources. Vulnerabilities are termed diatheses and, in conjunction with stress (or stressors as activators of vulnerabilities), the person manifests psychological difficulties in

transaction with her or his environment. Psychopathology does not lie solely within the person, but lies within his or her relationship with the world from the base of what is within.

Third, in the rehabilitation and forensic fields, causality refers to the process of establishing the degree to which an index event such as a traumatic motor vehicle accident has contributed to an individual's ongoing psychological impairments relative to pre-existing factors, confounding factors, and so on. Are the psychological impairments disabling, permanent, serious, and so on?

The new math: How does our culture compare with others in education provided and morality taught.

Finally, causality speaks to the scientific process at the heart of psychological inquiry. In our experiments we use statistics. A common one is correlation, where the association between two measures is examined, e.g., if parents praise to a high degree their children, is the children's compliance higher or lower. Correlations measure the degree of association between measures, and can be negative or positive. For example, to answer the above question, in general, praise positively correlates with child compliance. However, correlation does not necessarily mean causation. It could be that a third variable explains the correlation. For example, in the present example, perhaps the parents possessed genes for a positive temperament and had passed on genes for such a temperament to the child, which allowed, on the one hand, the parents to praise readily the child, and on the other hand, the child to comply readily with the parents, creating a situation where the correlation that had been found seemed explanatory but, in fact, had been due to another factor. In another example, apparently, more babies are born in the spring in England when storks return from their wintering grounds, but few, aside from baby storks, would believe in this case that correlation means causation.

FREE WILL. Are we truly capable of thinking for ourselves? Do we have free will that can take us in the individual directions that we want for ourselves? Behavior is the output of responses deriving from the matrix of stimuli impinging on the person, considering contextual factors. Behaviorism maintains that mental phenomena do not intervene in the relationship or association between stimuli and responses. Rather, the external environment bears this responsibility, because the environment alters response output relative to stimuli input through contingencies and consequences it sets up through reinforcements, rewards, punishments, or lack of response, as happens with parents raising children, trainers of animals, and so on.

Other schools of thought maintain that mental phenomena are present and important in our commerce with the environment; that we are not passive recipients of stimuli in the environment but actively filter stimuli, pay attention to them, are motivated to do so; and that we think about the stimuli and their impact on us, so that we do not simply

submit to environmental shaping, etc. We are curious, constructive, mediating, and so on. We have a mind, a will, and even a free will, that can intervene to allow us to choose a behavioral path not necessarily prescribed by the confluence of stimuli in our environment in the present and the history of shaping events that we had experienced in the past.

We are not deterministically fashioned by our nature, our genes and biology, or our nurture, our environment and experiences, because we also have a significant role to play in determining our behavior. We have options, and can choose appropriate paths, or we can choose to seek help to learn how to free ourselves from biological or environmental constraints and put our own voice into the causal mix. We can learn to become aware, conscious, take ownership, and have our own mind, and not only be subject to unconscious pulls, conflicts from the past, biological limits, dictates from family, school, culture or society, and our own trepidations. We can dream, be optimistic, have hope to go beyond ourselves, reach beyond the current environment, visualize horizons not yet known, fathom different futures, facilitate unpredictability in our life course, realize unpredictable emergences from it, and believe in the impalpable, the spiritual, and the unknowable.

We are not reductionistic engines but human wholes, whose systems dynamically evolve. There may be regression, but the inherent programme governing our paths is one of progression. There may be turbulence, but the natural force underlying our paths is growth. Certain schools in science, philosophy, and other disciplines may pretend that free will is a figment of our imagination, but if we believe this, it will never develop. Belief precedes actualization, and a belief in free will precedes its emergence. Life is a bubbly froth that takes shape out of the pattern of the bubbles, and the cook is unknown. Free will is not a particular bubble in the froth, but a product of the whole, an underlying theme that we choose to believe in or not. Psychologists need to work with this theme that free will exists, to better effect positive change in clients. Individuals need to believe that change is possible, that free will exists or can come to exist, in order to self-regulate toward change. These forms of free will are more important than philosophical debates about whether free will really exists.

Therefore, from my point of view, a sense of freedom is a cognitive construct, one more belief in the network of beliefs that govern our lives, and that emerges out of our transactions with the world about us. It can be fashioned to become essential to our self-definition, so that we are assertive, independent, have an internal locus of control, and are free to make important decisions in our lives. However, the opposite may obtain. Experience may reduce our sense of having free will, as our locus of control gravitates to the external rather than the internal, where we believe that external agents are the sources of control in our lives. We become passive, resigned to our fate, non-assertive, dependent, and

feel that there is no free will.

Given that a sense of free will is a cognitive construct, then it makes sense that its complexity evolves with the increasing complexity of our developing cognition in adulthood. We have seen that I have described the adult period of thought as a complex, abstract one, e.g., involving the ability to create higher-order abstract systems, to create shared abstract cognitive structures, and so on. In this sense, the sense of a freedom of will may undergo cognitive transformation in the adult. It may develop from an abstract concept that exists as an isolated part of a wider abstract cognitive network without a genuine sense of freedom involved, where it is not especially embedded, to one that becomes increasingly impregnated in one's abstract cognitive network. Thus, a sense of free will may develop to become increasingly shared with others, creating superordinate networks, or collective ones, that feed back to the individuals involved, and hopefully to others. As an individual's sense of freedom grows and is protected better, and as groups of individuals' sense of freedom grows and is protected better, the foundational ideas of our society, such as the value of democracy and of helping those in need, grow and are protected better, as well.

X Conclusions

HELPING. It is important for us to understand our strengths and weaknesses, in order to work with the former and reduce the latter, to make our lives more enjoyable, our relationships more positive, and our daily functioning with family, friends, school, work, and so on, more fulfilling and productive. Our psychological activity is a complex web of interrelated activities that no one school of thought can succinctly capture. Often, compared to fancy theories, our intuitions about behavior grasp better the validity of the workings of behavior. Folk psychology existed well before academic psychology. Common sense got us through generations without the presence of mental health professionals. Nevertheless, I hope that I have shown that psychology has accumulated a fund of theory, knowledge, and wisdom that can help people in distress.

Behavior and our relationships constitute a universe waiting for further discovery, and psychologists find the task exhilarating, especially when we come up with theories and therapeutic techniques that help our clients. But we cannot do it without our clients. We realize that their knowledge about their lives can be profound, and we keep probing for it. Often, clients bring with them not only their problems but also their solutions. Clients harbor many parts, and the positive ones, or solution-focussed ones, may be hidden, masked, or afraid to speak out. As psychologists, our task is to bring out these positives, and have clients learn that they can do it, and that they can themselves resolve problems and work on psychological disturbance. Psychologists see clients in the short term, for the most part, and want to provide them skills so that they can continue on in their lives successfully without us.

Most people can profit from learning stress management procedures for, in a certain sense, we are constantly in rehabilitation, as we try to optimize our growth and try to deal with and recover from the stresses and strains of daily life. Each time we exercise physically, our

muscles strengthen through the repair processes of the minor tissue damage that the exercise brings. Similarly, each time we tackle important issues in life, deal with unexpected stresses, and so forth, we experience tears to our psychological make-up, and then proceed to repair them, hopefully in an effective manner that adds to our resilience. Psychology and its practitioners can be an important facilitator for many people in this growth process inherent in each of us.

GROWTH. My own developmental model is described in Young (1997). In it, I contend that over the course of the lifespan there are five stages in development, from the reflexive to the stage of "collective" intelligence. There are three reasons why I call the adult stage of cognitive development the stage of "collective" intelligence. **1.** The adult stage of cognitive development lies beyond the adolescent one that Piaget described, and it allows us to create superordinate abstract structures, as in developing systems of moral thought to guide us in our lives, or in writing research books and job manuals. It marks us as cognitively different from adolescents, whose abstract logic is more limited. **2.** More important, for me, adult cognition is very social in that, as adults, we not only create these superordinate abstract structures but also we do so especially in teams, by brainstorming, and so on. This indicates to me that as adults our intelligence is collective, in that we function as teams in creating our collection of ideas. **3.** Third, when we do so, we think with our hearts and minds working together, or collectively genuine abstract thinking is always emotionally informed and embedded.

This model is an especially interactive one, for it indicates that our intelligence is shared with other people in its creation and in its application. It suggests that there are 25 steps or substages in development stretching across the lifespan, given that the five major stages that are proposed are considered to unfold through a series of five substages that repeat within each stage. The 25 stages are universal, or constant for each person, but there is much room for the expression of individual differences in this ladder structure.

The model describes that each of the proposed 25 steps in development presents a challenge, with the degree of support in the environment determining to what extent each challenge is met effectively. When difficulties arise in terms of these challenges, then the underlying cognitive structure of the developing person is affected. Negative experiences may channel her or him to have a lack of clear understanding of other people. These misunderstandings act as filters in how we perceive and eventually behave toward and relate to other people. For example, children may develop a perspective of other people that they are manipulative or insensitive and, in turn, they may become insensitive to other people. Later on in life, they can become cold and controlling toward the other, and even abusive. In my model, I call these cognitive structures that we develop about other people "cognitive misperceptions of the other." Given that my

25-stage model of development describes 25 challenges that we face as we develop, up to 25 different corresponding cognitive misperceptions of the other are possible. The goal of positive development is to alter cognitive misperceptions to constructive ones.

ACTIVATION/INHIBITION. In my 1997 book, I characterized left hemisphere function, in general, as activation-inhibition coordination, because it regulates refined integrations in behavior, thought, and so on. In relation to possible underlying brain functions, music is more of a right- than a left-hemisphere function. In contrast, the left hemisphere is more verbal than the right. Also, it functions in a more sequential manner, putting movement and thought into coherent series. In general, the right hemisphere is more spatial and holistic, organizing patterns. The two hemispheres always work together, and each can perform the functions of the other, but not as well. Also an important part of their functions includes inhibitory skills, or stopping functions. For example, the left hemisphere is more language-oriented in function because it not only activates well the muscle sequences involved in speech but also because it stops well any interfering movements, allowing coordinated muscle activation in fine movements of the mouth and speech apparatus and well-formed sounds in speech.

We are in constant dynamic emergence reflective of multiple dynamic interactions.

Therefore, one manner of looking at behavior and its component processes no matter what level we examine is that, in general, it reflects a fine balance in activation/inhibition coordination. This coordination should be evident in the workings of the brain, and in any type of behavior, from the simplest to the most complex, such as the grand narratives that we tell to ourselves and to others. At the simplest level, the baby reaching provides a good example. The infant will knock over the target object as it activates toward the target unless she or he can open the hand at the right moment and inhibit interfering movements as the hand directs toward the target.

The concept of activation/inhibition coordination may help us understand more complex behavior. For example, psychological treatment of any sort may involve the correction of inappropriate activation/inhibition coordination in behavior, habits, thought, emotions, and goals. By building on or activating clients' strengths, positive qualities, core values, and so on, negative cognitions, bad habits, and so on, may be easier to control or inhibit. Furthermore, whatever technique is used to do this, whether cognitive-behavioral or otherwise the specified altered, may be secondary to the facilitative process being tapped, that is, in terms of improving the quality of appropriate activation/inhibition coordination. Similarly, with respect to passage through developmental levels, the system may re-organize in terms different activation/inhibition dynamics. To repeat, the advantage of this lang-

uage is that the brain is described in terms of activation and inhibition, and different levels of behavior fit this language, as well, so that it offers a general mechanism to describe behavior change in the short term and in the long term, and underlying central nervous system change, as well.

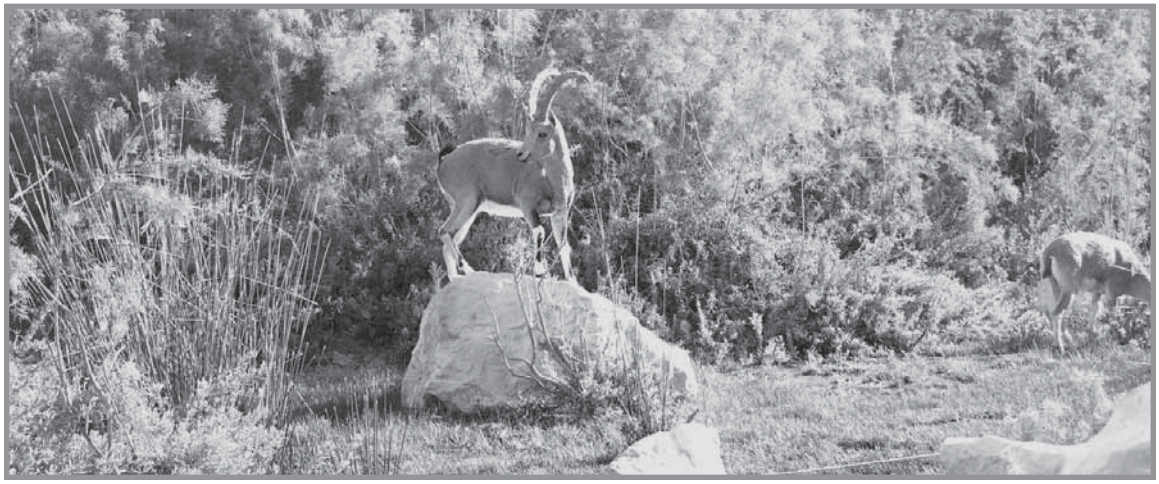
EVIDENCE. Psychology is evidence-based, relying on objective data from comparative scientific research to support its efficacy. That is, it is subject to and supported by rigorous, experimental research. In this type of research, ideally, there is: *a)* careful selection and description of the sample of clients used in the study, with the clients having been chosen to be representative of the general population as best as possible, and the sample size is large, *b)* assignment of clients randomly to therapeutic and control groups [such as alternate therapy groups and wait list groups], *c)* the use of manuals or other means of regularizing treatment by therapists participating in the research, *d)* measurement of pre-treatment and post-treatment levels of key behaviors or psychological constructs, by operationalized, reliable, and valid measures [which are repeatable, and which measure what they are supposed to, respectively], *e)* follow-up evaluations, such as one year after treatment ends, *f)* blind scoring of protocols, or the collection of numerical scores, with scoring by trained scorers using standardized scoring procedures [with pairs of scorers used to check each other], *g)* data analysis using scientific statistics [such as t-tests to check for differences between the groups and correlational statistics to see whether the measures are related to each other], *h)* careful interpretation of the resulting empirical data, considering the scientific literature that had produced the hypothesis, which is the expectation about the research study results projected before the study had been undertaken, and *i)* discussion of the limits of the research and future directions that the research in the field should take.

We need to keep in mind that psychology is an imperfect science, which can be stated for any scientific area, but sometimes this applies moreso to psychology partly because of the complexity of the topic studied, that of human behavior, and partly because of the difficulty in conducting science with humans, e.g., there are ethical limitations to the types of scientific studies that we can perform, such as with children. Information is defined as the reduction of uncertainty rather than the acquisition of certainty, and this rings true especially for psychology. Our science is young, so that its fund of accepted theory and knowledge is still uneven and marked by imprecision despite our ongoing efforts to minimize imprecision and increase accuracy. Moreover, human behavior is never strictly lawful, or explained by simple formula applicable to all. Nor should it be, given the range of individual differences encountered in human behavior, although psychologists are working toward developing better general laws of behavior, including ones that allow better predictions of individual differences in behavior. Nevertheless, our

ability to predict any one individual's behavior perfectly, despite gathering comprehensively as much information as we can about her or him, remains imprecise, and so our predictions or prognoses are couched in probabilistic terms, often at levels that are less precise than those found in natural sciences and often at levels that are less precise than the courts may want. However, we psychologists are content with our process, as we move inexorably towards a sounder description of human behavior and its explanation, a better capacity to predict individual behavior, and an increased ability to help clients. As psychologists, we revel in the healthy debates that mark our field, its outstanding and ever changing issues, the complicated questions that we ask about behavior, and the ongoing research aimed at improving our understanding of human behavior.

Finally, all science undergoes periodic paradigm shifts, and the same will happen one day with all aspects of psychology, including cognitive behavioral therapy. Most likely, a better treatment will emerge directly from cognitive behavioral therapy, or it could be that a new type of treatment emerges altogether to take its place. Most likely, it will be more integrative, and consistent with models derived from basic and applied research together. Psychology is a positivistic science, based on empirical data gathered in objective research but, at the same time, it needs innovative thinking, which may be more qualitative, less data-oriented, and more postmodern in approach, or less tied to current thoughts and research directions. This type of thinking may help drive the progress needed for the field to advance toward paradigm shifts.

To conclude, as the study of behavior, psychology has made great strides, and it lies on the critical threshold of further change. Its core knowledge has reached a stable plateau where we can understand much of human behavior in a general sense. However, effort to understand particular individuals in treatment remains a difficult task, and although advances are being made in developing appropriate therapies, much progress still must be made. Just as we grow, so will psychology.



Behavior is the result of heredity and learning. New behavior is the result of you.

Words are tools. Narratives are towers.

Being personable is part of being an able person.

Part II

Rehabilitation Therapy

A Dynamic, Integrated, Componential, Transitional Approach to the Whole Individual [or Node/Unit]

INTRODUCTION

Jane has been devastated by her motor vehicle accident. Due to the impact of the accident, her knees were trapped under the dashboard and she fractured her right leg in several places. She required several surgeries, and hardware was inserted in her left calf. In addition, she has had continual neck and lower back pain from "whiplash." Moreover, she had bumped her head quite severely, and sustained a mild concussion. Finally, she does not remember much about the accident and the ambulance ride, but she remembers very clearly how intense had been the pain in the hospital, especially after some of the procedures. These have been relived through ruminations and flashbacks.

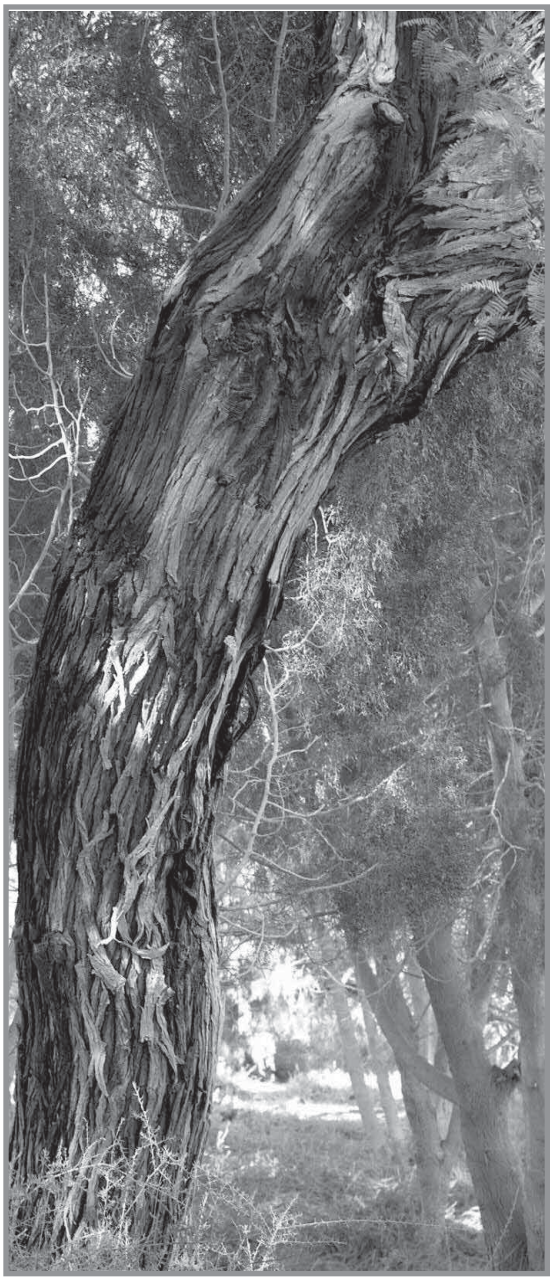
About her background, Jane married young, and had been making the best with her high school diploma. She had been a hard-working administrative assistant, aiming to get a promotion. She worked hard at home, as well, raising her daughter with her partner, doing much of the chores and cleaning, and so on. After the accident, at first, she needed a wheel chair, then a walker, and then she progressed to crutches. She has endured months of physical therapy after her one-month hospital stay for her injuries. Her partner has taken on much more at home with respect to their daughter and chores, and he is frustrated. The assistance offered by insurance and government resources has been insufficient for their needs. Jane is referred to a psychologist for difficulty dealing with her pain, for anxiety, depression, and irritability, and for an increasing inability to stay focused and hopeful. She is also fearful of driving. She enters the office on crutches. She appears distressed, and tears well up in her eyes as she attempts to extend her hand toward me.

I had read the prior reports from other professionals, and discovered that surgeries prior to the accident had been minor. In her history of stressors that she had reported to her other doctors, she had mentioned some abuse that she had endured in her prior relationship, when she was a younger teenager, and some run-ins with the police when her past partner had led her astray for a while. She had described her relationship with her father as "strained," and the one with her mother as "average."

Jane's story is one that continues. She has been a patient of mine for several months, and we are beginning to make progress on some of her issues. At the same time, I had undertaken a comprehensive assessment in order to fully understand her symptoms, diagnoses, disorders, impairments, disabilities, and prognosis. In the present chapter, I will indicate how one undertakes psychotherapy with complex cases such as Jane's.

Typically, psychologists and other mental health professionals adopt an integrated approach to rehabilitative psychotherapy. They attempt to treat clients as individuals, and they consider the full range of the psychological consequences that their clients had experienced through the effects of any injury, traumatic accident, or illness. At the same time, psychologists need to know well the scientific and professional literature related to the case at hand and the normative expectations for the range of psychological difficulties that they are addressing in their clients. Additionally, psychologists need to consider the therapeutic approaches that work best for each difficulty presented by clients, while not forgetting the whole person and how best to create rapport and trust in the therapeutic relationship.

In the present essay, I deal with psychological treatment, in general, as it applies to the rehabilitative context, and exclude treatment of traumatic brain injury, other neurological injury, and spinal cord injury. For the most part, the principles and procedures illustrated apply equally to adults and children. However, as I proceed, I mention special considerations for children. In writing the essay, I consulted recent texts on the topic, especially by Taylor (2006; Also see Bourne, 2005; Cash, 2006; and Zayfert and Becker, 2006).



II

GENERAL PRINCIPLES

For psychological therapy to be effective, we need to consider in an integrated manner all relevant levels of the person and of the therapy that best matches each component. There are many components to the person, whether an individual adult, child, or part of a family, and each needs to be understood and worked with in therapy in a whole person/family approach.

In order to accomplish these goals, the psychologist or mental health professional considers the following [As I proceed, for purposes of simplicity, I refer to all mental health professionals as "psychologists"].

First, the psychologist asks what is the context or the setting, a knowledge necessary for the psychologist to have complete understanding of the child/client/family. In dealing with the person, the therapist needs to perceive the whole.

Second, in order to grasp the whole, the assessment conducted by the psychologist needs to be comprehensive.

Third, in order to understand the whole client/child/family, the psychologist proceeds from an understanding that usually there are multiple dimensions to causality; the dimensions need to be examined in an integrated manner.

Fourth, therapy should be integrative and eclectic, which means that the therapeutic approach for any one individual or family should take the best from available therapies in order to meet the individual needs of the client and family in light of their difficulties. The therapy needs to consider the whole.

Overall, the psychologist needs to look at all of the components when assessing the person/family and when undertaking therapy. She/he needs to consider all relevant levels of assessment and of treatment in order to understand individual adults/children and their families, and in order to help them and have them evolve.

III

RELEVANT DEFINITIONS

Psychology is a science that functions from carefully defined terms, concepts, theories, and therapies. In order to introduce the multiple factors needing consideration in undertaking effective psychological treatment, I introduce the following definitions.

REHABILITATION: To optimize the clients' recovery to the fullest degree possible from the psychological effects of an injury or chronic illness. To coordinate with other professionals involved, in efforts to ensure return to prior levels of independence, functionality, and well-being, for example, in personal care, mobility, education, work, homecare, or caregiving or, should full recovery be impossible, to ensure adjustment to any permanent impairments, disabilities, losses, and so on. To advocate for the client, or facilitate self-advocacy, when essential services are not forthcoming but are required.

THERAPY: To implement individualized client, child, and/or family treatment strategies that are consistent with the scientific literature, e.g., evidence-based. The treatment addresses cognitive, emotional, behavioral, or related disturbances by recognized psychotherapeutic means, after having established a therapeutic relationship.

DYNAMIC: To constantly adapt to the needs of the client/child/family, and to relevant contextual factors, and so forth. With respect to a child, this includes constant adaptation to the dynamic changes that accompany development. For any client, child or adult, this refers to the constant adaptation needed as the child/adult/family passes through transitions in recovery or adaptation to disability.

INTEGRATED: In terms of therapeutic approach, the psychologist needs to adopt an eclectic, holistic, or overarching perspective that adapts to the individual's full range of needs, rather than adhering to only one therapeutic approach for each client.

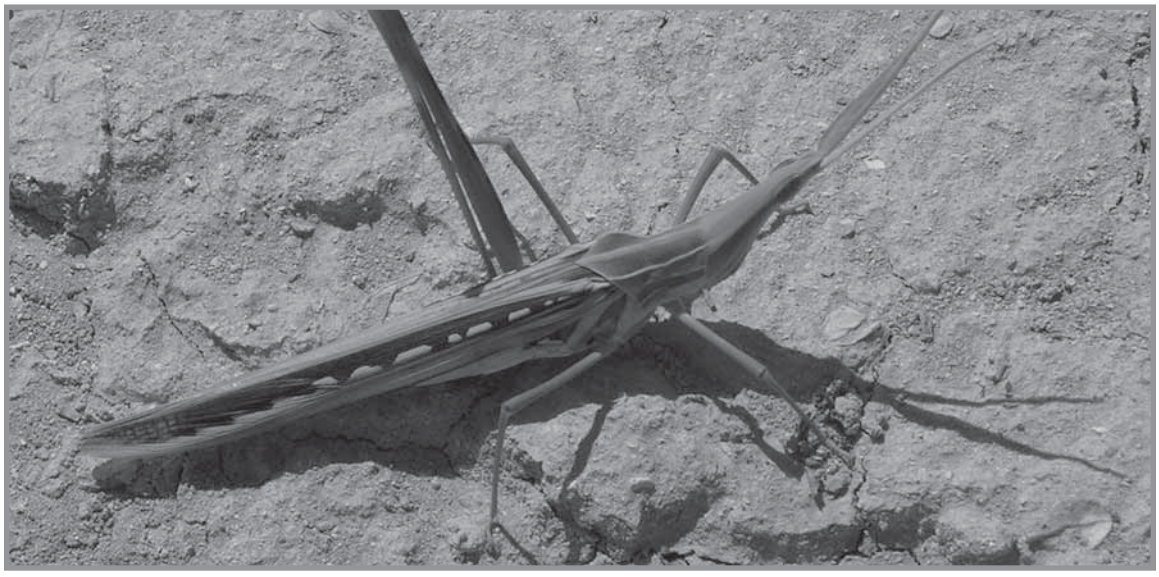
COMPONENTIAL: In terms of any type of client, whether adult, child, or family, the psychologist needs to consider the

full range of components that are crucial to successful recovery and adaptation, in a whole-person perspective.

TRANSITIONAL: Ideally, adults/children/families are always in transition, growing, and wanting to move forward. At the general or macro level, in therapy, the psychologist should work toward re-instituting this growth perspective, no matter to what degree there are residual, permanent disturbances. The concept of transition also applies to the micro level; that is, the therapist should facilitate progress in working through particular difficulties that the individuals/families are confronting.

WHOLE INDIVIDUAL: For psychological treatment to be effective, the treatment plan or formulation must address all relevant difficulties and adopt an integrated perspective—one that is systems-oriented. It is a truism that the whole is bigger than the sum of the parts, but in the case of rehabilitation involving multiple difficulties among clients, both physical and mental, working with multiple professionals, and/or involving children and families, this is doubly so.

[OR NODE/UNIT]: The therapist may have to deal with the family doctor, other doctors, other mental health professionals, other rehabilitation workers, speech pathologists, occupational therapists, physiotherapists, and so on, and also schools, teachers, work sites, supervisors, human resources, third party payors, case managers, and so on. The system with which a psychologist must deal in a particular case could be quite broad.



If behavior was just about "doing" rather than about "being," it would be called "dohaviour."

IV

SETTING THE STAGE FOR THERAPY

Before engaging in the therapeutic process, the psychologist considers the referral question; who made the referral, what presenting issues had been mentioned, what questions had been asked, and so on.

Once the first appointment is made, the psychologist acquires all relevant information, undertakes an assessment, and prepares for the therapy that will ensue. It is recognized that, in a certain sense, therapy actually begins with the first session when information is being acquired, because already the therapist is attempting to create rapport, and the manner of asking questions may already be motivational (Taylor, 2006).

The therapist explains what will happen in the assessment and in the therapy phases (therapy takes place if the assessment determines that therapy will be needed). The therapist explains the risks and benefits. It is crucial to obtain voluntary, informed consent, and the therapist informs the client about confidentiality, and any limits to it (e.g., any need to share information with the third party payor, family doctor). In the case of a child client, the therapist obtains consent from the parent(s) or legal guardian(s), and assent, or willingness to participate, from the child.

Psychological treatment works as much through general characteristics of the therapeutic environment, characteristics of the therapist, and the match between the therapist and the client as it does through applying techniques and procedures known to be effective. The therapist should be warm, genuine, accepting, open, empathic, and nonjudgemental, for example, and work at creating trust and rapport. In creating rapport, the therapist also evaluates how to create a safe and respectful environment, get down to the level of client, especially for children, etc.

To fully understand the client and the difficulties being expressed, the psychologist considers developmental level, sex, race, culture, and related demographics. Especially for children, the client needs to be aware of normative or typical developmental acquisitions and the challenges presented by each developmental phase.

The therapist ascertains the client's personal network, especially in family life, if dealing with a child, and especially in relationship characteristics, if dealing with a couple. The therapist includes significant others in cases of family and couple counselling and, otherwise, needs to learn about the social context in which the client functions. In rehabilitation, therapy often involves the wider social network of family, partners, and even friends.

Aside from addressing particular issues confronting clients, the therapist needs to be attuned to other corollary external stressors, and the degree to which clients have available adequate coping skills, personal resources, and social supports. In the case of a child, for example, one determines the parental configuration, has there been a separation/divorce, was conflict involved, how did the child react had there been conflict, etc. For a couple, the pre-existing and concurrent stresses confronting the partners may relate to financial, familial/parental, or prior relationship matters, and so on.

We power the grip of the day's tasks by the dreams of the night's hopes.

In considering the whole context of the client, the therapist adopts an ecological approach, exploring the various pertinent settings, such as *a)* for a child, school issues/classroom dynamics/ teacher response and work of parents/ caregivers, and *b)* for an adult, work responsibilities and coworker conflicts, etc.

The astute psychologist listens to the particular difficulties being described verbally by clients, but is alert to relevant nonverbal behavior that may add further information. Moreover, the psychologist is keenly aware that there may be problems beyond those being verbally presented, which often is the case.

A major responsibility in assessment and therapy is to establish as soon as one can whether there are immediate threats of bodily harm to self, to others, or to both. For example, the psychologist ascertains whether there suicidal intention, homicidal intention, child abuse, or partner abuse.

In addition, the psychologist examines indicators of any high-risk behavior, such as for substance abuse, delinquency, etc.

The psychologist always carefully evaluates the mental status of clients, to what degree are they alert and concentrating, participating actively in session, following the thread of the conversation, displaying adequate memory, and so on.

As mentioned, the psychologist evaluates relevant nonverbal behavior. This is especially important for children, but also for couples and for individuals in rehabilitation. Also, in terms of mood and affect, are they distant and impassive, visibly upset, and so on? How do children react in play therapy? Pain patients may express exaggerated pain behavior or, conversely, be stoic about their pain, and so on, and these individual differences are important to consider.

In assessing the client, the psychologist establishes the history of the symptoms and all relevant factors, through interview, the administration of appropriate instruments or tests, and use of any collateral or secondary information.

The psychologist considers the impact of developmental history, in

general, beyond the question of parental marital status, and how the client may have reacted to conflict.

The psychologist determines the role that symptoms may be playing. The classic example is that for a child client, the family may be scapegoating the child, as it leaves other issues aside, thereby displacing familial distress on the child. For a patient in rehabilitative therapy, the symptoms may be expressed as ways of getting attention, satisfying dependency needs, or obtaining other secondary gains, such as staying off work while getting benefits, or they may even be expressions of conscious malingering for monetary gain, and so on.

The psychologist can obtain a complete understanding of a client only after determining what strengths characterize the client. What are the client's relevant positive personality or temperamental attributes, leisure activities/hobbies, coping skills, social skills, and so on? Is the client hopeful about therapy, motivated, readily engaged, optimistic, ready for change, and so on? How do these different questions apply to the family and partner, if applicable, in the case at hand?

Before assuming that a client is expressing purely mental, emotional, cognitive, or behavioral difficulties, the psychologist verifies that the client is being monitored medically. In rehabilitation, it is imperative that the psychologist obtains the relevant medical documentation, consults consistently with the primary physician and rehabilitation team, etc. The psychologist is aware of what medications are being taken, their symptom management capacities, and their side effects, especially when there are several in a "drug cocktail," and compounding effects are more likely.

Prognosis refers to the expected course of the symptoms, both with and without appropriate treatment. Is full recovery possible in a rehabilitation case, especially when there are synergistic physical and psychological effects? Will a child expressing Posttraumatic Stress Disorder be able to fully surmount the disorder?

It is important to recognize possible barriers to recovery, and any complications that could impede recovery, taking steps to address these when they call for intervention other than psychotherapy.

Ultimately, the client's recovery will happen best when she or he learns adequate coping skills, and there is the presence of at least some resilience. These aspects of the client's condition should be evaluated, especially when poor coping skills constitute a risk to recovery.

Psychology is about individual differences as much as universal behavior. Psychologists determine individual differences in personality in the adult or temperament in the child. Where relevant, they diagnose the presence of personality disorders, and consider these in the context of prognosis and whether the client is a good candidate for therapy, potentially showing cooperation with or adherence to treatment.

Psychologists understand the role that diagnoses play in the assessment and therapeutic process. In their assessments, they are comprehensive, impartial, careful, etc., considering all relevant sources of information and all possible conclusions. The goal is not to arrive at a diagnosis and to treat it, but to understand the full symptom array of the individual, to see the whole person, and to help the person improve, adapt, and move on. When a diagnosis needs to be given, however (e.g., to specify the diagnosis in a treatment plan and formulation sent to a third party payor), the psychologist carefully determines it, differentially evaluating it, and ruling out alternatives.

The psychologist remains continually vigilant to all the parameters of the whole therapeutic system, from seeing the client as an individual and a whole person, to including all relevant family members or the partner, if any, to being aware of the client's complete ecological setting, to understanding her or his role among other professionals involved in the case, for example, rehabilitation ones, and to being aware of her or his own biases, lacunae in expertise, etc. Examining and working at all levels simultaneously allows the psychologist to grasp the "big picture." For example, if the psychologist works only at one level of the client's system, the problem may not be treatable or, it may not be fully resolved. Or, in attempting to deal only with one level, the psychologist may cause other problems to develop in different areas should the original problem seem controlled. When the psychologist perceives the whole, including all relevant parameters of the client and system, optimal progress in therapy is facilitated. By not losing perspective of the whole, the psychologist perceives the big picture and fully considers each of the components of each person in need of therapy, as described in the following.

V

COMPONENTS OF THERAPY

1. *General Approach*

In general, when it is functioning optimally, psychotherapy is especially facilitative, not directional. That is, the best psychotherapy elicits in clients the capacity to change for the better by solutions that they develop themselves. Psychotherapy should empower clients to take control of their lives, adapt and adjust, and alter the trying circumstances or alter the difficult mindset that had occasioned the first visit. There may be a limited amount of sessions available to the therapist, and by thinking in terms of enabling a client to deal with by themselves after the sessions are completed the presenting and related issues, the therapist is better ensuring long-term therapeutic success. By not being directive in therapy, the therapist is adopting a psychotherapeutic stance of possibility, that the client already has the solutions or can develop the solutions to the issues being faced. This type of psychotherapy has been called "solution-focused" but, in general, psychotherapy is becoming more positive-focused, empowering, enabling, and respectful of the client as an equal partner in psychotherapy. This is especially true in rehabilitation, where clients had been considered "disabled," "handicapped," and so on, rather than "differently advantaged," a "person with a disability" or other more positive constructions. Therefore, as therapists, in order to help clients confront their challenges, we need to facilitate that they uncover the solutions already present but hidden or that they discover new solutions by themselves. The clients will have learned to self-monitor difficulties as they arise, and the therapist needs to instill confidence that, should further difficulties arise, the clients can deal with them in an effective manner.

Therapy is just a starting point; it should help clients build positives, construct good habits, acquire control of negatives and bad habits, and so on. I call the therapy that I practice, "transitional" (Young, 1997); we help people reach the point where their developmental program can unfold, and that the transitions are navigated optimally. Another way of looking at transitions is that for any problem there are 10 phases in dealing with them that have to be traversed optimally. **1.** defining clearly the problem, **2.** breaking it down into its components, **3.** determining what is needed to resolve them, **4.** deploying appropriate coping mechanisms and

supports, **5.** deciding how to deal with barriers and complications, **6.** working out solution options, **7.** seeing why any past attempted solutions have not worked, **8.** seeing the advantages and disadvantages of the new proposed solutions, **9.** implementing the best one of the options, and **10.** monitoring the results in order to establish whether the plans have to be altered. In this conceptualization, we are facilitating the natural unfolding of the individual or family, in their positive motivations, in their growth, in their style of dealing with problems, in their functionality, and so on.

Sometimes, I refer to the therapy that I practice as Action, Distraction, and Positive Attraction; by keeping busy, distracting oneself when one is not busy, and learning to perceive and think positively, have hope and optimism, and so on, we can deal better with difficulties encountered. In addition, I may indicate that therapy is a process of improving activation-inhibition coordination (Young, 1997); by controlling bad habits and allowing good habits to replace them, we can better move forward. In general, in therapy I function from the perspective that we can "surround" the negatives with positives, better controlling them; it is impractical to think that the negatives can be stopped or suppressed without learning positives.

At the same time, it may be too difficult for clients to make any progress, despite professed positive intentions. Perhaps they cannot learn more positive behavior because old habits are too deeply entrenched. Or, the clients may even sabotage the therapeutic process, or self-sabotage any constructive learning that is taking place, blaming any one else. It is also possible that clients do not make progress because of therapist error. For example, the assessment may have been off mark, despite the therapist's conscientious effort to be comprehensive. In such cases, the therapist re-evaluates the client's difficulties, resources, and diagnoses, treatment plans, and case formulations. In other cases, perhaps progress is lacking because short term therapy is not enough. When problems are difficult to equilibrate, (for example, the client/family are very conflicted, there are powerful unconscious issues, the past has been quite difficult, e.g., there had been extreme abuse, and so on), longer term therapy is needed. With effective long term therapy, in general, the client/family can release their natural developmental unfolding and permit positive transitions and problem solving in dealing with issues being faced.

2. *Specific Levels*

A. Individual

- Psychoeducational, instructional
- Physiological
- Behavioral
- Action tendencies, inhibitory control
- Cognitive
- Affective, emotional, intrapersonal
- Social, relational, interpersonal
- Self esteem, motivational
- Coping, problem solving
- Broader cognitive constructions

B. Supplementary

- Familial
- [Educational/Vocational, visiting school/workplace, etc., if necessary]
- [Intellectual remediation, if applicable, of school performance]
- [Cognitive remediation, if applicable, of a traumatic brain injury]
- Systemic, whole system

VI

SPECIFIC PROCEDURES AND TECHNIQUES

Individual Levels 1–2

1. ***Psychoeducational, instructional***

After having completed the relevant paperwork, the assessment, and rapport building, the psychologist can help the therapeutic process by providing feedback on the nature of the client's symptoms, impairments, diagnoses, and so forth, what is the expected symptom course without treatment, the expected course with treatment, the prognosis, the therapeutic recommendations (treatment plan, number of sessions, etc.), and type of therapy to follow. Much of the feedback functions to alleviate incorrect knowledge about the client's condition, and how therapy can help.

In the rehabilitation context of accidents, trauma, pain, stress, closed head injury, etc., the initial instructional component in therapy is extremely important. The psychologist needs to explain her or his role in the rehabilitative team that may have been assembled, the complexity of the symptoms, the interaction between physical injury and psychological effect, the value of any techniques that, on the surface, appear to harm (exposure), how therapy can help, and how significant others can help. This component of therapy continues as needed, e.g., with new rehabilitative developments, upcoming surgery, etc.; in rehabilitation, feedback is ongoing. When a child is involved, psychoeducational activities consider the child's developmental level and include the family.

There is also the aspect of working with other professionals on the case, which may begin right in the hospital after the injury/trauma. At times, the psychologist needs to explain to these other workers the interaction of physical symptoms and mental factors, or the mind-body interaction.

2. ***Physiological***

Cognitive behavioral therapy (CBT) is the primary therapy used by psychologists, partly because of its evidence-based support. Its label indicates that it is multicomponential in nature. It consists of both behavioral and cognitive techniques but, also, is affective, physiological, social, and so on. Rather than describing the therapy, in full, and then moving on to other complementary therapies, I break it down into its components and, as I proceed, I add aspects of other therapeutic techniques, where necessary. Much of the multidimensionality of CBT lies in its behavioral

aspect, where, aside from its traditional emphasis on learning, behavioral modification, and reinforcement contingencies, it describes relaxation techniques that are physiological in nature, describes social skills training and techniques of affective modification, and so on.

Relaxation techniques are mechanisms to reduce tension, moderate stress and anxiety, and create more positive thought processes, affect, and experiences. Moreover, when a client is reacting with excessive physiological distress, relaxation techniques may be used to control these reactions. The value of teaching clients how to control or re-equilibrate maladaptive physiological reactions cannot be underestimated. Physiological disruption accompanies stress responses from in traumatic reactions and panic attacks, emotional responses from anxiety to depression, and so on. Long-term release of cortisol and other physiological mediators of continued stress and emotional reactions interferes with appropriate learning in therapy, given its state-dependent nature. By not being able to control stress responses, clients are at risk for poor motivation to participate and improve in therapy, and may even compromise their physical recovery in rehabilitation. Relaxation techniques allow the individual to moderate initial reactions to stress and emotions, reduce long term stress reactions, learn to maintain equilibrium when confronted with new stresses, etc. Also, they help equilibrate other vegetative functions, such as helping to relax enough to fall asleep, and returning to sleep after a nightmare. [Finally, for students, such as with current readers, they function to reduce the anxiety of studying, calming down stress reactions during presentations and examinations, and so on.]

Breathing techniques constitute a primary relaxation technique that allows for stress reduction and physiological control. The therapist guides the client in regular rhythmic breathing, using the verbal modality accompanied by proper nonverbal intonation, playing music, if this helps, etc. In my approach, I indicate that any breathing technique itself is secondary to focusing on the rhythms of the breathing and on the expanding lungs, which serves as a distraction technique from stress and, at the same time, calms the body, preparatory to more positive thoughts and visualizations.

The clients learn to breathe diaphragmatically or, if this does not help, in any fashion comfortable to them, reaching a rate of about 8 breaths (+/–2) per minute (e.g., start by breathing in for 2 seconds, holding the breath for 1, breathing out for 2).

In learning to relax this way in session, a gateway is provided for clients to become more open to communication and to different behavioral and problem-solving options. For example, breathing exercises not only may help children calm down, they also may more readily permit them to express what they are feeling, depending on the age level.

By combining breathing exercises with visualizations, positive thoughts, and so forth, one is approaching meditative and self-hypnotic strategies.

Another common relaxation technique concerns progressive muscle relaxation. This technique takes pages to explain well. Essentially, the client is

asked to contract or flex and then stretch or extend zones of the body in a sequential manner. The way I demonstrate it involves moving from the toes upward to the head, as one engages in breathing exercises. The client squeezes muscles in the zone involved on the inbreath, and then relaxes the muscles on the outbreath. The process culminates with a full body contraction, just like when we get up in the morning, producing the final whole body stretch. Before I begin, I demonstrate the full body contraction, and ask the client what I am doing and, invariably, they respond that I am stretching, when it is just the opposite. Once the demonstration is made and the client follows along, this allows me to introduce the whole exercise. I explain that progressive muscle relaxation involves moving from the head downward through the various body zones in a contract then relax alternation at each zone. The client should engage in periods of muscle tension and release lasting 5 seconds or more each, in focused muscle groups, with enough repetitions to last about 10 minutes.

Biofeedback is another technique that functions to reduce physiological reactivity. There are many ways of teaching biofeedback. But, at the core, the person learns to control physiological activity by receiving signals from apparatuses that represent that activity, such as when electrical conductance responses of the skin due to stress reactions are amplified and modulated into sound signals of varying intensity. The person then uses relaxation techniques to alter the nonrelaxed state toward the relaxed state and, in so doing, the signal moves toward levels indicative of relaxation.

Note that the physiological level includes reinforcing the need to have a balanced lifestyle in terms of diet, exercise, good sleep habits, avoiding street drugs, avoiding addictions, regular physical checkups, taking prescribed medications, doing prescribed physiotherapy exercises at home, and so on. The therapist should always verify the physical/biological aspect of clients' conditions, even if they are being supervised for these matters by their general practitioner, rehabilitation specialists, and so on.

VII

SPECIFIC PROCEDURES AND TECHNIQUES

Individual Level 3

3. *Behavioral*

a. General

The behavioral level of therapy concerns several different interrelated strategies. Behavioral techniques (by definition) do not involve cognitive aspects.

First, the types of exercises that I described for the physiological level are considered behavioral ones. However, as mentioned, because other classic behavioral strategies concern altering past learning through appropriate reinforcement contingencies, modeling, and so on, I have consigned these basic relaxation strategies related to maintaining physiological equilibrium to the prior physiological level.

Children/individuals enter therapy with histories of reinforcement, punishment, and learning that have shaped their behavior repertoire. Reinforcements are administered after a desired behavior so that the frequency of its emission is increased. Children are responsive to reinforcements and rewards. Positive reinforcements are rewards (stimulus, circumstance) that are provided after a desired behavior (dependent on it, contingent with it) in order to increase the frequency of the desired behavior. Negative reinforcements involve removing, stopping, or delaying an aversive or unwanted stimulus or circumstance in order to increase a desired behavior. Punishment is aimed at decreasing an unwanted behavior. Behavior modification concerns the awarding of positive rewards or the removal of negatives in order to alter unwanted behavior, including the awarding of tokens, such as points, that can be used to acquire rewards later on, if a certain threshold in behavior or desired outcome is reached. Shaping involves serial goals in behavior modification that come to increasingly approximate the threshold behavior or desired outcome. Praise constitutes the optimal positive reinforcement.

In therapy with children, often, the family has to learn different, more constructive, ways of reinforcing the child, and ways to stop using punishment and coercive strategies that produce negative outcomes. Parents can learn to use a program of positive reinforcement and set up a rewards system of tokens/points; for example, if the child earns 100 points

for having engaged in desired behavior and/or controlled unwanted behavior, then she/he gains a reward, such as getting more access to a video game, or the child can play outside more with friends.

In applying such techniques, I am careful to work in chunks, such as the child gaining/losing 20 minutes in a favorite activity, gaining/losing 20¢, and so on, and allowing the child the opportunity to regain lost rewards. Charts can be developed to monitor progress. Individualized rewards systems should be established; different things work with different children.

A lot of behavioral work with clients concerns bringing out positive, constructive actions, by teaching the actions, by demonstrating them, by facilitating their acquisition, and so forth. One procedure involves positive events scheduling, which is consistent with the principle of positive psychology, that we should be promoting well-being, broadening and building appropriate behavior repertoires, and so on.

Finally, much behavior is acquired through observational learning, imitation, etc. This is especially important with children. We may coach families appropriately concerning a desired behavior, or show videos to children of children reacting well in situations of concern, for example, to presurgery anxiety-provoking painful situations. We may encourage them with developmentally appropriate techniques, such as using the label of well-known superheroes to describe them, and so on. For individual adult clients, the therapist may role model desired behavior, for example, in anger management.

b. Additional Behavioral Techniques for Anxiety

i. Systematic Desensitization

Systematic desensitization is a classic behavioral technique. It involves exposing the individual to the problematic emotional, arousing, or feared stimulus or situation. However, the exposure is undertaken in a safe manner, because the exposure is graduated and the arousal is dampened by simultaneous relaxation exercises. In administering the therapy, first, the psychologist elaborates with the help of the client an exposure, anxiety, or fear hierarchy and also teaches relaxation strategies. The hierarchy consists of stimuli or situations that elicit increasing emotional reactions because they increasingly approximate the most emotional anxious or feared stimuli or situations (e.g., for travel phobia with an adult, the hierarchy may proceed from imagining a quiet drive to imagining busy highway driving in a storm with many trucks). Then, the psychologist has the client relax before experiencing each step in the hierarchy. This elicits an incompatible and more relaxing emotional response that reciprocally interferes with and eventually fully helps control the typical emotion, arousal, or fear elicited by exposure to the step in the hierarchy.

Systematic desensitization may be administered either *in vivo* or imaginally. *In vivo* systematic desensitization refers to dealing with fears live, in a real life setting. For example, in snake phobia, one starts with a small worm at a distance. Imaginal systematic desensitization involves visualization of steps

in a fear hierarchy in the therapist's office, or at home, but not live (as with the imagined driving hierarchy given above).

By reducing anxiety at each of the lower levels of the hierarchy, this leads to reducing overall anxiety, so that it becomes easier to go from level to level. The therapist asks the clients to report their level of relaxation/anxiety on a scale of 1–10, in terms of their SUDS, or subjective units of distress, where 10 represents the worst degree of anxiety possible, 2–3 represents a quite relaxed state, and 5–6 is a degree of anxiety that is moderate, or that is elevated but bearable.

Some practice suggestions. The hierarchy is individually created with the client, based on the particular emotion, arousal, or fear involved, in steps respecting the individual. The initial levels may not even be fearful, but may be related to the fear at issue. For example, in travel phobia one can use picture of parked cars at a beautiful beach. The relaxation techniques used are also individually created, but typically involve breathing exercises, visualization of pleasant scenes, muscle relaxation, music, and so on. The therapist goes at the pace of the clients, asking them how relaxed they are before moving up the hierarchy. The therapist guides them through each step, getting them relaxed by speaking to them verbally, coaching them, training them, and so on. For each step in the hierarchy, the clients implement relaxation exercises both before and after its onset and, by doing so, they start with and return to a relaxed baseline at each step, preparing for the next step. Because it is self-paced, if they're unable to go on to a next step, clients can stay at the highest step achieved until they are ready to move on. Clients may have to revert to prior steps if they need to regroup in order to pass through a blocked step. In addition, the therapist needs to be flexible, and revise, as needed, the hierarchy and the relaxation exercises.

ii. Exposure Therapy

In exposure therapy, clients safely confront their fears in a systematic way, gaining better control and learning new ways of dealing with and processing their trauma, by habituating or getting used to memories of them. Psychoeducation functions as a first step to prepare the terrain. Relaxation techniques are learned to deal with increased arousal responses to the memories and emotions evoked. The techniques employed are repeated and prolonged, for example, the trauma is relived on a daily basis until there is lessened arousal to the desired level. The reliving techniques may take place for as long as it took the trauma in question to have happened, even if it had lasted 20 minutes or more. Imaginal exposure involves reliving the trauma in question by means of offering a verbal report or of writing a narrative report, or by using associated means, such as relevant photographs and articles. To better deal with their fear, clients are asked to describe exactly the trauma experienced, and to listen to or otherwise to perceive the description repeatedly, for example, by listening repeatedly to a tape recording of their own report of the incident

in question. For children, drawing techniques are appropriate.

In dealing with traumas that are deeply engrained, clients will attempt to suppress the memories. However, the memories may manifest as flashbacks and ruminations, avoidance behavior, intense physiological disruption/ hyperarousal, numbing to the event/dissociation, and numbing to interpersonal relationships. Typically, clients who are overwhelmed by their traumatic experience to the point of manifesting these and related symptoms for a period of at least one month are diagnosed with Posttraumatic Stress Disorder (PTSD). However, by working through trauma, no matter how uncomfortable it may seem, at first, clients can recover equilibrium. The goal is to have them be able to relive an approximation of what they experienced in the past at a level of distress that is manageable, for example, at a level of about 50% of the degree of distress that recall of the trauma keeps evoking. In the case of a maximum rating of 10 out of 10 on a subjective scale of distress (SUDS scale), this translates into being able to relive the full trauma through imaginal exposure at a level of 5 out of 10, or perhaps 6, at most. By being able to relive the trauma at this level, or less, clients are being primed not to keep being upset at flashbacks, to respond to reminders in a hyper-aroused mode, and so on, as in PTSD, or at least to have them reduce the intensity and duration of these symptoms.

Therapy is a guided help to get us on our way.

PTSD is harder to deal with than phobia, so that, in therapy, systematic desensitization may not be sufficient, and exposure is used. Given that the latter is like "getting back on the horse" in order to relive a trauma and deal with it, the danger is that clients are overwhelmed by the treatment, or are overflooded. Therefore, it is appropriate to implement it in a manner that is self-paced. If such is the case, the therapist needs to verify the proper use of the relaxation strategies used to diminish overreactions, and create an effective hierarchy of events leading to the trauma that had been experienced. The exposure takes place one step at a time, with relaxation exercises requested both before and after each step. By using such a gradual approach, one is combining exposure with systematic desensitization. However, even in this case, the goal is to have clients endure the actual full memory of the trauma, at most, at a SUDS level of arousal/ distress of 6 out of 10.

In guiding clients through the process, once they are relaxed, I ask them to start moving up the hierarchy, by visualizing the first step in the hierarchy, for example, by visualizing the start of the day of the event in question. As with systematic desensitization, the goal is to have them be able to tolerate at each step a level of anxiety that is 6 out of 10, at most. Because the procedure is self-paced, it should not retraumatize them. When it comes to the trauma, itself, I may ask clients for a one-second flashback to begin and, then, have them make a quick shift into breathing exercises and relaxation, guiding them

myself in this procedure so that their SUDS decreases back to 2 or 3 out of 10 after having become elevated. Gradually, clients learn techniques that can be used at home for dealing with flashbacks, hyperresponding, and so on, and regular imaginal exposure can be implemented, as needed.

In situational or in vivo exposure, clients are exposed to harmless but distressing reminders of the trauma that they encounter in real-life settings. The therapist may decide that an exposure hierarchy needs to be constructed *in vivo*, and a gradual approach is adopted, facilitating symptom management during the exposure.

iii. Interoceptive Awareness/Sensitization/ Exposure

In this technique, the goal is to have clients gain mastery, in a safe environment, of neurovegetative reactions that mimic the ones that they may have experienced during episodes of psychological trauma/distress. For example, in panic reactions, clients may be breathing heavily, experiencing a rapid heart beat, getting dizzy, sweating, etc., and agonize that they are having a heart attack, or other health problem, promoting a vicious circle.

In order to learn that these arousal-related physiological sensations/ responses are controllable when they do occur, clients are asked induce them in a safe manner in the presence of the therapist. For example, they may be asked to run on the spot, climb stairs, or otherwise get out of breath. Next, they are asked to use a relaxation technique simultaneously as their body recovers from the exercise, pretending that it is from a panic attack that they are learning to control, reducing its reactions. One variant is to have clients spin in swivel chairs if dizziness is the issue.

VII

SPECIFIC PROCEDURES AND TECHNIQUES

Individual Levels 4–5

4. ***Action tendencies, inhibitory control***
Another behavioral level in therapy concerns the control of maladaptive action tendencies. Behavior is not always expressed, because we have regulation mechanisms that act to contain maladaptive responses, at least, for the most part. However, adult clients/children may need to learn to better redirect, moderate, inhibit, or otherwise control bad habits that are interfering, disruptive, etc. Or, they may need to better learn to displace/sublimate/canalize their frustrations/irritability/explosiveness when their action tendencies need to be managed.

The goal is to facilitate the adult/child acquiring the "right" habit, and replacing the "bad" habit, so that she/he acquires control of the maladaptive Behavior tendency (for example, learning to walk away when angry instead of hitting someone, learning the correct self-talk). This is facilitated by techniques that inhibit negative activity, such as using breathing techniques at the first sign of inappropriate or exaggerated emotional upset. Then, the stage is set for replacing it with something positive. Once the worst of negative reactions are under control, it is easier to advance to further steps (each individual will be different in this regard). At the same time, without teaching new adaptive ways to replace old maladaptive ways, the risk is that learned techniques of behavioral suppression will not be effective. In the end, it is always easier to build a positive to replace a negative than to only attempt to suppress a negative.

5. ***Cognitive***
Cognitive therapy is a restructuration process that helps clients alter unhelpful, unrealistic, impairing, irrational, dysfunctional, or otherwise inappropriate thoughts. Our thinking is complicated, existing at several interacting levels, from cognitive contents and products (ideas, structures, etc.) to underlying processes, from basic schemas that one may have to powerful underlying beliefs. Briefly, the therapist helps the client alter maladaptive thoughts that channel behavior in maladaptive directions. Clients may engage in cognitive distortions, such as attributing hostility to non-

hostile activities, looks, or comments by others. In terms of anxiety, this may refer to children catastrophizing, anticipating the worst, feeling helpless, and so on. The therapist challenges the cognitions, asks for evidence, requests that the client track the situations and thoughts that precede maladaptive behaviors, and so on. The goal is replace automatic, narrow, habitual cognitive filters elicited in antecedent situations to more balanced, realistic, and accurate constructive perceptions and meanings, so that adaptive behavior and emotion result. When children are involved, the therapist must tailor the cognitive approach to the developmental level of the child.

Ultimately, the therapist is promoting self-confidence that the client can deal with the sequence of situation-thought-maladaptive behavior. The therapist promotes interruption strategies to the sequence, including self-questioning and constructive self-talk. The client learns simple statements to use in situations of concern, such as: "She did not mean it that way," "I do not have to react that way," "I can do it a different way," "Who is in control? I am." The goal is to have clients internalize such statements as part of their thought mechanisms when situation of concern arise, teaching themselves that they have control, that having control is now part of their self-concept, and that cognitive reformulation/restructuration has taken place. For example, for students, fear of failure when studying is now replaced by ideas that they can do it, it's the studying that counts, the marks will come, it feels good to learn and master the material, and so on.

It is important to note that cognitive therapy concerns affect and emotions as much as thoughts. It is based on a particular model of antecedents, beliefs, and consequences, which the client must learn to dispute (A, B, C, D model). At the same time, the schemas that we create and serve as filters directing our behavior are cognitive-emotional schemas that involve both components of the term (in this regard, one branch of cognitive therapy is called rational-emotive). Moreover, we must keep in mind that our schemas are dynamically reworked by ongoing experiences, by alterations of the hold that past memories have on us, and so on, e.g., through psychotherapy. In this sense, schemas are flexible constructions more than fixed structures.

Examples of maladaptive cognitions that can be replaced in cognitive psychotherapy include: all or nothing thinking (I must have no pain), overly negative thinking, catastrophizing (I'll never get better), minimization of positives (who cares if I am half-way there), jumping to conclusions (the physiotherapy hurts; it is not helping), overgeneralizing (that headache lasted too long; I will always have bad headaches), emotional reasoning (If I feel it, it must be true), should statements (I should have been better by now), and self-blaming (If only I did not drive that day, the drunk would not have hit me).

Sometimes, nothing is farther
from the truth than what
appears closest to reality.

Take the lion's share.
Then give it back to her and
that of all the animals.

IX

SPECIFIC PROCEDURES AND TECHNIQUES

Individual Levels 6–10

6. ***Affective, emotional, intrapersonal***
At the emotional level, a common technique is to encourage clients to try to find the meaning behind the emotion being expressed, and to work toward solving the issues raised in this exploration and insight. By modulating emotional, affective, and other intrapersonal characteristics, therapists help channel the clients' behavior to more constructive, problem-resolving, self-controlled activities, thought processes, physiological reactivity, and other components.

A typical example involves asking clients what underlies their anger, what are the frustrations and problems, what options have they considered to resolve them, can they think of others, is anger the only option, what are the negative consequences of the anger in terms of their goals, how are the other options that may be available better for the resolution of the frustrating situation, and so on. At the same time, the therapist needs to invoke other techniques, such as techniques that help control physiological reactivity, allow calming down, encourage constructive problem solving and deployment of coping mechanisms that have been learned or are being learned, procure social support, and so on. For example, in terms of anxiety, the meaning behind the emotion may concern dread at the anticipation of what may happen, fearing the worst, catastrophizing, pessimism, and so on. The therapist should deal with the underlying issues, have the client reframe the possibilities, perhaps lead the client to acceptance if planning appropriately cannot help at all, and so on.

Constructive affective self-statements include: Some worry is motivating; too much is not; I'm worried because I want to change. Anger is telling me to solve that problem in other ways. I'm in control; I can control my feelings of being down by relaxing, doing something positive for me, and then getting on with it. My confidence is high; I can do it, maybe I won't do as well as I would like, but I will do my best.

One quite maladaptive thought-emotion complex concerns pessimism, self-doubt, insecurity, and so on. In this regard, often, I tell clients to get "on" their "but's": We may not be able to

suppress negative thoughts, nor should we all the time; but, we can always follow the appearance of a negative thought with a positive one, tagging a positive thought onto a negative so that it addresses our resilience and good qualities. For example, after stating to oneself pessimistically, "I can't do it, I never did well; I will fail," one can learn to add on an optimistic statement such as, "but, if I apply myself in the way I am being taught, I can succeed." In this approach, we allow the negative to come out, but we recognize the concern and use steps to transform it toward resolution and progress, to transform it into a positive by use of the connecting word "but." For example, students may revise their emotions of self doubt as follows: "I can't do it; I always procrastinate; but this is how I always used to feel; I just have to start breathing exercises, calm down, and then open the book. Success is more likely this way."

7. *Social, relational, interpersonal*
Cognitions and emotions express fundamental internal psychological processes that we harbor, but they function to help us adapt successfully to our external contexts. They serve social, relational, and interpersonal ends. We need contextually-attuned social and relational skills in interacting with others. Our emotional intelligence, social cognition, capacity to take the perspective of others, communication skills, and so forth, enable us to balance well the perspectives of others with our own, in negotiations of adaptation. The therapist uses the necessary techniques in working with clients to optimize this area of functioning. Assertiveness training is typically used. Social skills are enhanced through training. Problem solving often is about people solving. Interpersonal therapy focuses on these issues, in particular. Even basic learning, modeling, and coaching techniques are a good starting point with clients such as children.

8. *Self esteem, motivational*
A major issue confronting many clients concerns their self-confidence, self-esteem, self-worth, and so on, which may broaden to wider issues, such as their personal identity, their perceptions of who they are, what others think of them, etc. The therapist may work directly on this aspect of a client's psychology. Or, it may be strengthened as secondary effects of successes in other areas. Ultimately, the therapist helps the client construct a new, more positive story about the self relative to past stories that have been learned. Reciprocally, when the sense of self is elevated, motivation to succeed increases, more successes are obtained, and others become more appreciative, in a growing circle of confidence.

Often, motivation is a prime issue in therapy. This is especially true with respect to treatment adherence, engagement in the therapeutic process, positive effort, avoiding self-sabotage, and so on. Motivation affords the critical component to allow appropriate therapeutic learning. The difficulty is that it is hard to measure motivation objectively, it is very complex conceptually and, in the rehabilitation context, there are extraneous factors to consider. These include lawsuits and the obligation to mitigate or reduce losses, the stress of

the insurance process, such as with multiple medical examinations, the possibility of financial compensation for losses, and so on.

9. ***Coping, problem solving***

Optimal coping when confronted by problems or stress of any kind is partly cognitive and partly strategic. First, clients need to learn to evaluate adequately the difficulties that they are facing and the resources available to them in dealing with the difficulties. Appraisals are cognitive activities oriented to analyzing problems/stressors, and, more often than not, the objective facts about the situation are not overwhelming but are perceived that way. Moreover, the individual feels helpless, does not know what to do, and so on. By learning to assess well the parameters of the difficult situation/ problem/stressor and the coping mechanisms available to deal with it, the individual in therapy already is making progress. Moreover, the therapist guides the client in learning different ways to cope, and, depending on context, ones that are more problem-focused than emotion-focused.

Before a client is ready to analyze effectively such difficulties being confronted, the therapist must assure that the client can deal effectively with the incoming information, and plan accordingly. Therefore, the therapist adopts an integrated approach, for example, reminding that by using breathing techniques to calm down in dealing with the problem, the client can adopt a better attitude and have better emotional control, approach the problem better, get over hurdles and blocks easier, and implement and monitor better the plan.

It is important to learn how to problem solve: the client must learn to see the full scope of the problem and succeed in breaking it down into components (what is the whole and what are the parts). What are different options that one can implement for each part of the problem within the perspective of the overall solution, and what is the best action to deploy for each part? How can one manage problem-solving efforts, resolve/modulate issues, accept barriers in the problem and go beyond or around them, and so on? What are the emotions getting in the way; what is the emotion that can help? What is the most constructive approach to the problem, how can one implement it, taking charge (being solution-focused), and so forth?

With respect to the rehabilitation of children, teaching coping mechanisms includes coaching parents on what the children should be doing and teaching the parents coping skills, as well, so that their children can model them. In general, when teaching coping skills, we should be teaching children and parents to replace the negatives or to control the negative through positives.

10. ***Broader cognitive constructions***

Cognitive therapy deals with thoughts and beliefs that influence ongoing actions and emotions, but the therapist needs to consider broader cognitive constructions that may not be readily apparent at the more micro level. Although cognitive therapy concerns itself with beliefs that reflect wider

concerns in terms of self-confidence, attributions of intentions of others, and so on, there also broader or macro level cognitions that one should consider, such as narratives, life stories, scripts, existential schemas, and so on. Examples include general statements about locus of control, one's sense of agency, how one's family or marriage functions, what the future holds, does fate determine the life course, and so on. For children, one should query beliefs about family, school, if effort is worth it, and so on. The issues may be similar to some at the micro level, for example, having a sense of control, but the issue will be about control, in general, rather than control of the particular difficulty or problem at hand.

With children, one technique that attempts to influence the child's broader understanding of the self is referred to as "Externalizing the Problem." It is a narrative, systems, and family technique. By using language that externalizes the problem, the technique appeals to the child's "inner" strengths and places the difficulty facing the child "outside" the child's understanding of the self. Consequently, the difficulty becomes more amenable to control.

The mind extends from minor thoughts to major visions.

For example, one can give the label, "Mr. Fidget" to the agitated behavior of a child diagnosed with ADHD. We emphasize that the child has control of Mr. Fidget and can say to her/himself, "I am the boss."

By using this technique, we do not end up blaming the family, a particular parent, or the child; to the contrary, we are empowering the child that she or he has control because the problem resides external to her/him in a certain way and she or he can use available resources and personal control to try to deal with the "problem." The parents, other family members, and the child are provided with a common language and common goal through the procedure, a language that they can quickly master and use when problematic situations arise.

By externalizing the problem, we are not blaming the person, but creating an entity on which the child can place blame, thereby gaining control, and feeling good when family members complement her or his successes in acquiring control.

Therefore, praising the child for any effort made to control the bad habit represented by the externalization is helpful. Parents can also reinforce learning to help the child gain control of the situation in an effective way by means of rewards other than praise.

In terms of anxiety, labels may include the use of the traditional one of "Worry Wart," but better would be use of the label, "Ms. Worry;" because it is less pejorative. Whatever the label used, the family is building up the resources to help the child control the anxiety. The technique of externalizing the problem is simple enough so that it can provide a common procedure for dealing with a variety of emotional difficulties, such as anxiety and anger, many types of bad habits, and so forth.

The technique of externalizing the problem is akin to the traditional way that we are educated to address the

Behavioral difficulties presented by children, whether parent, teacher, or other professional. When addressing children about disciplinary matters, we all learn to use statements such as, "That behavior is inappropriate." By using such statements, in effect, we are externalizing the problem, because we are saying to the child, in effect, that: It is not about you or that YOU ARE BAD, but it is the BAD HABIT that is getting in the way of your good habits. The framework—the how by which we present our admonishments—provides an important context in dealing with children. Therapists have to teach adults to speak in this way when they are prone not to, ensuring that in the family, there is no interference by past, inappropriate language and, therefore, the problem behavior can be controlled.

Once we have the child's and family's attention, the therapist can refer to the other levels of therapeutic activity, the one's mentioned above, framing the suggestions in the context of the manner in which the problem had been externalized. For example, in this therapeutic approach, in the rehabilitation context, in the very first session:

- The therapist introduces the new language to the child, externalizing the problem
- Parents learn the language
- The child succeeds in getting some control, and becomes open to learning more control techniques
- The child is more open to learn breathing exercises; for example, the manner in teaching it could use a constructive label, such as "Super Girl" learning to beat back pain by breathing exercises
- If possible, the child coaches the parents on breathing exercises; the child learns assertiveness in the process

Introducing this kind of language helps strengthen the root of the child's sense of self-control and positives in self-image. However. because the problems may be deeply ingrained, this approach may be just a starting point.

X

SPECIFIC PROCEDURES AND TECHNIQUES

Supplementary Levels

We have completed our explanation of the 10 basic components to successful psychotherapy. By incorporating them into a complete therapy, adding the following points, the therapist arrives at an integrated and helpful perspective.

11. ***Familial***
What are the subsystems? Where does the child fit in? Is the family learning from the instruction and feedback, co-operative in the assessment, etc.? What is holding back change? What will promote it? Is the family collaborative, distant, sabotaging change, or manifesting another pattern?

12. ***Educational/Vocational***
The psychologist may have to visit the school or the workplace, advocating for the child/worker, etc., if necessary.

13. ***Intellectual remediation***
Tutors may have to be called onto the case, or other means adopted, in order to facilitate optimal school/college/university performance.

14. ***Cognitive remediation***
If a traumatic brain injury has taken place, the psychologist may engage directly in cognitive rehabilitation, or refer to a neuropsychologist.

15. ***Systemic, whole system***
At all steps, the psychologist should concentrate on putting together dynamically all the knowledge acquired, using it to facilitate constructive change in behavior, session by session.

A most important consideration in rehabilitative therapy is to help return individuals to their prior functional roles, or to help them adapt to different or reduced roles. However, this topic is beyond the scope of the present essay,

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Conclusions

In this essay, I have provided the advanced reader the basics of conducting scientifically-informed psychotherapy. The psychologist or other mental health professional should find the essay easy to share with clients, and a good complement to self-help books in psychology.

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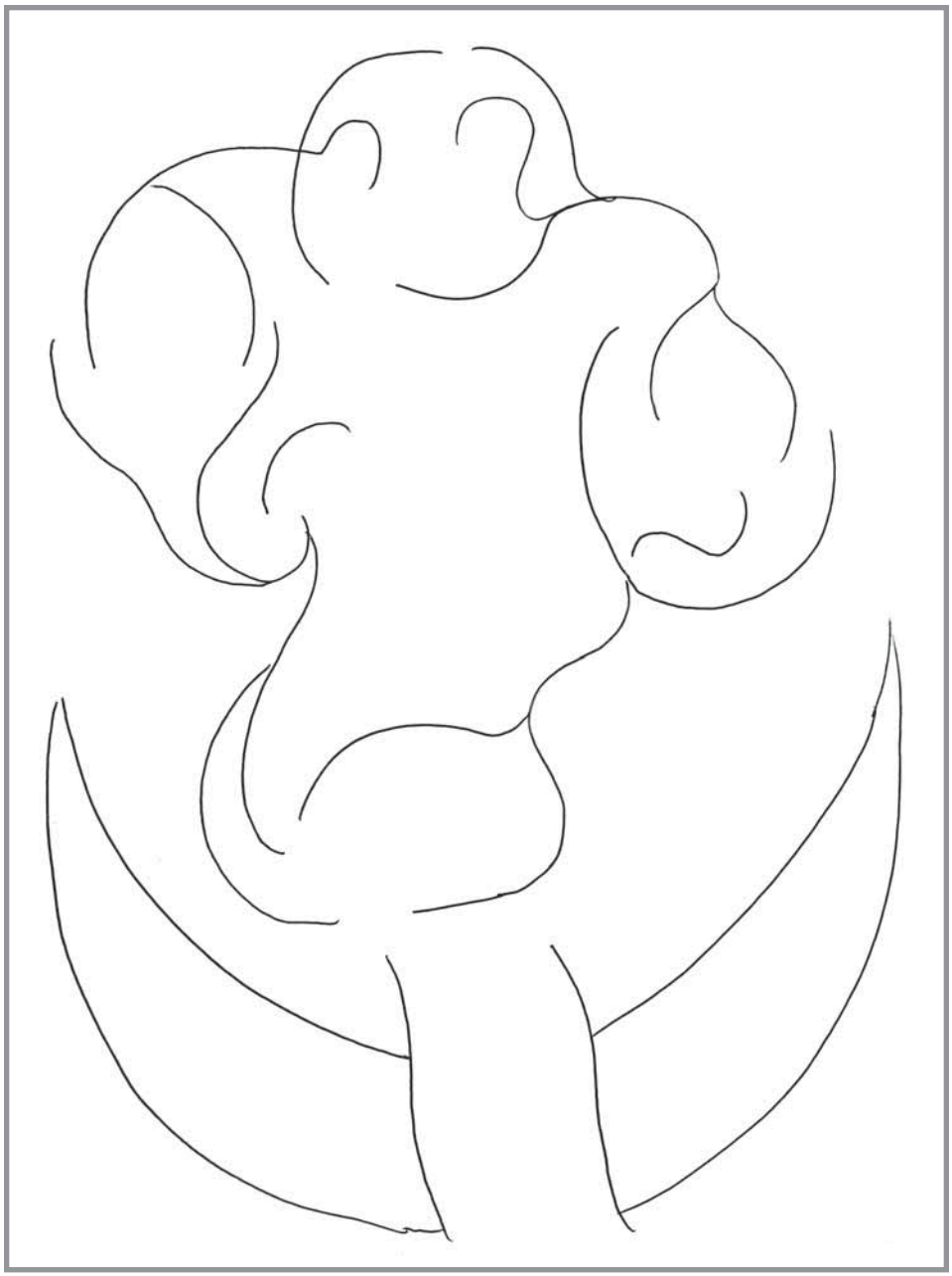


Each of us is a beacon in life's journey.

Part III

Essays on Emergence, Change and Stages

Essays in Psychology

Whether or not we put in writing the words that we tell ourselves, we are all essay writers, for we constantly rewrite the stories that script our lives. **In writing about ourselves, or narrating the stories about ourselves, we get better at editing out the negatives, dealing with stress, and seeing the positives.** We can develop better self-writing and self-narrative skills, creating better stories about ourselves, and can move on to the great themes that life offers. To write the great novel about ourselves, to rescript the monologue so that it covers new voyages in self-discovery and exploration of the world and its intellectual, social, and travel adventures, we can start by writing short stories about how we are growing. After this step, we can proceed to write longer pieces, such as novels about how we have grown, will continue to grow, and have helped other people around us to grow. However, in the books that we are writing about our lives, there is never an end, just endless encounters of confronting stress well, destressing, and rejoining joy.

Participating in daily life involves joining and encountering. Our sense of personal or social union may become fragmented; the whole then needs healing. Communication establishes the soil for union. Communication is not simply information exchange. It takes place at multiple levels and includes sensitive listening, emotional opening, dialogue, sharing, attuned awareness, active giving, and the facilitation of mutual growing. When it is supportive, communication encompasses the ruptures of the present, the fissures of the past, and the trepidations about the future. Above all, communication builds hope, for ourselves and for others.

I

Emergence

When time began, it had no plan. It was open to possibility, constrained, but not determined by its initial conditions. Energy and matter hurtled through it, condensing in patterns of opportunity, conjoining in motion and mass, pulled by invisible gravitational attractions, only to be decomposed to start again. Complexity emerged from apparent nothingness. Great chemical and biochemical compounds filtered through time's web, worked and reworked into lifelike syntheses that could reproduce in the primordial cauldron. **Although time had no plan, the grand plan of life emerged**. Its life forms were diverse and magnificent. They did not resemble the chemicals and biochemicals that constituted them. Their properties could not be predicted from the properties of those chemicals and biochemicals. They were emergent, new coalitions of existing particles in patterns more complex than any of the particles, wholes more than the sum of their parts.

Our lives are much the same. As we grow from seed, we pass through stages whose properties cannot be predicted from what we were or how our parts were configured in the prior stage. The newborn is a being unto herself, not knowable by knowing the foetus. The toddler has a personality that is more than the temperament of the younger infant and different in its unique way. The school-age child learns in ways that the preschooler cannot, and her individual stamp has not been traced in a straight line from the preschooler. The young adolescent has spread her wings in ways that she could not foresee as a pre-adolescent. The shy, awkward girl has transformed into a more confident coordinated teen. The twenty-ish youth is linked to her late teen self, but is in transition from that stage to ones beyond, with new responses to the new challenges that the stage has to offer. The thirty-something feels so different than when she was a twenty-something. She is embedded in work, family, and culture, in networkings that seem to chain her but really liberate her in ways

she could not have imagined. The forty-year-old lives in consciousness of the life course, in generativity toward her responsibilities, and in curiosity about the new challenges that the growing fusion among her different embodiments allows her to consider and confront. The fifty-year-old continues the process, but more engrossed yet more fragile, as responsibility proliferates. The pre-retiree looks both backward to her middle-age years, which were filled with doubt and yet with confirmation, and forward to her retirement years, which seem filled with trepidation yet with a sense of renewal. The retiree integrates life experiences toward a fuller understanding both of life and of death, and a renewed sense of passion despite the lost roles and functions that come with age.

We grow through each age period but, often, the path on which we are walking changes as we walk. We see that path stretch before us in our imagination in the form that we wish it to take. But as we march to its hopes, the path alters form and direction. Its stones are less solid than they appear. They erode, move, fall off, become barriers, and even alter direction. We hesitate, try to keep our balance, but sometimes we trip or need to start again. Each adjustment changes the path, bringing it farther from the blueprint that hope had planned for it at the beginning, etching a new course. But even if the path keeps getting farther from where it might have been, it never gets closer to where it might be. It is always in constant adjustment in the present to what is happening, and part of what is happening is that the nature of what is hoped for alters at each new stage in development. Life paths emerge in new shapes and directions as we walk on them, in ways that could not have been predicted.

We are much the same. We are always more and different than what we were. We grow through stages toward increasing complexity. Each stage brings new behavioral, affective, cognitive, existential, and moral convolutions and convictions, the parameters of which cannot be predicted by knowing how we had been or how we are.

Context also allows for emergence. We may find ourselves in situations where the response called for is novel and unexpected. The situation may be very challenging, and induce in us a new way of behaving that previously was not part of our psychological repertoire. Finally, the situation may be excessively stressful or demanding and call forth innovations or reorganization of not only our immediate responses but also our typical response modes. Emergence may be more widespread than we think and may occur in more than these special circumstances. Each context is always at least somewhat new, no matter how much that we perceive it as similar to those of prior times. In this sense, every situation in which we find ourselves calls for emergent responses, no matter how similar the situations seem to past situations. Indeed, the more similar they seem to past situations, the more danger that they elicit automatic, fixed responses that had been developed in the past, so that ongoing effective adjustment and

accommodation to the situations cannot take place, leading to difficulties.

Thus, in a certain sense, our perceptions of our contexts and the situations in which we find ourselves should always be kept open and flexible; in this sense, when we maintain such a perspective, our perceptions of our contexts and the situations in which we find ourselves are themselves always emergent. Therefore, when examining both the novelty in reaction that we should adopt to situations and the novelty in perception that we should adopt in understanding them, we are beings who should never find ourselves in exactly the same situations in the past, nor should we be giving exactly the same responses to them as in the past. We are emergent participants in encounter, both in terms of perception of situation and elicitation of response, constantly screening the world and our living in it for new ways to help us and the world. The potential for emergent response to context is constant. Growth is facilitated by such constant possibility of emergence in our daily encounters, making growth a vibrant possibility in each moment that we live.

Thus, the answer to the much-asked question of whether we can change is a resounding yes. Change is built into the systems that we live. Change can include emergence or, very novel, even unexpected responses or growth tendencies to situations that we are living. People can enter new stages of growth or entertain novel solutions to problems. They can be stimulated by challenges, and innovate creative responses. They can be confronted by stress, and bear its burden with grace, leading to successful resolution.

The only part that is innate about ourselves, that is fixed in our genes, is our ability to grow, change, and emerge. The meeting of self in circumstance guarantees it. When we limit ourselves to ready-made solutions, past ways, and stereotypical attitudes, we are creating a closed system that will stifle us. Stagnation is not inherent to a system; it sets in. Perhaps a sense of emergence, of possibility, of change, or of growth in our encounters with the world have been trained out of us by the environment, by caregivers, by the school system, by discrimination. Perhaps we have trained it out ourselves after too many negative experiences, where tentative efforts at emergence, change, and growth had not succeeded as we had wished.

But change resists non-change. The self shudders when it cannot grow. Possibility must know itself. Emergence leaks out of being. Like spring water gurgling down a mountain, it gathers force and volume, forming wild rivers in white water canyons. We have a choice to make—to either try to block the stream at its source and risk the turbulence of its impulse or to try to ride the wave and master it like a mountain guide rafting home.

How much change is possible? When we talk of a new stage in development, the change is widespread. It involves a systemic reorganization of multiple components across multiple levels of self, engendering similar widespread changes in social behavior and rela-

tionships. Other degrees of change may be less dramatic, but are just as central, for they define our quality of encounter with time. When each moment is lived as possible change, the moments are intimately lived. Time has no master plan, but it lives for unfolding in genuine encounter where it can see change. Time is a catalyst of possibility, a field for emergence, a seed for potential, a surveyor of growth. Everything happens in time.

Time is also the seat of surprise. It is the great witness of change. It has seen evolution and revolution, refinement and upheaval, organized growth and chaotic shuffling. It appreciates the stability of steady change, but revels in great change. It glorifies emergence, where newness is born like a phoenix from ashes, out of people or systems balanced on the edge. Even time experiences awe when change manifests initially as a temporary regression that prepares great leaps forward. When time witnesses confusion preparatory to clarity, temerity gives way to assertion. Despair transforms to hope. Self-indulgence implodes, to be replaced by self-sacrifice and then self-growth.

The expanse of our lives reaches into many personal and social arenas; it is acted in grand amphitheatres. The crowds wait in anticipation of change. They marvel at emergence. They watch patiently for growth. They pray for possibility. They adulate potential. They encourage any hint of change and wish for it to grow optimally. They understand the role of stagnation in change, growth, emergence, possibility, and potential. They know that the time will come. **Tomorrows may not start today, but they always start**. We are in the audience and on the stage; when we invite ourselves to watch ourselves and others change, grow, and emerge, possibility and potential become part of the play.

II

Steps in Change

Change may happen in an instant, but in terms of its deep transformation, the process is complex and passes through stages. In my own model of change, five stages are involved (see **Figure 1**; the model is adapted from Young, 1997). I present the model in terms of developing new ways to replace old ways; new ways can refer to better, more sensitive behaviors, better social skills, better coping mechanisms, better perceptions of situations, better solutions to problems, better attitudes, and so on.

Briefly, the five stages of change involve the following. The first step of change concerns exploration of a new way and comparison of it to an old way. This first step leads to further changes. After stage one, where we compare old ways with new possible ones, for at least one aspect of ourselves, we move toward incorporating the new way into our psychology, so that the new way predominates compared to the old way (stage 2). Then, we assure that the new way takes hold, shows some flexibility, and works well (stage 3). Once this systematization of the new way takes place, and it is readily available for more widespread use, we keep applying it elsewhere in other parts of our psychology (stage 4). This multiplying effect in using the new way eventually leads it to become integrated in all our behavior, replacing the old way for situations in which it had been used before the new way had been developed (stage 5).

Let's look at an example, while expanding the description of the stages. Hope is something that can grow. **When we feel hopeless, nothing seems possible but, by taking small steps and seeing results, we can gain hope**. The manner in how we look at stress changes by being a bit more hopeful. Getting a glimmer of hope opens us to a world of hope (step 1).

1. Thus, in the first step of change, the new way is learned, imagined, studied, practiced, and tried out ever so tentatively. It is contrasted with the old way, which is much more familiar, broken-in and comfortable, but less adaptive. At first, the new way is never fully formed; it is a tenuous, unshaped idea that is roughly

Figure E2–1

Readiness for change involves going beyond resistance to it. Once this threshold is passed, it involves arriving at new ways through various steps before they become fully integrated. New ways struggle with old ways, at first, but eventually become increasingly primary as they penetrate more into our habits until they become dominant.

The Change Process: Five Steps

A Not Ready for Change

Dismisses new way, likes old way
Old way too deeply burned in, e.g., feel hopeless all the time

OR

B Change to New Level

1 Coordination
Compare new and old way, e.g., about hope
Glimmer of hope appears sometimes

2 Hierarchization
Accept new way for one area
After a feeling of hopelessness, we tag on a hopeful thought

3 Systematization
Act on new way, organizing around it
Hope becomes first response to a new stress

4 Multiplication
Apply new way to other areas
Old stresses are examined with a hopeful attitude

5 Integration
New way now dominant way
We feel hopeful about our ability to handle any stress,
and do handle stress better

C Begin Again

To learn an even better way
We apply this attitude to other habits that we want to change

put into the field of action. The new way is a question mark that struggles for space in the behavior and habits of the individual. The motivation may be high, but the effort is short and limited. The old way returns to the individual.

2. However, we persist and the new way becomes increasingly an option, even if just an afterthought. For example, in terms of hope, whenever we feel hopeless, we can add a hopeful thought, tagging on a positive thought after a negative one (step 2). This is not easy to do, but it is better to reflect and have hope than to act by reflex and feel hopeless. By doing this, our negative thoughts gradually are reduced.

Stage models that apply universally to everybody give us scaffolds to see how each of us differs.

Therefore, in the second step of change, the individual increasingly accepts the new way. It is no longer something that pops into behavior only to disappear as the old way reaffirms itself. It is more than a hesitant habit unassertively applied. When put in use, the new way is not constantly compared to the old way, or considered unworthy of further use, unlike before.

3. Once the second stage is traversed, we can move on to the third step of change, where the new way becomes systematized as an ingrained, well-formed behavior in our repertoire. But its range is limited. It is not attempted in more than one or two circumstances. Nevertheless, after each time that it is applied, the individual sees that it succeeds better than the old way, further potentiating improvement in its form and utility.

In terms of our example, hope becomes our first response to any new stress resembling others in the past with which we had dealt with in a more pessimistic way (step 3). The hope is applied in a way that fits the situation, making it more realistic, while still inspiring. We learn we can deal with stress by solving the problem, coming to terms with it, getting others to help, moving beyond it, and so forth.

Now, in this stage, the new way has solidified; increasingly, it is used without limits, hesitation, or reference to the old way, in a flexible, utilitarian fashion. It helps the individual get through difficult problems, stresses, or situations. Instead of the habitual disaster resulting when conflicts, crises, or confrontations arise when the old way is applied, problems get better resolved through the new way, stress is smoothed out, and situations become manageable. The individual gains an increase in confidence in the new way with each successful use, increasing self-confidence, in general. The new way is nurtured.

4. In the next stage in the change process, the newly acquired and systematized change in psychology is ready to spread throughout the behavioral repertoire; the new way is ready to multiply its new habits into new areas. It infiltrates much of the behavior of the individual. In terms of our example of hope, the individual becomes more optimistic in areas other than those to where hope had initially emerged (step 4). Because the individual can deal with

new stresses better, new habits of hope are applied to a wider range of stresses. For instance, we become more confident that we can succeed at work, at home, or at school. We undertake new work projects, or patiently deal with supervisors. We confront better past family problems, trying to resolve them or feel better about them, seeing them as part of our growth instead of hindrances to our growth. We decide to study a new area or take a new course, even though studying had been hard before. We get used to being a hopeful person.

Thus, in the fourth stage of change, the new way is refined, expanded, embedded deeper, connected to other behaviors, and becomes more adaptive, boosting self-confidence and the growing positive sense of self. Success breeds success, and the more the new way is applied, the less the old way is even contemplated for use, including when the individual finds herself or himself in situations where it has been automatically used in the past. The new way is strong and a new self is emerging.

5. In the last stage in the growth of change, the new way that has developed is integrated fully into the person (step 5). In terms of our example, in the last step in the growth of hope, we become very hopeful no matter what may happen. Whenever something arises, hope is fully there, and we are comfortable with it. It becomes a major part of us, and people may notice and ask us how we do it. We tell them that **hope starts with a glimmer, and grows through effort**.

With this new-found attitude, we may begin to examine other parts of ourselves in need of change. One change for the better leads to other changes for the better. The advances made when we change cannot be undone. They can only be put aside until they are needed. Moreover, in the fifth stage of change, new ways, even when firmly established, never become old ways, because they constantly renew and adjust to new situations. **Once a new way is accepted as part of us, it is hard to revert to the old way**. The new way spreads throughout our psychology, serving as a seed for further change. The self lives in worlds of new ways replacing old ways when change is part of it, when change itself becomes the new way.

In the example provided, we have dealt with the changes through five steps in the growth of a positive—that of hope. Note that the five-step model of change also applies to the steps in controlling a negative. For example, in the first step of experiencing an intense anger, we feel it as especially overwhelming, and it leaves little for anything else. We fixate on it, although the other regular parts of us are present, even if hidden. Next, the normal self returns somewhat, and gets some control for a part of the self, becoming dominant over the anger even if it is still expressed. Then, the regular self gains strength for that one area of which it is getting control, and succeeds in keeping anger at bay, but most of the self is still seething. In the fourth phase, the anger control spreads but return to anger still obtains. Finally, in the fifth stage, the anger is integrated as a momentary sign of deep-seated determination into the coherent emotional spectrum now displayed.

III

Twenty-Five Stages in Development over the Lifespan

STAGES. Given that change takes place in a complex process of stages, can we understand complicated systems that change, such as the developing person over the lifespan? I addressed this question in my 1997 book and, in the following, **I describe a stage model of human development that stretches from the beginnings of life in the fœtal period to the final stages of life in the elderly period** (see **Figure 2**).

Before we begin describing the model, it should be pointed out that not all theories of human development agree that there are stages to development. Stages refer to general organizational structures that govern much of the behavior, thought, and feeling of an individual from one phase of life to the next. The most well-known stage theory of development was proposed by Sigmund Freud. He and others, such as Erik Erikson, proposed that there are between five and ten stages that divide our social and emotional lives. Other theorists have proposed more cognitive stage models of development, showing how the quality of our thinking changes as we grow. The most well-known developmental cognitive stage theorist is Jean Piaget. He and his followers propose four to five stages in cognitive development.

However, there are other prominent developmental theories, such as environmental theories, including learning theory, and biological theories, including ethology, which do not consider that there are stages in human development. From the point of view of these theories, development is understood as a gradual process that takes place either through learning mechanisms, applied on a day-to-day basis in environmental contexts that vary, or as a reflection of hereditary mechanisms, which may allow daily alterations due to learning but do not allow the development of overall stage structures.

The approach that I adopt in my model of development is a stage point of view, partly because it is inclusive of non-stage points of view. It allows for daily learning in context, but I relate

Figure E2–2

This figure describes five developmental stages that are consistent with the work of Jean Piaget. Each of the five developmental stages is considered to go through a cycle of five substages. Development is considered to be a lifespan process, with new substages or stages developing right from just after conception all the way to the elderly period. The five stages move from the reflexive, primitive level to the collective or most abstract level (e.g., adults brainstorm together better). The five substages move from coordinating new acquisitions to seeing them systemized and spreading throughout the individual's thinking and behavior structure, toward an integration.

A Theory of Development Consisting of 25 Stages

Level	Stage	Substage	Age Range
1	Reflex	Coordination	Earlier fetal life
2		Hierarchization	Quite premature
3		Systematization	Somewhat premature
4		Multiplication	Fullterm newborn
5		Integration	0–1 month
6	Sensorimotor	Coordination	1–4 months
7		Hierarchization	4–8 months
8		Systemization	8–12 months
9		Multiplication	12–18 months
10		Integration	18–24 months
11	Perioperational	Coordination	2–3½ years
12		Hierarchization	3½–5 years
13		Systemization	5–7 years
14		Multiplication	7–9 years
15		Integration	9–11 years
16	Abstract	Coordination	11–13 years
17		Hierarchization	13–16 years
18		Systemization	16–19 years
19		Multiplication	19–22 years
20		Integration	22–25 years
21	Collective Intelligence	Coordination	25–28 years
22		Hierarchization	28–39 years
23		Systemization	39–50 years
24		Multiplication	50–61 years
25		Integration	61+ years

the learning to new capacities that develop at each stage. Moreover, the model allows for an important role for biological mechanisms, partly in the stage change process. In this integrated approach, development always involves an interaction across environmental learning, biological programs, and factors inherent to the developing individual, such as self-initiative and the self-organization inherent in the development of stages.

1. PIAGET. **Piaget explained that there were four major intellectual or cognitive stages in life, and that the one that develops in the adolescent is the last one**. First, he described infants in the first two years of life as developing sensori-motor intelligence, which concerns how they learn to link perception and action (Think of them learning how to reach for and explore toys). In this stage, babies come to put together the sensory/perceptual information of their world and their motor actions into behavior that works for them. Their behavior is more than reflexive, for it includes goals and images, especially as infancy advances, but it is not yet guided by planned thoughts, by symbol systems (called representations), such as in complex language structures involving sentences and in complex imaginary play (e.g., playing "house" with dolls).

2. In the second stage, young children develop representations divorced from action. At first, they develop the capacity to use representation in speech or in imaginary play (e.g., words represent objects, dolls represent people), but there are limits in the quality of their thinking. For example, young children lack the capacity to reverse their thought. They do not realize that in pouring water from one glass to another of a different shape, the quantity of the water is still the same. Pre-operational thought is "egocentric," or perceptually-centered, lacking perspective of the other's thought, etc.

3. In Piaget's third stage of intellectual development, older children develop the skill of reversibility in thinking. Their representational skills develop into "operations," or logical thought, but only in "concrete" physical situations. For example, they acquire conservation, or the ability to understand that physical transformations, such as in pouring liquids from one glass to another, do not alter the basic properties of material (e.g., in the conservation problem, the child realizes that water poured from one-sized container to another is still the same amount of water, partly because it can be poured back in a reverse operation). Concrete operations are organized, logical thought processes that show flexibility and reversibility, but only in the concrete or physical situations with which the child is faced (e.g., the child is capable of retracing a pathway in thought in order to start again along a new thought pathway, understanding the process to the point that a logical, verbal explanation of it can be offered).

4. Finally, in the fourth cognitive stage, the last one to develop, adolescents develop abstract (or formal operational)

thought, consisting of logical abstract symbol systems, which allow them to understand aspects of algebra, physics, chemistry, and other abstract concepts.

YOUNG. Piaget believed that adults do not develop a new way of thinking, having their own stage of intellectual development. He believed they just get better at thinking abstractly. However, neo-piagetians, including myself, believe that adults develop a special way of thinking that is a genuine improvement on adolescent abstract thinking. **My own view is that, as adults, we develop "collective intelligence."** That is, our thinking, relative to that of adolescents, has several properties of a collective nature. First, compared to adolescents, we are more capable of collecting together abstract ideas. Adults learn to think in a way that collects abstract ideas together into more highly ordered and more complex structures. We can take abstract thoughts and organize them into superordinate systems, such as books and work manuals.

Also adults are more capable of other kinds of collecting. First, at the cognitive level, we can see different points of view, accept the differences, and tolerate ambiguities. We are more relative and dialectical in our thought. Moreover, we become seekers of problems rather than just individuals who try to answer problems given to us by others or by circumstances.

Second, at the emotional level, we collect (or connect) our hearts and minds, our feelings and our thoughts. We put together our thinking and emotions into one unified cognitive-emotional structure in our intellectual operations, better integrating our separate parts. We seek to unify our emotions and our cognition, so that we are neither more of one nor the other, but are both

simultaneously, allowing us to think not only rationally but also empathically.

Finally, at the social level, we are excellent at collecting ourselves together into groups in order to solve problems. We become adept at forming groups so that we can share our ideas in order to go beyond them, for example, through brainstorming at work while problem solving, through developing efficient social and cultural systems, and through developing productive family environments. We have the ability to contribute intellectually to a group and profit intellectually from it. In all these senses, adults enter a marvellous stage of growth, bringing us beyond being isolated abstract thought machines. **By collecting together our ideas, our thoughts and emotions, and each other in collective thinking, we demonstrate a higher-order intelligence that is the epitome of human intellectual development**.

The specific stage model that I propose consists of five major stages, each with five substages, yielding 25 steps in human development throughout the lifespan. The figure provides the cognitive side of the model. Piaget has provided the theory and structure for the present model, but I have elaborated his work. In my model, the earliest stage of life is termed "reflexive" and it lasts up to the first month of life. Recall that for Piaget, the first stage is called the sensorimotor stage; in it, he describes that the beginning of the stage is marked by the exercise of reflexes. Both for him and me, reflexes are not of the knee jerk variety, but concern complex motor programmes such as grasping.

1. Therefore, Piaget did not describe a "reflexive" stage, per se; only the first behaviors in the newborn period were called reflexive (in a substage called "Reflex Exercise"). However, in my model, I extend backward into the fœtal period the reflexive stage, because the complex reflexive structures that Piaget described develop before birth.

2. Note that this decision to emphasize a reflexive stage has led me to truncate the ensuing sensorimotor stage. I agree with Piaget that it characterizes much of the first two years of life, but by removing the initial reflexive period from it and placing it by itself as the first stage in development, it is seen to begin shortly after birth instead of at birth. This is the only difference between Piaget's original description of the sensorimotor stage in infancy and my adaptaion of it.

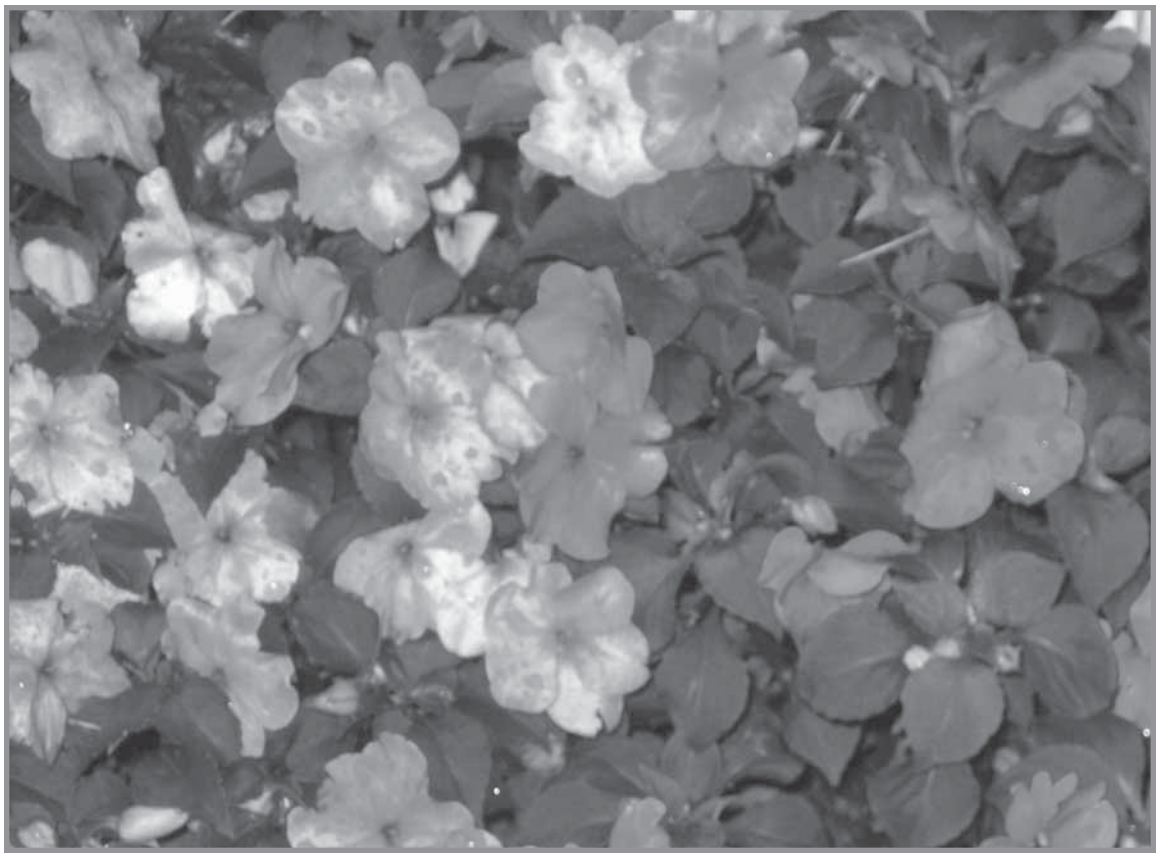
In terms of the other stages in my model that characterize development after infancy, essentially, I followed Piaget's model, with some modification. In the following, I describe my model of the developmental stages after the infancy period.

3. The preschooler enters the third stage of my model of development, in which behavior comes under more systematic symbolic control. Piaget called this phase representational, and he included in it the preschooler's pre-operational stage and the school-age child's concrete operational stage. That is, for Piaget, systematic symbolic representational thought is comprised of concrete operations (and their pre-operational precursors).

I refer to this childhood stage of thinking as the "peri-operational" period instead of the representational one, consistent with Piaget's notion that it involves not only operations (concrete) but also thought preparatory to the operations (pre-operations). That is, in the first part of the peri-operational stage, I concur with Piaget in describing that the child thinks by using pre-operations, that is, symbol systems that are not quite reversible. Then, I agree with Piaget that the school-age child uses concrete operations or thought operations that are based in logic, but only in the physical situations before the child.

4. In the next cognitive stage of abstract intelligence, the fourth one in my model, essentially, I use Piaget's model without modification. As Piaget described, the adolescent and adult use formal operations to solve problems, such as in mathematics and chemistry, and these operations are not limited to physical situations because they now have abstract nature.

5. Finally, **in the fifth stage of intellectual development in my model, which I call "collective intelligence," adults develop in ways that Piaget did not include in his model**. As adults, we are capable of "collecting" intellectually in several ways, as presented above.



Now that the five stages of my model have been presented, we can describe the five substages that seem to repeat within each of the stages, producing a sequence of 25 steps in development.

SUBSTAGES. The substages of cognitive development reflect the previously presented model of how change takes place, that is through five steps. Piaget emphasized that there are six substages in the sensori-motor period, but he did not describe many substages in the other stages, aside from indicating that there are transitional steps. **My particular substage model was developed based on Piaget's, but I considered that there are five steps that recycle in each stage**, meaning that, for the sensorimotor period, there are five substages, not six, fitting my removal of the first reflexive stage from the six-step sequence that he described in the infancy period. Moreover, the notion that the five-step sequence repeats cyclically within each stage after the infancy period is borrowed from other neo-piagetians. However, we shall see that I created a unique way of presenting this five-substage sequence relative to theirs.

First, I sought general descriptions for the five substages so that they could be applied easily in each of the stages in my five-stage model of development, presented above. Moreover, they had to be consistent with the five-step general change model that I had developed, previously described. Therefore, in the following, I describe the five substages of cognitive development that are seen to repeat in each cognitive stage of my model in a manner quite consistent with *a)* Piaget's sensorimotor substages, *b)* my model of the five stages in development, *c)* other neo-piagetian models of cyclical substages, and *d)* my general model of change, previously described.

One could ask, what came first for me, a general understanding of the change process, or the cognitive developmental stages and substages. In fact, there was a synergy in my model construction at these various levels, for I tried to elucidate a model of change that allowed a better understanding of cognitive development and, at the same time, I examined Piaget's work to better understand that development. The breakthrough came when I realized that by splitting off the first reflexive component of the piagetian sensorimotor stage in infancy, as described previously, we are left with five substages, ones, if phrased in a general enough way, could account for the five substages in the remaining stages, and permit an elegant theory where there are five stages and also five substages within each of them that a five-step change model could help explain. In essence, the products of development, the five stages and their five substages, are seen as reflections of wider five-step change processes that may characterize other developing systems in humans, and perhaps change processes, in general, across multiple areas, both biological and physical. For application of the model to regressive changes in chronic pain and to progressive changes in therapy, refer to chap-

ters I wrote with Richard Chapman in books by Young, Kane, and Nicholson (2006, 2007). **I now proceed to describe in a brief fashion the five cognitive substages that I perceive to recycle across stages in development**.

The five substages that I hypothesize to recur recyclically in the five stages of development are the same as those that I had described for the development of hope: coordination, hierarchization, systematization, multiplication, and integration. I describe the steps again, modified for this context.

1. In the first substage, I refer to the initial development of a new type of ability and how we struggle to build on it (e.g., applying it twice to create a chain, comparing it with an existing ability).

2. Second, as the new ability strengthens, it forms a clear relationship, or hierarchy, among its components (e.g., a working chain, knowledge of its new skills relative to the old ones).

3. Next, the hierarchy expands into a more complete system, e.g., adding different components for different situations, as needed.

4. Fourth, the system multiplies into new areas. As a skill is acquired and systematized, it spreads into the network of existing skills, improving the quality of their functioning.

5. Finally, the new skill comes to characterize fully the network in the stage, which, therefore, becomes a new integrated whole, preparing the way for the next stage, with its first coordinations of new skills at higher levels, in a cycle of growth. Simply enough, at first, a new skill is coordinated to some degree; then, it takes hold better by becoming dominant in a hierarchical relationship, e.g., with the skill it is replacing; then, the new skill systematizes, or becomes increasingly refined in its use; then, it is multiply applied or spreads throughout the network of existing skills; and, then, it fully marks the network in an integrated fashion.

Now we can understand how I have expanded Piaget's original description of four stages in cognitive development, with some substages present, to 25 steps in cognitive development, consisting of five stages each with five substages. From a simple refinement of Piaget's presentation of developmental stages to a model with five stages, and a simple refinement of his presentation of substages in the first stage to a model with five substages that recycle in each stage, we emerge with a 25-step sequence in

development, stretching across the lifespan from the fœtal period to the adult period. For sake of simplicity, consistent with neopiagetians, one can refer to the overall developmental model as comprised of 25 stages or 25 substages, although it is more accurate to refer to the steps being proposed as 25 nested or cyclic substages within stages.

I enjoyed developing the model, as it provides a structure with which to understand cognitive development across the lifespan, while informing other areas of development and change. At the same time, it is understood that development and change are about individual people and **adaptive systems in individual contexts. Therefore, the universal progression that I describe in the five-step change model, in the five developmental stages, and in the 25 nested substages within the five stages together provide ladder structures around which great individual variation and difference can take place, helping, for example, to define the uniqueness of each of us**.

IV

Socioemotional Linkages to the 25 Stages in Development

Cognitive stage theorists, such as Piaget, and social-emotional stage theorists, such as Freud and Erikson, did not focus on an integration of their theories into one overall stage model. My past supervisors, Thérese Gouin Décarie and Peter H. Wolff, were the first to attempt such integration, and their work has inspired the following model, based on the 25-step model of development previously described.

Each of the 25 steps in cognitive development should be associated with a corresponding stage in social-emotional development. Cognitive and socio-emotional development are intertwined. Advances in one fuel advances in the other and, in reality, they are not separate. As we interact in the world, thinking and emotions are indivisibly linked. Learning and thinking do not take place in a social void or emotional vacuum, and our relations with people and our feelings are based on how we perceive, learn about, and think about the world.

Just as our minds develop in our daily meetings with the world through intertwined thinking and feeling, so should the major stages through which we grow. **Thinking and feeling are never separate, and our stage theories about them should not deal with only one or the other**. In linking the two under one umbrella, we are saying that neither is primary. Cognitive structures may develop in stages, but they cannot develop without emotional fuel, and their contents are always integrated with emotional color. Emotional development is not amorphous, developing without a cognitive base. Rather, its progress is conditioned by cognitive advances, and the reasoning accompanying any emotion reflects cognitive advances, as well.

The manner in which I present the socioemotional side of the 25 steps or stages of human development is through the major stories that we learn to tell about ourselves at each of the steps (see **Figure 3**).

Our lives are a series of stories we tell to other people and to ourselves. The figure lists common themes found

within these stories. They go from the developmentally simple to complex. In our development, we need both positive and negative stories to some extent; for example, learning to become independent can only take place because of the importance of dependence in our development. Moreover, each adult simultaneously lives to some extent at both the positive and negative poles, depending on developmental history, experience, situational context, and hopes. Further-

Figure E2–3

We tell to ourselves grand narratives about ourselves and about others. The primary themes of these narratives can be positive or negative, and they are related, in part, to how well we resolve the developmental challenges that arise at each stage in development. Positive themes can help us deal with negative themes, and help us move forward.

Positive and Negative Themes in Stories at Each Stage of Development

	Positive Theme	Negative Theme
1.	Want to live, not hurt self	Want to die, hurt self
2.	Take care of self	Not care for, ignore self
3.	Be aware of, acknowledge other	Disregard, ignore other
4.	Accept (care from) other	Reject (care from) other
5.	Appropriate emotion (e.g., directed, adaptive)	Inappropriate emotion (e.g., rage, fear)
6.	Active dialogue, involved conversation	Monologue, one-way conversation
7.	Trust, confidence in other	Mistrust, no faith in other
8.	Sociability makes other secure	Not securing other
9.	Independence, autonomy	Dependence, self-doubt
10.	Share, give and take with other	Not share, no give or take with other
11.	Self as together, coherent	Self as not together, fragmented
12.	Initiative, energy, perseverence	No initiative, inertia, guilt
13.	Accept, identify with parents	Reject, not be like parents
14.	Like to try best, know (e.g., at school)	Not try best, feel inferior (e.g., rebellious, lazy)
15.	Personality forming, try out roles	Personality and role confusion
16.	Open conscious to experiences (e.g., see past, change future)	Close, confine conscious
17.	Search for identity, inner longings	Stop the search, identity cut-off
18.	Nurture, take care of other	Not nurture, not care for other
19.	Feel mature in adult role	Feel isolated, alone
20.	Empathy, genuine concern for any other, any community	Nonempathy
21.	Feel integrated in society, (e.g., act for community)	Feel disillusioned with society
22.	Role model, demonstrate way to others	Self-absorbed, stagnate
23.	Reevaluate, redefine life course/path	Crisis, confusion in life course/path
24.	Examine, find joy in life's meaning	Despair at life's emptiness
25.	Feel oneness with life, universe	Feel abandoned by life, universe

more, individuals may feel they are at one developmental level for one phase of their lives, but at another level for another phase. Rendering the situation more complex, for any one developmental level, individuals may feel more positive than negative for one aspect of their lives, but more negative than positive for another. Each person's pattern of stories experienced and told will be different and, most important, there is no one pattern that is optimal. As long as individuals manifest a will to balance any dominant negative stories with positive alternate ones, and to maintain and strengthen positive ones, they can progess well through the socioemotional side of the 25 developmental steps. We are now ready to examine the specific stories that we tell to ourselves and others in terms of the 25 steps described in our model of development.

1. The first stories that become part of our psychology concern basic physical needs associated with the reflexive stage of development. The stories move from physical protection (wanting to live, self-care) to primary emotions.

2. The second set of stories, deriving from the infant sensorimotor stage, involves basic social functions. They range from social interaction (starting dialogue, trust) to more advanced social skills (beginning independence, sharing).

3. In the third stage, the preschooler's sense of personal integrity (growing self, initiative) develops into the preteen's sense of personality (performing well at school, trying roles). As adults, we still tell many stories about these topics.

4. In the fourth stage, the conscious identity-seeking adolescent blooms into the responsible, empathic young adult, and the stories we tell are about such themes.

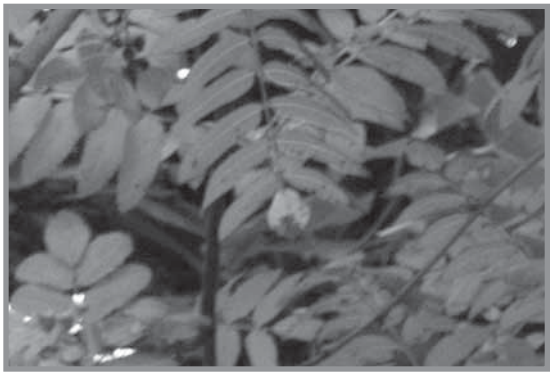
5. Finally, in the last collective stage of development, the stories we tell in adulthood relate to actions in society and in families. At the end of our lives, these stories turn into reflections on one's life, the wider world, and death.

Within each of these five major levels of story creation about ourselves and others around us, one can fabricate sequences of five sublevels of stories, consistent with the nested substages in the 25-substage model of growth

described previously. The stories that we tell as adults about ourselves and others may reflect the themes embedded in earlier developmental levels. In the following, I present the negative side of the coin, to illustrate the complexity of our thought processes, the difficulties that we may have, and the evolution through which we may go. In this regard, when we perceive parts of our selves and the world in a manner consistent with the first (reflexive) stage of development, the stories that we create from this vantage point will involve the five levels of wanting to die/be hurt, not caring for/ignoring self, disregarding/ignoring other, rejecting care by the other, and inappropriate emotion such as rage. At the next (sensorimotor) level, the negative stories are less dramatic, but difficult nonetheless. They concern infantlike one-way monologues, having mistrust/no faith, not feeling secure, feeling dependence/self-doubt, and not having a sharing/give and take. In the third (perioperational) stage, our stories reflect child/preteen issues: fragmented self, no initiative/guilt, being rejecting (e.g., of parents), not trying/feeling inferior, and confusion about developing personality and life roles. Adults often tell teenlike stories, reflective of the abstract stage. On the negative side, these stories concern a closed/confined consciousness, a cut-off of identity formation, a lack of nurturing and caring feelings, feelings of isolation/aloneness, and a lack of empathy. Finally, adults may tell stories that are more collective in orientation, e.g., feeling disillusioned with society, stagnation, crisis/confusion in life path, despair at life's emptiness, and feeling abandoned.

Although, at the cognitive level, many of us may develop into the adolescent and adult stages without major problems, in contrast, socio-emotional development may be limited by difficulties experienced in our developmental history or current circumstances, and we are prone to tell stories reflective of difficulties experienced at earlier developmental levels and to tell negative stories about ourselves and others. Our ongoing cognitive stage sets our maximal socio-emotional developmental level, but we do not normally live at that stage all the time, especially if our past has been difficult, our present is difficult, or our future is perceived as difficult. Therefore, the kinds of stories that we may tell about ourselves may not match the cognitive potential that we have according to our current developmental level in the 25-step model of cognitive development that has been described, nor may they gravitate to the positive side.

Nevertheless, **the programme of growth that the 25-step stage model describes is an inherently powerful one that irresistibly pulls us toward better psychological integration and**



growth. It is a powerful background rumbling in our psychological unfolding that is superimposed on the foreground difficulties of life, and it is capable of helping us pull ourselves out of difficulty and leading us to movement toward maturity. We may need external help, such as through family and friends, but the stories that we may tell on the socioemotional side of our lives develop self-fulfilling potentials, thus permitting further stories of helping others to grow and of helping ourselves to grow. When stuck, we need to start writing new scripts of strength, fitting our potential. Knowing our potential is a start toward getting to it.

In the end, we tell stories about ourselves and about others that are mixtures of developmental levels and mixtures of positives and negatives. As long as socioemotional development is proceeding in a positive direction, we should be content. We cannot change our past experiences, and the resultant stories that we have told about ourselves and others. However, we can rewrite those stories, our understanding of the past and present, and our projected growth into the future. Let the story-telling begin.

V

The Cognitive Misperception of the Other

Now that we have a better understanding of the 25 stages, or nested substages, being proposed in development, and their associated socioemotional acquisitions, by our presentation of the types of negative stories that are affiliated with each substage, we can further explore how development can go awry (see **Figure 4**). The figure illustrates that **we are not only developing through stages, but we also perceive others in terms of what we think are the developmental stage from which they function**. If our own development has been limited by certain experiences in the past or problems in the present, we may not perceive others in their full psychological breadth, either in terms of their current status or their developmental potential. I call this process of misunderstanding others "the cognitive misperception of the other." In my developmental model, this cognitive misperception of others can reflect the workings of any of the five stages of cognitive development previously described. Therefore, for the adult, others can be misperceived in terms of the first reflexive level, the infant sensorimotor level, the child perioperational level, the adolescent abstract level, and even the adult collective intelligence level. In general, when we misperceive the other person, we act toward them in ways that misunderstand them, perhaps mistreat them, and inhibit their psychological development.

1. Consistent with the five stages in development that I have proposed, at worst, we can perceive others as reflexive beings and treat them accordingly, e.g., abusively. If others are perceived as being reflexive entities having no thinking skills, they are dehumanized, considered lower than insects, etc. This permits in the mind of the misperceiver the worst inhumanities possible, without any remorse. Their abusive behavior is justified to themselves by their extreme cognitive misperception of the individual or the group being mistreated. If we misperceive others

Figure E2–4

In solving problems, we do not always think at our most advanced levels, and when we think of other people, we don't always use our most advanced thinking capacities. When this happens, we don't see their full human potential, and the lower is the thinking level that we use, the lower we think of other people in any positive way and the more there is potential for abuse.

The Cognitive (Mis)perception of the Other

(Mis)perceived Stage	How We Deal with the Other When in a Stage: Our Thought About Other	How We Deal with the Other When in a Stage: How We Act Toward Other	Other's Response
Reflexive	Their existence inconsequential	Negate (abuse, reject, deny)	Obliteration vs. Chaos
Sensorimotor	They exist, so we dominate	Subjugate (repress, oppose/impose, manipulate)	Sterilization vs. Revolution
Perioperational	They think, so we channel	Pacify/neutralize (use rewards)	Assimilation vs. Resistance
Abstract	They test, so we partially disempower	Limit consciousness, only partially liberate	Involution vs. Evolution
Collective Intelligence	They're wise, so we empower	Act humanistically (with respect, dignity)	Equalization vs. Emancipation

reflexively, denying their humanity, we can reject, abuse, or even take away their lives without remorse.

2. Next, if we misperceive others as infant-like, without thinking skills (sensorimotorically), then we're prone to dominate, subjugate, and manipulate them. When we perceive others as infant-like, we believe they deserve their plight, even if it is us who inflicts it. Once we perceive someone or a group as quite helpless and not deserving of help, it is easier for us to take advantage of them or manipulate them.

3. Third, we may see others as childlike, incapable of independent thinking and in need of direction. When this perspective of the other predominates, it facilitates not only giving them directions, but also channeling and canalizing them toward our ends. In our misperception, if we are allowing others child-like thinking skills, we may strive to neutralize (pacify) them, using the promise of rewards to control them, e.g., teaching them to work hard in order to make some money.

4. Fourth, if we acknowledge others as growing individuals with much potential and treat them respectfully, we may not do so fully, perhaps due to areas of their psychology that are threatening to us. If we misperceive them as well-developing individuals, but with some areas where control is needed (e.g., to protect psychologically vulnerable parts of ourselves), we may limit their exploration and growth in these areas. Many adults function from this perspective, growing toward full maturity, but falling into misperceptions of the other in areas where their own psychological growth is lagging.

5. Fifth, the cognitive misperception of others is quite limited when we function well at the most advanced levels of development, concerning collective thought and action, but we must be on constant guard to avoid lapses, in order to keep growing and help others grow. At this stage, we may not even cognitively misperceive others, seeing them in their full developmental potential. We allow others full psychological space to grow in a free way to their optimal level, and we treat them as equals or potential equals. **If we live at this collective level of development, both cognitively and socio-emotionally, or at least aspire to this level and keep trying to reach it, we can perceive others as having the potential to continually develop toward the same stage given the right circumstances**. Then, no matter what their current stage, we will interact with them in ways that bring out or further promote development toward this stage, leading us to treat them respectfully and with much care.

The consequences of treating or mistreating others based on such misperceptions of others can be enormous.

1. Individuals who experience rejection and abuse, according to the first stage of cognitive misperception, can become psychologically obliterated or destroyed. If they do try to escape or fight back, it is in a chaotic, unorganized manner. Either way, they face an extremely poor prognosis for positive psychological development, because their basic psychological foundation is compromised.

2. Persons who are subjugated or manipulated, as in the second stage of cognitive misperception, may not be obliterated psychologically, as would happen in the first stage, but they may be sterilized or emptied. However, if they react, it will not be passively, because great revolt is possible.

3. In the third misperception stage, the danger is that as individuals are channelled and neutralized, they become assimilated, and lose individuality. Should they react to this regime, their reactions will be with resistance rather than overt revolt.

4. In the fourth stage of cognitive misperception, individuals who are partially limited by others risk turning inward if they cannot free themselves, in order to retreat so as to continue evolving.

5. Finally, in the last stage of perception of others, there is no or little chance of misperception of others, but we need constant vigilance to stay at this level, and to not let other levels that we may have lived return to affect us. With such an approach, there is little risk of affecting negatively the development of others. If we are not living at this stage, our hope should be that we might develop into it.

This model of the cognitive misperception of others that has been described applies to how we treat others around us. As adults, we may misperceive in these ways our children, our romantic partners, or members of other social groups. As an example, when the level of misperception involves the first stages, the probability of abuse and violence, or of extreme psychological control of others, is greatly increased. We can even turn against our own family members, leading to child abuse or marital violence. In another example, if a majority social group misperceives a minority group in the ways described, discrimination, racism, and even crimes against humanity can result.

We do not have space to explore the substages in the development of the cognitive misperception of the other. But, in general, as a new cognitive misperception takes hold at a particular stage, it will pass through the previously described steps of coordination, hierarchization, systematization, multiplication, and integration.

As for the other side of the coin, positive change in the cognitive misperception of the other passes through the same substages.

As concerned individuals, we owe it to our families and our society to work towards improving our perceptions of the people around us. **There is no greater crime we can do to ourselves than to limit the psychological development of another, and, in doing so, it robs us of our own optimal psychological growth. I can think of no worse tragedy**.

VI

Magnifying Conflicts

In the next few sections, we examine applications of the 25-step developmental model that has been proposed. The figure in this section shows how psychological symptoms elicited by past or present stresses manifest themselves according to steps like those in development (see **Figure 5**). **When underlying intrapersonal conflicts and tensions are left unresolved, they serve as a psychological base on which stresses can act**. In all such cases, psychological symptoms are magnified, taking on an expanded level beyond the initial intensity that the stresses had originally induced.

We have seen that in the five stages of development that I describe, each has an intrinsic developmental misperception, crisis, challenge, theme, or issue that serves as its focus. For example, we tell stories about ourselves ands others on the positive or negative side of the theme associated with each level in the model, depending on our psychological status and our circumstances. When any one developmental level has proven too difficult to deal with or negotiate, an individual may become focussed on difficulties related to the particular level and express psychological distress related to the negative pole involved in the level. Given that I describe five stages in development, I suggest there are five major types of negativity of over-focus or displaced psychological distress that one can experience. This symptom exaggeration would take place unconsciously, or out of awareness, which therefore can be described as occurring at the intrapersonal level, or within the person's psyche. It may happen due to a history of developmental stresses, or it may happen when ongoing stresses are strong enough to bring out previously controlled developmental issues.

We are now ready to examine the specific forms of unconscious, or intrapersonal, conflicts that may be expressed according to the current developmental model at the five stages of development: the reflexive, sensorimotor, perioperational, abstract, and collective intelligence stages. Through these stages, the conflicts proceed from the physical to

Figure E2–5

Psychological conflicts lead to mental blockages so that, instead of confronting them, we displace, or focus on something else, such as a body pain or other problems. The more deep-seated or earlier-developed the conflict in terms of developmental stage, the more ingrained may be the displacement. Displacement leads to magnification of our symptoms, concerns, or problems. Earlier developed levels in human growth involve the physical and emotional, whereas later-developed ones concern thinking processes, such as simpler cognition or more advanced conscious concerns. The figure gives the developmental stages that are involved in growth, and it lists corresponding displacement reactions when internal conflicts and blockages occur at their level. First, at the physical level, there may be a fear of pain and illness behavior (the latter is exaggerated behavior beyond the effects of any disease). Second, at the emotional level, there may be a dependent attitude, a cry for help, and so on. Next, the more cognitive levels may express catastrophic thinking, distorted thoughts, blaming the other, or getting hopeless thoughts that lead to withdrawal.

Magnifying Conflicts

Stage	Focus/Fixation	Symptoms Magnified/ Intrapersonal Conflict Revealed
Reflexive	Physical	Illness behavior/Fear of pain
Sensorimotor	Emotional	Dependency/Cry for help
Perioperational	Cognitive	Catastrophizing/Call for attention
Abstract	Consciousness	Not taking responsibility/ Blaming anyone or anything else
Collective	Spiritual	Withdrawal/Isolation

Substages:

- Fixation
- Repression
- Regression
- Denial
- Displacement

the emotional to the cognitive levels, and in the latter there are three types, **yielding a five-step sequence, in the types of unconscious psychological conflicts in development that may trouble us, consistent with the five-step model of development**. The conflicts are akin to conflicts pertaining to the id (sexual energy), ego (self), superego (environmental rules), and more advanced cognitive processes, respectively. There are sublevels possible, deriving from the proposed substages in the model of development; and these are presented later on.

1. When an individual expresses psychological distress associated with an underlying unresolved intrapersonal tension related to the first stage of development, that of the neonatal (reflexive) period, fitting the stage's bodily and basic biological (id-related) nature, the likely result is that magnification of physical symptoms occurs. The individual becomes physically over-focused and, for example, may experience overreactions to pain, such as fearing it and engaging in illness behavior.

2. In the next level of intrapersonal conflict related to developmental crises and distress, associated with the infant period of sensorimotor intelligence, fitting the infant's emotional nature, the magnified symptoms are likely emotional in nature. According to Freud, the ego develops in this developmental phase, but in the service of dealing with frustrations of an unsatisfied id. Therefore, in terms of underlying conflict and how symptoms become magnified, the individual expresses a cry for help, feeling overwhelmed. The individual may become quite dependent.

3. In the third level, in parallel with the developing cognitive skills of the child, and its hypothesized relationship to the developing Freudian superego (the psychic structure incorporating parental prohibitions), the intrapersonal conflict takes the form of cognitive processes, as in a call for attention for one's plight. At its extreme, the cognitive style involves magnifying symptoms by catastrophizing, or thinking the worst.

4. Next, in the fourth developmental stage of intrapersonal conflict and psychological symptom over-focussing, the individual experiences issues with identity, such as happens with teenagers in this (abstract) stage according to the post-Freudian Erik Erikson. Self and independence become issues. There is an awareness of facing responsibility. Behaviors are adopted that lead to avoidance of responsibility, and this includes blaming of everybody else for one's plight.

5. Finally, in the last developmental stage, about collective intelligence, the issues that manifest when there are intrapsychic conflicts are more existential ones. The individual feels overwhelmed by an unjust world, expresses spiritual doubt, and so on. The response of individuals is to withdraw socially, express isolation behavior, or retreat from action.

We should keep in mind that unconscious conflicts are not limited to one type or the other, but come in various combinations, depending on developmental history and circumstance. Nevertheless, one type may predominate. Therefore, for any one individual whose unconscious conflicts spring from unresolved issues primarily at middle and later stages, conflicts may also be found deriving from the earliest stages. That is, especially when vestiges of the first stage contribute to intrapsychic conflicts even though other levels are also present and predominate, there may be a somatic displacement on bodily symptoms, increasing pain experience, and a lack of effort related to the symptoms.

The reader may note that the evolution through the five stages of unconscious conflict that has been described is different from the types of change, growth, or development with which we have dealt up to this point in time. That is, in regular change and related processes, development passes from simpler to complex phenomena, starting with a positive and ending with an even greater positive. The person develops from the reflexive stage through to the collective intelligence stage, for example. However, for unconscious conflicts, we are addressing problems in development and difficulties in arriving at change. When predominant relative to other conflicts, the earlier problems reflect greater difficulties, and are more deeply ingrained and more difficult to treat. Therefore, moving through the five types of conflicts reflects a positive only in the sense that earlier problems are being dealt with, and less difficult problems can be tackled. Similarly, in any substage model of intrapsychic conflict of movement through a stage, the model should indicate that, at first, the conflict is pervasively present in the psychology of the individual, and then gradually diminishes in penetration or intensity, until it is fully resolved in the last substage. The midpoint substage should indicate a transition where a beginning psychic structure is fully systematized in its protection against the psychic conflicts.

We can now proceed to describe the five substages within each of the five major stages to our understanding of unconscious conflicts. Based on the substages, I describe five degrees of difficulty for each intrapersonal conflict, with the earlier ones representing more difficulty, analogous to what was just described for the five stages. The five substages concern consolidation/fixation, hierarchization/repression, systematization/regression, retrenchment/denial, and resolution/integration. I present descriptions of these types partly in terms of the language used to describe my general model of the five substages of development. As the individual passes through the five steps from coordination to integration, she or he is demonstrating a decrease in difficulties being experienced. That is, fixation-repression is the most difficult period with which to deal, regression is the next most difficult, and so on.

1. In consolidation/fixation, the intrapersonal conflict at a particular stage totally monopolizes the individual. The individual has reached a new point in development, but the new acquisition is inhibited from expression and the old one is especially activated. Given this stranglehold, the conflict associated with the step dominates psychic structure to the detriment of advancing developmentally.

2. In hierarchization/repression, a more advanced developmental acquisition has emerged and takes hold, but it is limited in scope, for the individual protects her/himself from the advance in other spheres. For example, when overwhelmed by stress, the individual deploys immature coping strategies, restricting the new alternative in its use.

3. In the next phase of dealing with intrapsychic conflicts, an area of positive growth systematizes or solidifies, protecting itself well from intrusion by conflicts, and attempting further growth. Yet because the conflicts are still widespread in most other areas, regression, or return to immature forms of coping with conflicts, predominate.

4. In retrenchment/denial, the solidification of nonconflictual processes has advanced, and the individual struggles only occasionally with less advanced developmental forms. However, when these hold sway, the individual may not acknowledge their presence, for they are considered threatening to the expansion of the positives.

5. The fourth level foreshadows steps to complete resolution of the intrapersonal conflict concerned, in an integrative process, and passage to other conflicts in the developmental progression that are less problematic.

To conclude, the present model presents 25 steps in the expression of intrapersonal conflict, with consequent effects on symptom difficulty and magnification, depending on the stage and substage of development involved. **In therapy, clients may be helped when the therapist can discern effectively the types of conflicts being experienced and their degree of penetration in exacerbating symptoms**.

VII

Rejoining Joy: Ways of Living

As for the challenges in ways of living that we confront at each developmental stage as they emerge over the lifespan, **Figure E 2-6** indicates that they consist of positive vs. negative poles. The individual needs to find the right balance in these challenges throughout the lifespan. *a)* At the physical level, the person is born, begins the process of development, but could find the process overwhelming even at this age, resulting in early vulnerabilities (brittle, breakages). The newborn could be calmly quiet or quivery and at risk. *b)* The infant faces a positive world promoting a budding trust and security or an insecure, potentially hostile world bad for its development and even survival. This will determine whether the infant actively explores in an inquisitive, questioning mode or quakes in uncertainty, perhaps facing a worsening abuse and failing to thrive at all. *c)* The child graduates to the schooling phase, but the cognitive quest might be one of hesitating qualms and backtracking rather than boldly engaging in education. *d)* The teenager becomes conscious and attempts to query the self and the world and broaden personal and social horizons. But the challenges might lead to backing down and out, and to personal identity problems that create identity quandary and quagmire. *e)* The adult period continues to present new challenges, this time at a more spiritual and existential level. We live in collectivities and think collectively, building and quilting self, family, and community. However, we could end up with burnout, quit or withdraw, and wonder what it is all about.

As we negotiate the challenges of life, we adopt ways of living that are the most adaptive in our circumstances, and sometimes our solutions are not enough. As we transition through the stages of life in our individual ways, both the people and institutions around us, and the professionals around us, such as psychologists, can help us in our developmental trajectory. The model described in the book gives us a framework to understand the "what" and the "why" of development, that is, the ways of living that we could adopt at each stage and the ways that we could strive to reach our optimal development. In this

sense, the book could form the basis for a developmentally-informed psychotherapy, one that continues the great task set by Freud and Erikson, but brings it into contemporary and integrated focus over many theories and much empirical data, including at the cognitive level of Piaget and the Neo-Piagetians, such as myself, Case, and Fischer. The simplified version of the present model presented in the figure could help in the transitional challenges with which individuals could be dealing in psychotherapy, or help explain why they are having difficulty in dealing with present personal and contextual issues. **A properly constructed developmental model might help in any therapeutic situation, and the present model has the potential to help in this way.**

Figure E2–6

The figure provides a simplified version of the five stages in the author's developmental model. Also, it indicates in simplified terms the challenges that we face as we pass through the stages. By developing more on the positive side of each challenge, or moving in that direction, we can develop more positively throughout the lifespan. We do have a say in what we will tell to ourselves and to others about our growing in life.

Rejoining Joy: Ways of Living Transitional Therapy

Stage Locus	Ways of Living: Positive Pole		Negative Pole
Physical	Born/Begin	vs.[b]	Brittle/Break
↓ [a]	Quiet/Quiescent	vs.	Quiver/Quaver
Emotional	Bud (Secure, Good)	vs.	Base Insecure (Bad)
↓	Quicken/Question	vs.	Quake/Quash
Cognitive	Bold	vs.	Backtrack
↓	Quest	vs.	Qualm/Queasy
Conscious	Broaden	vs.	Back out
↓	Query	vs.	Quandary/Quagmire
Spiritual	Build	vs.	Burn out
↓	Quilt	vs.	Quit/Quell

a = Transitional steps
b = Transitional choices

VIII

Managing

In the two figures accompanying this essay, I describe five basic styles of management as derived from the stage model of the cognitive misperception of the other that I have presented (see **Figure 8** and **Figure 9**). The styles were developed for discussion of management styles at work, but are clearly applicable to other management situations, most pertinently, with children. The five proposed management styles range from the most bossy and overbearing approach to the most integrative and team-oriented approach.

Work

1. The first proposed management style is marked by autocratic behavior (negation). The manager acts in a rejecting fashion to make himself (or herself) an overlord. He (or she) treats the worker poorly and may even abuse or harass him. The worker is not considered an equal human being. The worker may submit in fear, but his performance risks becoming chaotic. This style should be avoided at all costs.

2. In the next style, the manager is less negative but, nevertheless, is quite controlling and manipulative. He is dominant, subverting the rights of the worker, opposing, imposing his will, and acting to repress. The danger of this style is that the worker simply goes through the motions, works poorly, or even rebels and sabotages productivity.

3. In the third management style, relegation, the worker is respected more than in the prior two approaches. However, the manager still guides the worker, in an effort to lead him in the direction preferred by the manager. In effect, the worker is neutralized, assimilated, or pacified to the manager's will, creating a work automaton who will not be able to adapt well to any new demands in the work environment. Vision is limited. The manager does not see the larger picture nor does the worker. The danger of this work style is that the worker expresses resistance rather than revolution, but hurts productivity nonetheless.

Figure E2–8

Leadership works best when workers help leading. Managers who stifle creativity and thought manage to mess up.

Managing Well Aims for Last

Negate	Overlord, treat poorly, reject, deny
Dominate	Subjugate, repress, oppose, impose, manipulate
Relegate	Neutralize, channel, assimilate, pacify
Delegate	Offer responsibility, show concern, liberate somewhat
Integrate	Promote individual and collective action, creativity, thought, freedom, and awareness; empower, humanize, trust others' wisdom; facilitate emergence of constant adaptation and growth; co-participate in process

Aim For Last...

- That is, work towards using mostly the last approach, integration
- It will pay psychological dividends
- Psychological dividends bring financial dividends
- Destressing your workers destresses yourself

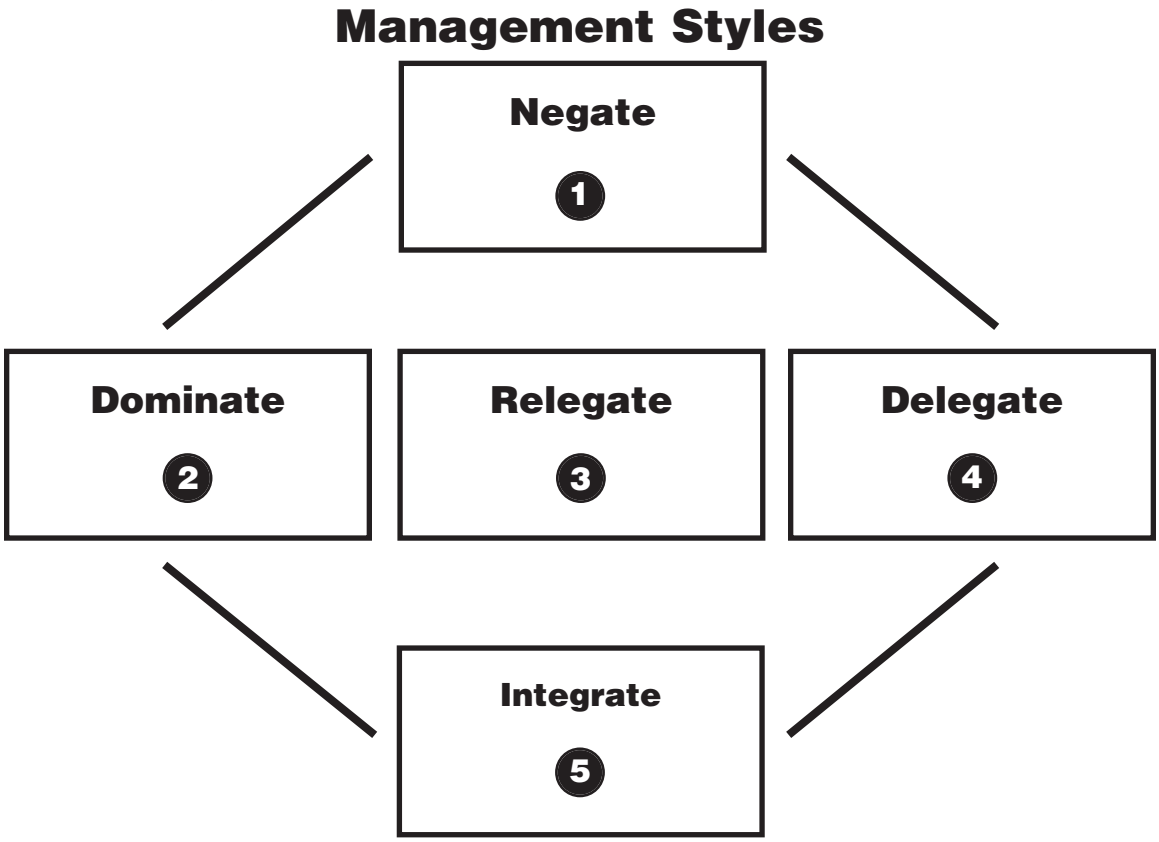
4. In the next management style, the manager becomes freer in feeling, thought, and behavior. He delegates responsibility, offering responsibilities to workers so that they are managing themselves and, at the same time, he monitors the delegated individuals. He is concerned for them. Nevertheless, the larger picture may not be perceived, and optimal teamwork may be missing. The manager may worry that, one day, he may be replaced by one of the workers he is empowering, so he partially disempowers them. He may delegate responsibility, but may want all the rewards. The risk here is that the worker does not work to full capacity and is not fully mobilized.

5. In the most advance management style, that of integration, the manager tries to integrate the workers into a team. Individuals can work alone on their particular problems, but for larger problems, workers are organized into groups. This promotes constant back and forth problem solving approaches among the workers, and unleashes their collective creativity. Each worker is empowered and increasingly develops his skills. Success feeds on itself. The workers feel more human, wiser, and more capable of adapting to the novel circumstances that arise daily in the work world.

The manager becomes part of that process; the worker and the manager may grow together as a team. This process

Figure E2–9

Workers want their rights respected. Their ultimate right is to be included in high functioning teamwork where their best can emerge.



1. Avoid Negation at all costs
2. Use Domination only in critical emergencies
3. Relegate as needed, but see larger picture
4. Delegate often, monitoring and building
5. Integrate a teamwork approach as much as possible

develops to the point that in many senses of the word, the worker may feel the equal of the manager and feel free to act independently and effectively. He may work towards teamwork, making the manager's job that much easier. In other words, in this management style, work productivity ends up effective and adaptive.

To conclude, the manager needs to know when to use which style in what situation. The integrated approach should be used much of the time. This strategy pays psychological dividends that, in turn, will yield financial dividends for the manager and his (or her) company.

Family

It is not too hard to imagine how these management strategies can apply to non-work related situations. In this regard, **we may examine what may happen when parents use theses styles in raising their children**.

1. A style of negation will only produce a child who is either abused or rejected, who ends up reaching a chaotic and nihilistic developmental outcome with her (or his) psychology obliterated.

2. For the second style of domination, the child is not considered as a thinking person. The parents act as authoritarian figures and the child, simply is someone who must listen. The child is sterilized in this way, or she may act in revolt against the parents.

3. In the third style, when parents control or channel the child, they may have good intentions, but the child is psychologically pacified. The child learns to act only for rewards offered by the parents when she behaves as they require. So the child becomes totally assimilated to the parents' wishes. However, a child who rejects this kind of parenting style engages in long and hard resistance to the parents.

4. In the fourth style, that of delegation, the parents treat the child in a more respectful manner but, nevertheless, do not provide the optimal parental experience. Parts of the child's curiosity are limited, and the danger here is that the child may turn inward and become confused, especially in adolescence. Nevertheless, probably she has been given enough foundation to grow towards a more integrated personality.

5. In the most integrated parenting style, the parents cultivate in the child her full human potential. The parents treat the child as an equal, in essence, freeing the child from any kind of limitation of her promise. The child's head and heart come together and, in the end, she (or he) can help more easily others to do the same.

Relationships

These five management styles can be applied to adult relations, as well, characterizing both poorer and more adaptive styles.

1. In the first style, one partner in a relationship treats another with rejection and negation, with potential for abuse and violence.

2. In the second style, we find domination, with its potential for subjugation and repression.

3. In the third style, of relegation, we find control, too much canalizing, and the danger of pacification.

4. In the fourth style, delegation, the couple could get along quite well, but they still manifest asymmetry, with one partner feeling limited to some extent.

5. Lastly, in an integrated approach, the partners help each other in a mutual fashion, and facilitate developing toward full potential. There is an equality and

emancipation. The motto of the couple would be something like "unite and conquer."

Peoples

Finally, these styles of relationships may reflect how the majority culture in a country or region treats its minorities. Our individual goals should be that our society allows all its citizens to grow to their full potential. The other is never anonymous.

Conclusion

When we are in a position of authority, such as at work, at school, or in the family, we bring out the best in people by adopting a respectful and growth-promoting attitude. When we adopt lesser styles, there are increasing problems.

IX

What the Newborn's Hand Tells Us About Ourselves

How do we regain joy, destress, and find equilibrium when life seems hassled, hurried and, at times, overwhelming? The story that I tell in response to this query begins with the hands of newborns. **Birth is a miracle and what follows birth is magic**. The delicate ballet of movements that newborns perform is perfectly adapted for their survival. They cry to free their lungs in order to breathe better. The doctors and nurses complete their routines. Babies are placed on their birth mother's breast. They cycle their limbs in this first dance of their morning. Their motion is entrained by deep rhythms that pattern their muscles into waves. They look around, for their eyes already see. The contours of the faces around them attract their attention, and learning about their caregivers begins. They absorb the excited conversation around them, for their ears already hear. When the atmosphere calms, they react to the soft sounds of their birth mother's dulcet voice, recognizing the tones in it that they had listened to in the womb. They suckle naturally the breast, falling into a lull of restful repose. Their suckling behavior bursts and then pauses in repetitive fashion, regulated by biological survival mechanisms that have been widespread over endless species over millions of years.

For me, the most remarkable aspect of the newborns' first days lay in their hands, which are so fragile yet so wonderfully successful. A choreography is evident in the newborn's fingers, as they flex and extend, explore and flutter, and grab and rub. The newborn's finger movements exist on two planes. First, they are a series of individual actions and shapes that palpate, or touch, things about them. Second, they are expressions of musical movement maps in three-dimensional space that speak to basic orchestral rhythms that underlie all movements of all species.

One way of conceptualizing these natural songs in the repertoire of the newborns' movement symphonies is to realize that they consist of two interrelated forces, that of activation and

that of inhibition. In previous books that I have written in 1983 and in 1997, I describe movement as being expressions of activation/inhibition coordination. As newborns touch their surroundings with their fingers, or as they swipe their arms in the space around them, their behavior helps them learn about the environment. For this behavior to be adaptive and flexible, the musical score that guides it must be well written. The required movement notes must appear in the right sequence, so that muscles activate in the right order to produce smooth action. Also, other possibly interfering movements must not appear in the movement; they must be suppressed or inhibited, excluded from behavior. Thus, organized movement depends on the finely tuned interplay of activation and inhibition. Behavior works not just because muscles are activated in the right sequence, but also because interfering muscle activation does not take place, or is inhibited.

Our most complex human behaviors can be described in the same terms. Speech can be seen simply as the appropriately organized activation/inhibition coordination of the muscles of the speech apparatus. Thought reflects the flexible deployment of activations and inhibitions of ideas. Social behavior can be seen as the activation/inhibition coordination over individuals, each of whom is organizing her own particular actions through activation/inhibition coordination.

This brings us back to newborns. In newborns, the hand grips and probes the object held in its grasp in fine-tuned exploratory touching. In young infants, the arm reaches out accurately to the toy held out, with the hand opened to grasp only at the moment before it arrives at its target. As children develop, the fields of activation/inhibition coordination grows to include new fields in self-organization and in relationships with others. Development is about increases in such skill, and how we are helped in acquiring them by parents, caregivers, family, school, and society. The adults around children must teach them about optimal patterns of activation/inhibition coordination, using their own optimal activation/inhibition coordination patterns.

However, social coordinations such as these can go awry. The parent, school, or culture may not be able to coordinate in this way with children. Stresses may interfere with the appropriate development of activation/inhibition coordination in children, or in the parents' abilities to coordinate their activation/inhibition coordination with that of their children. For example, one parent may be arguing with the other so that the their optimal activation/inhibition coordination pattern is disrupted. The child involved may come to absorb and even imitate the disrupted pattern modeled by the parents. That is, just as people coordinate their successful activation/inhibition coordinations, so, too, do they coordinate, or rather discoordinate, the disruptions in their activation/inhibition coordination.

As for adults, we may activate the wrong way, learn wrong activations, or cannot activate in an organized fashion. We inhibit the wrong way, or the wrong

amount, learn wrong inhibitions, or cannot inhibit in an organized fashion. Behavior, thought, and emotions become inappropriate, disjointed, or harmful to us, or others, or both. We find it hard to mesh socially, discoordinating our internal activation/inhibition coordinations, and our efforts to coordinate them with those of others.

The idea that I am proposing is simple yet hopefully profound. All behavior can be seen as activation/inhibition coordination, whether individual or social, smooth or disrupted, and familial or otherwise. One formula fits all. And it applies to more than just behavior. For example, the brain also works in terms of activation and inhibition. At the multiple layers of brain, body, behavior, being, and interrelating, I conjecture that **we increasingly try to integrate appropriate activation strategies while coordinating them with appropriate inhibition strategies. Life is stop and go, smoothing out the flow**.

By using the language of activation/inhibition coordination, a way is being proposed that simplifies the exploration of how therapeutic interventions work. In effect, they may all relate, in one way or another, to activation/inhibition coordination; they may all try to better activate behavior, to better inhibit it, and to better coordinate these functions, whether it be in our daily contexts, in the problems we encounter, or in the stresses we face.

Normally, we would like our lives to unfold as a refined integration of activation and inhibition coordinations in our behavior, thought, and emotions, producing smooth, adaptive sequences, where we know when to stop and wait, when to go and act, and how best to think and feel. When this does not happen, we may evaluate the resultant stress in terms of activation/inhibition discoordination. If behavior, thought, and feeling can be defined this way, as activation/inhibition coordinations and discoordinations, corrective measures should be defined this way, as well.

Thus, with this approach, stress management can be defined as ways of producing better activation/inhibition coordination. What aspects of our poor adjustment, whether behavioral, affective, or cognitive, have to be modified by activating more adaptive behavior and inhibiting less appropriate portions of it? How can two disagreeing people learn to better coordinate their activation/inhibition coordinations? How can society improve parents' ability to better inter-coordinate their activation/inhibition coordinations with those of their children? Rejoining joy and destressing may boil down to appropriately coordinating activation with inhibition.

There's another message that one can derive from this essay. **The most profound truths may live in the simplest places. The coordinated palpations of a newborn's hand reveal fundamental principles of behavioral organization**. There are many entry points to understanding truths, and the grand schemes of truth that we seek may lie in the most innocuous of places. Truths are interconnected. If links are missing in our understanding of them, we can become the activator of the quest, and the inhibitor of what would interfere or interrupt in the search.

X

Activation and Inhibition in Behavior: Finding Balance

Behavior requires effective activation and inhibition, with the two coordinated, as we have seen in the case of the newborn. In the following, we examine cases in the adult where inhibition may be deployed inappropriately (see **Figure 10**).

In certain situations, we may need to inhibit or control our tendencies. We may need to control our emotions, put decisions on hold, or not act at all, as we wait and evaluate the situation. With the wrong inhibition, poor inhibition, or no inhibition, we may be too hasty, and make the wrong choice in our emotions, thoughts, or actions, or we may not be able to do anything at all in these areas. **Behavior works best when wrong, interfering, interrupting, or otherwise maladaptive behavior is kept simultaneously under control as the behavior unfolds or waits to unfold**.

Behavior is not only an activation over time, but also a coordinated inhibition over time. Inhibitory skill is part of the brain's make-up. Thus, potentially, it is part of our personal make-up. When it goes awry, there are fail-safe mechanisms to correct it and to put it back in use in the right way. These mechanisms start with us, that is, with our will, our motivations, and our goals. When positive goals govern our behavior, it is easier to employ inhibition towards their end. Behavior comes to express refined activation/inhibition coordinations more easily when interferences from inappropriate motives are kept in check.

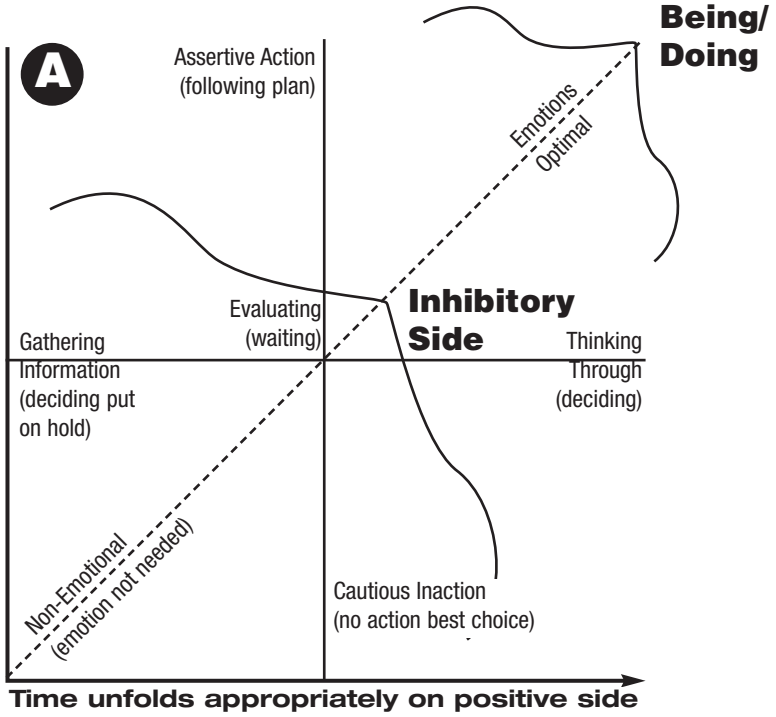
The concept of activation/inhibition coordination may help explain behavior, but acquiring an understanding of the mechanics of behavior cannot activate the will to deploy our resources of control and action in behaving in an adaptive and constructive manner. In this continual search to act appropriately and functionally in our daily life, with high purpose and the desire to help the self and others, we need to know what to activate and what to inhibit at the larger level. Our will is the ultimate locus or setting where the role of activation and inhibition coordination proves itself as an important determinant of behavior.

Figure E2–10

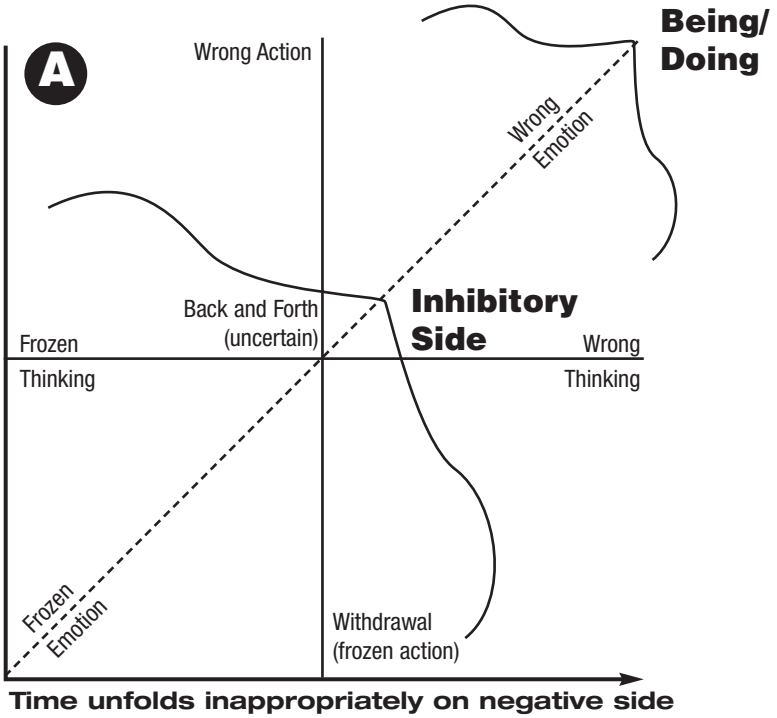
Behavior is not only about activation; it is also about inhibition or stopping. Inhibition can be used positively or negatively. On the positive side, stopping allows us to wait before acting, gather needed information, control inappropriate emotional reactions, plan, and then act in control. On the negative side, inhibition can freeze us, have us hesitate too much and, in the end, lead to inappropriate feelings, thoughts, and actions.

Finding Balance is Seeing the Whole

Positive
- Adaptive inhibition
- Controlled inhibition
- Right inhibition



Negative
- Poor inhibition
- Lack of inhibition
- Wrong inhibition



Part IV
Inspiring Essays

Heroes and Heroines

Heroes and heroines are never hard to find. They walk through the daily stuff of life with head held high. They struggle through crises with aplomb, through temptations with morality, through parenting with sensitivity, through communication with sincerity, through duty with responsibility, and through supreme doubt with inner peace. They meet their friends with openness, meet their family in an envelope of caring, and meet their classmates or workmates with shared effort. They try to manifest vitality in all their actions, presence in all their emotions, and judgment in all their thoughts. They breathe deeply the winds of nature and catch freely the rain in their hands and hearts. When needed, they are always there. When not needed, somehow whatever they do makes need less necessary. They are neither too assertive nor to humble, too emboldened nor too lax, too critical nor too laissez faire. They weave social networks based on the issues of opening, listening, advising, facilitating, sharing, stimulating, energizing, and giving. They explore their internal psychological dynamics, enmeshing, connecting emotions with mind, the conscious with the unconscious, and body with soul.

Heroes and heroines are everywhere. They are each of us at least some of the time as we get up to confront the tasks of the day. Acts of daily heroism are found in the pep talks we give ourselves as we get up, the kind words we share with loved ones as the day begins, the good efforts we apply to our primary responsibilities of the day, the giving to loved ones at the day's end, and the support we give to others as we learn about the stresses that they encounter. As each day wears on in our lives, the world is better from shared contact. Each social contact makes the other person in the engagement that much more of a hero and heroine, in turn. As children develop, they become heroes and heroines, in their turn, hopefully even more so than their parents. This should be our primary hope—to leave others and our children better heroes and heroines than we have been, are, or will be. When we accomplish this goal, we become the heroes and heroines to which we aspire.

II

The High Road on Life's Journey

We get so confused in facing crises of personal tragedy or injustice. Embroiled in withering emotions, the mind scatters thoughts in chaotic directions, first, utterly despairing and helpless, then, wildly grasping at any sign of hope. The pieces of the puzzle of our lives come apart and, where pleasant scenes were once being constructed in the vision we had for our selves and our families, instead, negative pictures come to the foreground. Songs that had travelled with us in the lighter moments of the day are replaced by mournful lamentations.

We try to stitch together an understanding, a meaning, a prayer, and hope in such moments, moving our spirit to new trajectories in its mental space, to feel the pull of new deeper gravities. At the same time, we speak and share, talk and seek solace in the kind words and support of friends and family and, if appropriate, of co-workers, students, professionals, and even strangers. We move into more intimate but also wider social spaces, visiting healing zones in the human network around us.

Finally, when crisis looms or tragedy visits others, we exhaust ourselves trying to help a needy loved one or someone within our care or for whom we care. We try to build their spirituality or internal strength. We try to build their connection not only with us, but also with appropriate others. **We offer a shoulder open to rest, a heart open to feeling, a mind open to words, and a scenario open to peace, acceptance, and recovery**. In our messages, we orient toward unity of soul, wisdom of being, and quickness and patience of thought.

But, often, we fall short in dealing with major difficulties such as these, whether we are personally affected or whether it concerns someone in our family or social circle. Should they not resolve matters, we know that we need to recoup and try after the initial attempts; however, the task may seem too overwhelming and our shortcomings may seem too large. The crisis may be impervious and impenetrable and, at worst, may be calamitous to its victims. We may feel excessively vulnerable,

fallible, and perhaps guilty. In these moments of doubt, there is nothing we can do, but continue to try to help. Some paths are mapped out clearly. Other paths are arduously constructed step-by-step, toward unknown destinations. They wind through thickets of burly brush and other obstacles, yet somehow arrive. These are the problem-solving paths, the empowering paths, the growing paths, and the healing paths.

Our lives are full of intersections in the interminable landscape of human contacts. They are created in the tangible contexts of people in crisis, in stress, and in search for meaning. When we walk on these paths, whether they are our own or others', when we enjoin with others, knitting ourselves to them, their pain, and their promises, our own pain is lessened and our own promises are brightened.

Healing is like sculpting. Clay beckons the sculpture to create. Out of an initial formless mass, the sculptor slowly moulds the clay, gently and nimbly, defining and refining a whole shape, a healthy shape. In the end, the clay stands firm on a solid base, admired for its stature and grace, and the sculptor stands apart, reflecting, rested, harmonious, and tranquil. When we live our daily life like the sculptor lives her or his daily creativity, each day ends well, even if crises may dot the day's trajectory. **Life is about sculpting, healing in each encounter it brings.**

III

Are We Background, or Ourselves, or Both?

Nothing exists without something else. Let's take the wonder and inspiration that we feel in gazing at flowers. For example, we pick out the bright flashes of color of the iris and orchid, the curving shape of their velvet petals, and the winding rise of their sinewy stems. We marvel at nature's prowess in design, color arrangement, and aesthetic sensitivity. We breathe deeply the fragrant scents wafting from the flowers; they are like sirens beckoning us to mysteries. We follow the silhouette shadows cast by the flowers on the verdant foliage behind them, as they sway with the gentle touch of the wind.

Yet we cannot recall anything else of the scene that is so deeply embedded in our senses. Although we can recall its multiple sensory impressions in an instant, we may not remember the background plants, the location, and day of the outing, or who had accompanied us.

Everything we perceive as foreground is grounded in a background. Yet the background is often left unnoticed even when it helps the foreground stand out or even exist. For example, a ripe, juicy apple plucked from a tree only exists because of that tree and the fertile soil in which it grows.

The same applies to people. Each one of us has our particular developmental histories, our family and relatives, our friends and colleagues, our social and cultural settings, our individual differences in temperament and personality, and so on. We cannot fully understand either our selves or the other without comprehending the totality of our context or of theirs. However, this is not to say that context is the primary determinant of our nature. Rather, context functions as background to our growth; context predisposes rather than imposes. Granted, it sets up patterns that help us understand and perhaps predict behavior.

But each of us is more than context. We are the foreground in a background, an actor on the stage having a backdrop. Moreover, to some extent, we can choose the character we want to play on the stage. **The script of our life is not**

written in advance, and the director is not chosen without our consultation. In fact, we can always advise ourselves to be the director of our own life play, writing the themes before others do this for us.

So whom do we blame when either we or someone else makes what we perceive to be a mistake? Should we focus exclusively on the misdeed, reject ourselves or the other, and just see the foreground of the error without the background? Tunnel vision funnels us to anger, rejection, frustration, withdrawal, despair, hopelessness, and so on. The ultimate context to understanding the human drama is that each situation can be perceived as a challenge as much as a crisis, and that each negative reaction that is a short term venting (e.g., release of anger) in a stressful situation could be reacted to in a different way that does not impede long-term solutions. Each of us has the potential to grow when we adopt a more equilibrated reaction when under stress.

With such a perspective as the ultimate background, foregrounds are easier to perceive and deal with, and their backgrounds are never unseen or discounted. In the end, with such a perspective, the importance of people, both in terms of ourselves as individuals and of others as valued partners in life's journey, becomes highlighted. We become both background and foreground in our inter-digitized interactions with others, who are also seen as both foreground and background. **Every moment becomes exquisitely entwined in a dance of awareness of people and context, both for ourselves and for others**. We become author, director, actor, and stagehand in our own play, but also in others' plays, which also happens to them. The audience applauds.

IV

Doing Things For; Doing Things Against

We all know someone who does things out of positive intention, out of good will. These people inspire us. We admire them. They seem satisfied in any circumstance, content with any outcome, happy with what they believe, with what they feel, and with what they do. When they choose among options, it seems that they always make the right decision. Even when their decision may seem to turn out poorly, it never does. Something constructive always emerges, whether in terms of an unexpected turn of events or, simply, from what they learn in any situation, in how they grow no matter what the circumstance, in how they become. For them, people are appreciated for what they are, not for what they can bring. These people give of themselves, not to take back, but for genuine giving. Their acts are selfless acts, not because they hide their self, but because their self is full and it grows peacefully in their giving actions. Connection buttresses them both in their internal maps of serenity and in their external movements in positivity. Giving is not something they do only sometimes. Every act performed is a giving, from the simplest greeting of hello to the most complex effort to mediate hate. They do things for, not against. They decide to learn for learning, do for doing, help for helping, be for being.

We all have someone like this in ourselves as part of us. We all do things for, not against. The secret is to do it more, to get that part of ourselves to grow, to let ourselves grow. In doing things for and not against, we move more to the positive, and away from the negative. We follow paths because of where they lead us to instead of taking paths because of where they take us away from. The paths may be the same in both cases, but on the first path, we walk calmly, confidently, nimbly, and securely, whereas on the second, we are sullen, uncertain, defensive, and insecure.

Our life path consists of the accumulation of all our current paths. When our current paths reveal underlying tensions

and conflicts, when they have been chosen as much because of reasons against compared to reasons for, and our life path is more of a lifeless path than a living path, what do we do? Do we have to leap to a different life path, or do we have to make a quantum leap from our present life path?

Our present life path has its direction. It reflects a confluence of our past experiences, moving in the present toward what we hope is a better future. We can't change the past of our life path. However, we can make that miniscule change that leads to greater change, see things differently so that the present is different and the future is different. **Small changes can be, at once, great changes**. We can change the present and the future. Moreover, by doing so, in effect, we do change the past of our life path; it is now perceived differently, as part of the growing zone that led to the changes in which our present and future now find themselves. We appreciate the personal and contextual strengths that emerged from it, and that helped lead to the changes in which we now are passing through.

Our life path has been conditioned by its course and contexts up to the time that we believe that we have to alter it; it is always a part of us, and it has led us to our individual reality as it is constructed in the present. But, at any time, we can make a quantum leap from our current life path. When we give ourselves to our giving self, to our "doing for" self, instead of to our "doing against" self, we make that quantum leap on our life path. Our life path proceeds in a different direction. Our actions have different auras. Our contacts have different feelings. Our doings have different being. When we take that first quantum leap toward positive change, we will proceed to do things for rather than doing things against. **Quantum leaps, once initiated, are never completed but, at the same time, the platforms from which the leaps have been made are left behind**.

V

We Are All Teachers

When we are learners, we are teachers. When the mist of the mountains lies like a canvas behind everything we see, we are learners. When the din of singing birds lies like a grand musical movement behind everything we hear, we are learners. When the soft skin of a friendly hand lies like a velvet scarf under everything we touch, we are learners.

Learning and teaching are partners. As we open to learning, we prepare for teaching. Teaching is opening the other to learning. Teaching is not telling. It is not educating. It is not governing. Teaching is facilitating. It is eliciting. It is guiding. **Teachers open learners to their own learning**. Learners learn not material, not words, not ideas, but to open themselves to learning. There is no reward to learning, no particular thing learned. Learning itself is the reward. In learning to learn, the lesson is learned.

Learners and teachers are everywhere. The corner beggar offers the greatest lessons in learning. The weed clinging between the cracks of decaying concrete is our most profound teacher. Each moment is a learning experience. Nothing is too small to learn. Nothing is too big to want to learn. When teachers live like this, they cannot stop learning. They cannot stop teaching.

Wisdom is not something stored. It is not deposited, fixed in the mind, to be used as the situation arises. Rather, wisdom emerges in encounter. It is the right word said, the empathic tone of voice used, the kind look given, the concerned hand extended, the simplicity of sharing experienced. Wisdom is there in us as learners. It is there in us as teachers. When we are teachers, we are learners.

VI

Puzzle Keepers

Some puzzles have no answers. People approach these puzzles in different ways. Some people keep trying to solve them. Some people give up. Some people avoid them. Others keep them. They know there is no one answer, but they do not let the puzzles die. They nourish them and care for them, keeping them fertile in our awareness. They do so not because they want people to find the answers, but because they want people to find the puzzles. Finding unknowable puzzles is like an answer. Helping people find unknowable puzzles is like a better answer. Puzzle keepers are satisfied with the elegance of their puzzles, even if they know there are no elegant solutions. As long as the puzzles burn in someone's mind, they are alive and the puzzle keepers are alive. When the puzzles fire and they are clear and translucent for all to see, the puzzle keepers feel sage in mysteries, harmonious in incongruities, and alive in the unknowable.

Each of us has a puzzle keeper in our psyche. Usually, it is a small entity waiting to grow. We are hesitant to let it, worried that it will lead us not to answers to our old questions but to new questions with no answers. We fear the uncertainty. But if we let the puzzle keepers in our mind grow, we will truly grow. We will walk boldly into hesitancies, feeling resilient, certain, and serene. The puzzles we keep will transform. They will be seen in different ways. All their hidden passages will be explored. We will come to admire them and have faith in them. They will give us strength in trying to solve other puzzles with knowable answers. We will persist in trying to solve puzzles with answers, because we will have known all aspects of puzzles with no answers.

With an attitude that at least part of us are puzzle keepers of puzzles without answers, we will come to cherish both puzzles with answers and those without. Soon it will be hard to tell the difference. We will approach all puzzles as solvable and we will not be disap-

pointed if we cannot solve them. For when we cannot, we will say that we are puzzle keepers of puzzles with no answers. We will guard them preciously, each new one that we discover. We will share them with others, helping people find unknowable puzzles, knowing this is akin to a better answer. And we will rejoice when we learn we have been wrong, when another tells us they have found an answer. Then we will try out their answer. But deep inside, the puzzle keeper will be wary, will stay wise, and will check over all answers, willing to accept that any one puzzle may stay forever without an answer. **Puzzle keepers are never answer keepers**.

VII

The Human Lovome

The human gene consists of DNA, which is made up of four base biochemicals—represented as A, C, G, & T. Their myriad combinations characterize DNA and, thus, the human genome, which has just been decoded. This scientific work is considered one of the great human enterprises of the 20th century, a fitting millennial achievement.

Behavior and its development are products of the reciprocal interacting effects of our genes and their environment. The environment of genes is constituted by inanimate and living matter. The immediate living matter of genes is the biochemical milieu in the cell. More importantly, it includes the people around the gene carrier, i.e., the child. These people usually are the parents and other family. Thus, development is considered a product of the interaction of biological and environmental determinants.

However, to best understand the growth process, we must consider that there are multiple factors involved at each of these levels, and that other factors fall outside their scope. In particular, in listing the multiple influences on development, we must not forget the self in the equation.

On the one hand, then, genes and their constituent base biochemicals comprise the biological matrix of our inheritance and we have thought it important enough to map their sequence in our genes. On the other hand, ecologically-minded psychologists are mapping the environment's structure in its different levels and their reciprocal effects. Just as we have sought to understand genes as the basic units of inheritance, or as the biological building blocks of life, we need to determine what are the basic units of the environment, the most important experiential building blocks of life.

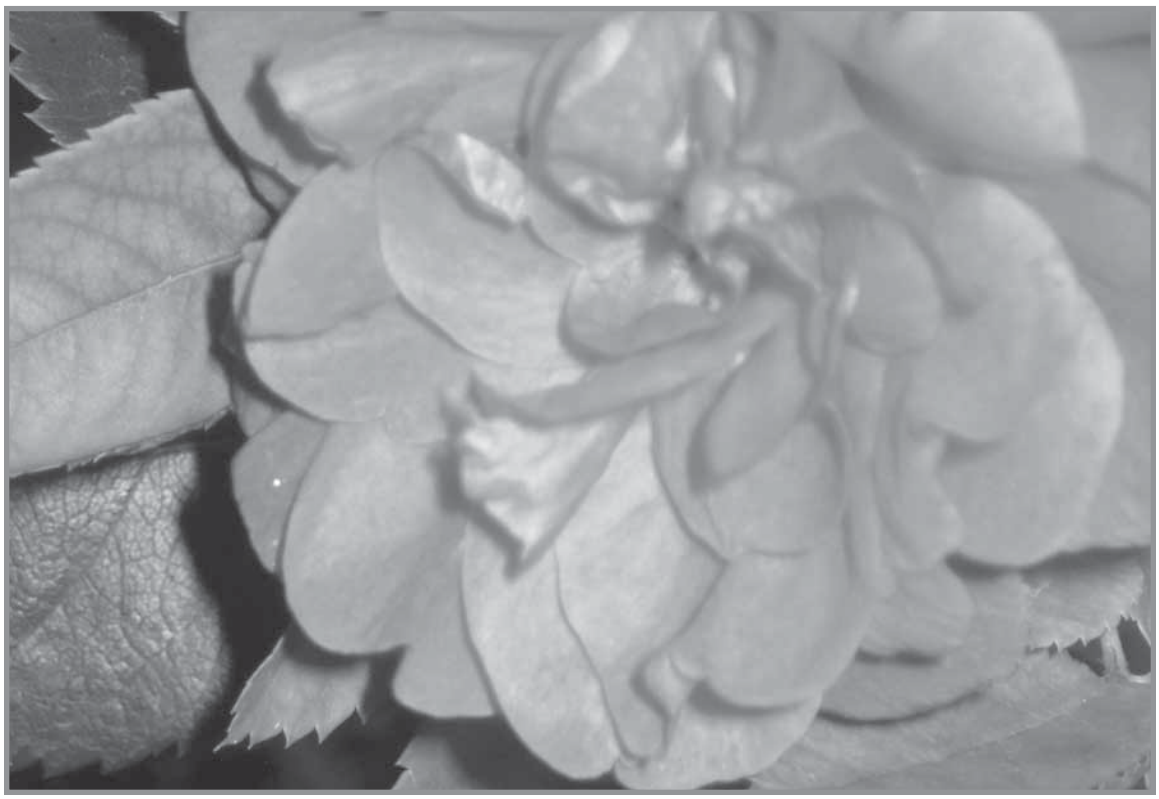
Just as genes are comprised of DNA, which, in turn, is put together by the biochemicals A, C, G, & T, then we can ask what are the equivalent environmental base elements. The answer has to lie in Love and its constituents. If up to now, in the biological sciences, the "genome" has been the holy grail, then, at the environmental level, the "lovome" has to be the source. The lovome is the

collection of our love acts.

Given that we are parents and educators of our children, we can determine to what point our lovome will be dominant or recessive, expressed or repressed, cultivated or dormant, and so on. The genome hardly changes from one generation to the next, but the lovome can change gradually. We can even bring it to change from one minute to the next, allowing it to manifest more, controlling interference. As parents, educators, and workers in society, we can ratchet up the quality of our care of children.

Love acts build psychological edifices that bolster survival of self and of partner, family, children, and friends. A child may have a genetic potential but, just as important, it has a love potential. **Genetic potentials are limit-setting factors, but love potentials are growth-setting factors**. Our children don't aspire to what they see in their genes. They aspire to what they see in the love we give to them. We need both genes and love to be ourselves.

Genes take an instant to be passed on from one generation to the next. Love takes a lifetime. We are learning that genes are constantly repairing themselves, correcting imperfections, and breakdowns. We do the same with love; we are constantly striving to make our love better. The lovome, unlike the genome, can keep adding other dimensions; it can keep changing and improving. Humans need to study the lovome better so that we can live better. **This is the greatest challenge facing our species, to find better psychological formulae of how the elements of love are integrated into caring wholes**.



VIII

Reflections For Adults in Transition or Crisis

INTRODUCTION. Clients enter the world of the therapist in a confused, vulnerable state. They are rendered more confused when I ask them at the beginning of their first session to describe what they are doing right for themselves or how they are sometimes controlling the bad habit that normally dominates them.

IN THE PROTOWORLD. Before timelessness, when worlds are formed, when we are formed, we navigate in a vast sea of potentials in which the only waves are the waves of hope, in which the only undercurrents are those of longing and belonging. When the river is dammed, waters well up behind and overflow. New pathways of flow form.

Each self is more than self. We live at the interface and are the interface of encounter. Boundaries are seamless barriers that are permeable to otherness. Otherness enters us and becomes us, and as we exhale our breath, our energy, our affection, we enrich the breath of others, are the otherness of others.

In constant evolution, living becomes process. A swan alighting on a mirror lake at dusk merges with soft waters. Ripples mark its passage as it steers to underwater pastures. Rolling rings surround it, like chained memories of its displacement. They conjoin rings of other swans in larger circles that vibrate with new patterns of rhythm.

Consciousness is not a thing. It has no address in our brain or in our mind. It is not a neuronal sequence but a living consequence. We ponder its vastness, but it is a horizon, not a place.

Speaking begins with listening. Words are accompanied by the contours of emotion. The therapist absorbs their reverberations and, in the security of echo, new words of acceptance and adjustment emerge.

CONCLUSION. Clients learn that learning is forever, that growth is immutable and unchanging. They learn that in visiting the attuned therapist they are visiting their path. Paths are not built alone or followed alone. They

carry the memories of others or wishes about others, if not actual others. **It is impossible to describe to someone the holding of hands, the links in humanity, simply by describing the shape of hands**. It is impossible to induce hand-holding by pointing to or counting hands. Yet hands are perfectly shaped and placed to allow hand-holding, which, thus, is a natural emergent function in the life of hands. Similarly, hearts are perfectly shaped for love, and it does not reside in any one heart but in their union and the path of sharing that they trace in time.

IX

Starting Over

FORGIVENESS. Mistakes are part of living. We cannot pretend that we do not err. Through our own actions and words, gestures and facial expressions, we hurt other people and we hurt ourselves. Sometimes we do it out of ignorance and sometimes with awareness and effort. The first makes us feel bad and the second should. We need to learn from our mistakes. We feel regret when we hurt someone by our mistakes, but as long as we learn and thus improve ourselves, some of our regret should be gone. As long as we apologize to the people we hurt and somehow help them to improve themselves, even if indirectly by having them regain trust, more of our regret should be gone. In addition, as life continues, and as we increasingly live according to positive values, the regret of past mistakes will continue to diminish.

This does not mean to say that we simply have to vow to change, to apologize, and to continue to try our best in life, and then all our errors and regrets will be cleared from the mental deck. It's not that simple. **We need to enter into genuine conversation with ourselves about our values and the kind of people we want to be**. We need to talk to others about our errors, how the errors hurt, and how the errors can be rectified or redeemed, after apology. We need to do all this but, in addition, there are other things that we must do, for example, related to forgiveness. Consider that after we err, we need to change how we act, how we feel, how we think, and how we are, so that we can genuinely forgive ourselves and bring forth genuine forgiveness in others.

Forgiveness is the marker of our humanity. It allows the passage of our errors into the currents of history as harbingers of change. Errors can become calls to benevolent action through the forgiveness that they beckon, both in the workings of our mind and heart and in the dealings we have with others. Forgiveness is the stamp of our willingness to change. Change is not possible without this seed. Curiosity, reflection, hope, and will are not enough to induce real change. They lead to new behaviors, but not to change in the sense of a

deep awareness permitting a remaking of our basic selves, and our basic ways of relating with others. Forgiveness provides the missing element to facilitate such growth. Errors are thus its seed.

TRUST. Another basic element that is essential in the promotion of change is trust. Trust is a letting go. It's a giving of the self to the other. Trust is the birthing place of security, the creator of connection, the source of outwardness. It is born out of sensitivity, sincerity, and commitment, and this occurs unconditionally. Once developed, the sense that we can trust remains fixed in our potential. But trust needs reciprocity to live with any particular person. It needs to be nourished by mutual caring. It cannot be taken for granted.

Trust is earned and trust can be lost. It begins to fall apart when mistakes are made and then repercussions are left to fester without repair. It requires constant supervision and sustenance in order to avoid such pitfalls. Trust gives us the daring to move out into the world. However, in doing so, it sets us up not only for successes but also for disappointment, or loss of trust.

When trust is strong, disappointment is perceived as a challenge, a detour, or an opportunity. When trust is strong, the commission of any error is followed by request for forgiveness. Thus, trust and forgiveness go hand-in-hand. We risk personal hurt by having trust and forgiveness. However, trust and forgiveness knit connection within ourselves and with others.

What about the person harmed, the target of the error? Should forgiveness be accepted and trust recreated? When mistakes are made unintentionally, it is easier to forgive, especially when caring communication takes place and reestablishes network and link. However, it is harder to pardon people when they have hurt us intentionally. The rupture in relationship may run deep; nevertheless, barriers are not immutable. Psychological walls are not like brick walls. They are put in place to protect. The walls themselves are not the goal. Protection is the goal. **The best protection is to defuse the reason for the hurt so that the dispute does not continue**. Communication, forgiveness, trust, acceptance, and renewal define the matrix. Growth is the goal.

ANGER. Does anger have a place in reconstruction of connection? People harmed often become angered. Anger may seem justified, and often it is a natural response to frustration. Although it may be beneficial to express it in the short term, it cannot help in the long term. Anger is a sign that we want something to change but, by itself, it can promote only superficial and not genuine change. It does not lead to genuine forgiveness and the promotion of trust. Without trust, people remain on edge, stressed, and self-protective instead of being relaxed, destressed, and open. Thus, anger impedes. Anger impedes especially when it descends into hate and vengeance. Mistakes met with the cancer of hate and vengeance make them multiply out of control, and create far more harm to the injured person than had been created by the original mistake.

SELF. This is not to say we should automatically forgive, trust, accept, and move on. We have the responsibility of self-respect and the responsibility of standing firm when we are hurt by others. Self-respect and standing firm are fostered by genuine encounters with the person who harmed us. Assertiveness should be part of this process, but only when it lies in an assuredness of values rather than in righteous indignation. Forgiveness, trust, acceptance, growth, and mutuality can abound in the right environment.

LETTING GO. Forgiveness and trust are about letting go. Any forgiveness, trust, or like process which is aimed at regaining control, as opposed to sharing growth, is not complete and leads to instability. In contrast, **sharing of growth leads to emergence. Boundaries of the self expand beyond forms prescribed by the boundaries**. Part of the value of forgiveness and trust is the mutual growth they engender as part of the healing.

If schisms set in through mistake and error, the goal should not be to regain the past but to gain the future. Future is best when it can go where it is harmonious. If others' harmony leads away from ourselves, elsewhere in life's tapestry, yet it is still part of genuine connection, that should be harmonious enough for us. They are still capable of their humanness despite our misdeed, and if our misdeed leads to losing them from our circle, we can still work through the loss and keep growing, knowing that the aggrieved party survived and is stronger. All is connected, and if we limit connection in others, we limit ourselves. When others expand their linkages, we expand our own. If the interdigitation of others comes to exclude us directly, but there had been a genuine encounter of forgiveness, then we grow beyond the knowledge that the aggrieved party is growing. We gain in the forgiveness, and can never lose no matter how the relationship continues. Genuine encounter tolerates loss of encounter. It even glorifies in it when the other engages in enriching encounters without us.

Mistakes are often a matter of perception. Errors are not only overt commission, but also the product of omission, oversight, misperception, and miscommunication. Sometimes we think we are the aggrieved party, but it turns out that our misperceptions, and the actions that we take because of them, constitute the error. How do we handle this type of error? We use the same process of entering into and asking for forgiveness, recreating trust, and enabling growth and re-growth.

FULLNESS. Depending on the nature of the mistakes that we make, we may feel guilt, shame, embarrassment, or humiliation. These feelings are natural starting points to asking for forgiveness and recreating trust. They are the push that goes with the pull of wanting to repair the mistake. But they are not the primary motivations. We are more than avoiders of uncomfortable feelings. We are more than seekers of comfortable feelings. We seek unity in the field of life. Emotions such as guilt are part of the field, and their presence pushes us to smooth the field, but we should aim

to work more of the field, to harvest much more. No part of the field should be left fallow, no matter how much work it requires. No part of the field should be considered hallow and worked more than the rest. **A healthy harvest works all the corners of life's field**. Life enjoins us to participate fully in its offerings. Forgiveness and trust lie in the crucible of life's field. They are humble beginnings to all endings, which are only other beginnings. When they are potentially active components of all life's encounters, the encounters begin with potential fullness.

FOREVER. Forgiveness is forever. When deeply felt, it has the power to free growth in the self and in others. But forgiveness is never complete. It cannot change the past, so vestiges of remembrance remain. But forgiveness brings more than itself so, in this sense, it is more than complete.

Forgiveness is never perfect. Forgiveness is a constant struggle involving mental and emotional effort to both atone for mistakes and accept atonement. Forgiveness is a constant reworking of mistake, error, hurt, and communication into growth. As we move into new stages of growth, the past is renewed and the meaning of any one act of forgiveness at the time of its giving is reviewed, revised, and re-integrated. Thus, forgiveness grows as we grow. It is part of and permits our growth. In this sense, it is perfect.

The deeper the hurt, especially when it is malicious in intent or evil, or especially when the result involves disability or death, the greater the struggle to forgive. Some forgiveness takes a lifetime to achieve. Some atonement takes an eternity to complete. **We are all children of the universe**. Perpetrators who disconnect from seeking forgiveness and atonement keep themselves from the universe. Victims who disconnect from giving at least some forgiveness which has been genuinely sought and who refrain from acknowledging atonement that has been genuinely undertaken lose part of their connection.

Forgiveness is quite difficult when it is given late or merits consideration late. A kernel of impenetrable labyrinths already has crystallized. The kernel protects, but it pulls us down with its weight. It needs working through. Or else self-growth is jeopardized. By examining the hardened heart, the future is softened. Any block that impedes optimal growth needs scrutiny, even if the barrier had been merited at first.

Some circumstances are so deplorable that it is even hard to forgive what we consider to be our spiritual source. We turn away and inward, disillusioned and despairing, frustrated and angry, alone and fearful. This is the greatest struggle in the forgiveness process. It calls for the fundamental realignment of our misgivings so that we may re-equilibrate what the external tragedy had disjoined and disconnected in our internal being.

Forgiveness awaits meetings of meaning. Most meetings are of non-meaning, of facts and figures, of words and shapes, of language and form. Meetings of meaning are different. They are multiple dialogues with many voices, of meaning

that is co-meaning. Meetings of meaning potentially reside behind all meetings, like dark matter invisible in the universe, background immaterial to the material of life.

Forgiving is not just a word. It should not be just on the tip of the tongue. It is an act of being. It should be on the tip of the heart. Forgiving is for giving. It should be part of the chorus in the rhythm of life. We are mistake machines. We err often. It is human nature. We may mean well, but we still end up hurting others. Or we may act mean, and the hurt is more serious. It is easier to minimize errors when we are present and helpful. When this is our mindset, the other becomes part of our mind. Mind never exists by itself, for itself, into itself, alone. Mind immersed in the potential for forgiveness becomes co-mind, a shared enterprise, conscious, aware, mutual, curious, sensitive, careful, supportive, knowing, and growing.

Anger stops us from talking. Find out what it means to say.

In this sense, living forgiving is living rebirthing. Every second is a new one when forgiveness lives in the second in front of us. We are constantly reborn when we experience the present with forgiveness.

Seeking forgiveness appears to give away power, but the opposite is true—it empowers supremely. Seeking forgiveness exposes us to the elements of tempestuous emotional storms. We may feel vulnerable in ourselves and to others. **But by starting dialogue, both personal and social warmth may initiate**. The peace it brings within reduces strife and invigorates personal growth, even if before turbulence had arisen.

Forgiveness leads to harmony but, before it does, it may tear down protective barriers that we may have built around hurt. It opens wounds. We may feel vulnerable in ourselves and with others. Yet giving forgiveness is the most strengthening of human acts, steeling us through the serenity that it brings. It helps extract our pains and reprocess them in its image; and it helps synchronize our disparate parts, integrating them toward unity. It is the social welding in the interstice of human connection. It connects within, across, and between, both inward and outward, even where no connections had been present. It provides us with resilience. It powers the forgiver, not only those forgiven.

JUDGING. Are we up to the task of judging error? Do we have the skill and do we have the right to judge? How can we take the responsibility of deciding right from wrong, whether forgiveness is necessary? Which rules and laws had been transgressed? Who constructed the rules and laws? Are they just? Do they speak to dignity of the people to whom the rules and laws are addressed? Do they speak to fundamental human rights of freedom, liberty, equality, and justice? In the interpersonal arena, rules and laws refer to appropriate interactive regulations and roles, but also to moral values. In the organizational setting (work, school, etc.), they refer to appropriate procedures and policies, guidelines and goals, but also to vertical structures and human structures. In the

socio-political arena, they refer to statutes and bills, but also governance and governing, philosophies about citizenship and about the common good.

Judging is never simple, even if rules and laws may seem simple. It requires seeing context, not only the immediate error of concern. It requires seeing the person as a whole. Judging requires wisdom. When poorly done, it is the error. We are all judges. We all need to be wise.

SELF-FORGIVENESS. The hardest part of forgiving is to forgive ourselves. Often, we know we have erred even when no one else does, or when others do not react overtly to our mistake, seemingly accepting it. Often, in such circumstances, we block out the mistake and bury the pain of the hurt we may have caused, telling ourselves that others are unaware of it or have quickly accepted it. Both ourselves and the others carry on, pretending that all is O.K. But the mistake we made doesn't let us rest. It lies in the back of our minds. We move on at the surface, and pretend to not see it, but it sees us and stops us from moving, either freezing our actions in the outer world or freezing our growth in the inner world.

But is self-forgiveness a pronouncement to be mechanically uttered at each incident requiring it, or is it more? How do we know we are engaging in it? Self-forgiveness is not an observable deed. It is everything we do, feel, think, and be. It is not about any one mistake. It is about all mistakes, past, present and future. It is a synchrony of self in the cohesion of time and space.

What should we do when we seek forgiveness, but our efforts are rejected? We cannot change the unchanging. But we can change ourselves. Self-growth is not wholly dependent on the other's forgiveness. Self-growth is self-initiated, even if it is other-promoted and other-facilitated.

Our responsibility is to improve ourselves. In doing so, inevitably we improve others. The other who rejects forgiveness may or may not see our improvement, and how it has cascading effects into the improvement of others. But once this happens, does it really matter? Self-growth is its own reward. When it happens, is will always help the other. Self-growth is the other's reward. When it takes place, even the other who rejects forgiveness profits, either directly or indirectly. If we are not pardoned by the other, there is no reason to stop growth.

RESPONSIBILITY. Self-forgiveness is responsibility. Responsibility always involves listening to what the immediate moment requests of us. It also involves seeing what we should request of future time. Finally, it involves coming to terms with, working through, and accepting the past.

There is never mistake in genuine responsibility. There may be misapplication, but not mistake. There may be missing elements, but not error. There is never meanness.

Genuine responsibility engulfs forgiveness. When we are responsible, we are always forgiving and always forgiven. We do not have to stop to forgive or be forgiven, for forgiveness is constantly

reborn in us as we rebirth ourselves. Being responsible is an ever-present process where mistakes are understood and forgiving happens as the mistakes are made, or even before.

Every one of us has at least the potential to want to start over, and living forgiveness allows constant rebirthing, constant starting over. **Once the potential to want to start over is born in us, it rises to the clouds, droplets of invisible hope, climbing the sky**. We see the trailing light of the comets that we wish to launch.

Part V
Mind and Spirituality

Religion As Active Questioning

Religion is our collective effort to formalize the expression and to encourage the expression of our spirituality. Religion fulfills an important human need, and, at its best, it offers individual and collective psychological flourishing and a spiritual sense of salvation. It brings people together for acting morally as individuals and in unison.

However, as with any human activity, it has its potential disadvantages and dangers. **One danger is that religion blinds us from what our spirituality asks us to see and leads us to be**. Another danger is that, in its institutionalization, it becomes rigid and doctrinaire, and is even subverted into a fanatical form of fundamentalism.

Religion can counter these disadvantages and dangers by allowing active questioning. When individuals engage in active questioning, they seek questions to ask, search out the best answers to the questions, respect but do not reify the answers provided by authorities, and include all members of their community in this process. Religious leaders understand that this process allows members of the community to grow, evolve, change, transform, improve, understand, empathize, love, and act ultimately both for personal moral good and for the common good.

Active questioning works as dialogue, dialectic, and dynamic—it is a transactional opening of thought. It is never fixed. A confident religion is marked by growth and does not fear active questioning, does not fear change, and does not fear its betterment.

Rules, traditions, symbols, rituals, texts, and the like are codified artefacts produced by religions as attempts to assure spiritual growth and emerging moral action. These religious tools can inspire individual and collective growth, yet, at the same time, there is the danger they can constrain it, depending on how they are written, told, taught, and used. They have the danger of ossifying rather than edifying. In addition, when one collection of religious tools is perceived as the best one, or as the only valid one, and it is pitted against others,

then religious tools can harm.

Religious tools should be studied as historical attempts toward individual and communal construction of spiritual enhancement and moral action, and should be studied in terms of their successes or failures in these attempts. We have a need to ask what is mystery, what are the questions, what are answers, and how to actively question and actively grow. Religious tools attempt to fulfill this need, but despite their best intentions, as with any human text, material, or activity, they can be poorly expressed and act against growth along these lines, or those who interpret the religious tools or lead congregations can produce misunderstandings that act against positive growth.

People should study and actively question the meaning of religious tools among themselves. They should actively dialogue with religious tool interpreters and congregation leaders. These authorities should consider themselves as equals to community members who pose active questions. They should render not only opinions about the questions being asked but, also, they should ask active questions in their turn. One danger of formal leaders and interpreters in any institution is that they always feel that they must lead or have all the answers, thereby inhibiting active questioning in themselves and in others.

In the end, **spiritual wisdom is not written or told, but it is lived**. It is not read or learned, but it is acted upon. Words and stories are static attempts to inscribe perceptions of the active spiritual flow. Words and stories should not induce us to adopt static answers to difficult questions but, rather, they should facilitate our sense of responsibility to engage in active questioning. It is not the responsibility of the writers of words and the tellers of stories to actively question for us; the responsibility is ours. It is a responsibility that is ever present and ever demanding. When we act out of this responsibility, and attempt to influence religion and other institutions accordingly, then religion and other institutions may become increasingly responsible and moral.

II

Natural Psychology

At the beginning of the book, psychology was presented in a traditional way, with its areas of study described, and with the capacity for human growth emphasized. At the end of the book, we return to the question of understanding psychology, or how it can grow just as we can grow. Psychology concerns the whole person. It is about the person living in context. It is about promoting the well-being of individuals. The well-being of individuals cannot develop optimally if the context is not appropriate or is not supportive. Increasingly, psychology should continue to define itself in terms of what it has to do to help people in their context. By acting to have people help themselves, each other, and their context or the environment, we increase the probablity of both our own and a collective sense of worth. **Psychology should continue to emphasize that life is not only about seeking happiness and avoiding stress. Rather, sometimes we have to learn to accept difficult times, to help others without thinking of ourselves, to stop seeking continual pleasure, and, generally, to act responsibly**.

Psychology should be concerned about facilitating this sense of responsibility for the other and our society. Psychology should be seen by people as a natural ally in the task of continuing to grow, live well, and be helpful. In all these senses, psychology should be an integral component of peoples' lives and their contexts throughout the lifespan, and a source of knowledge, advice, strength, enrichment, solace, and destressing and rejoining joy. Professionally, psychology demands much study, and seems oriented to help individuals rather than communities. Also, psychology should strive to promote in people a will to have collective sound mental heath in all aspects of our daily lives, and to improve the positive psychology we all carry. By doing this, we can keep changing, growing, and improving, providing continually revised and updated ideas and strategies for the community to learn and apply, working for the wider good. Moreover, in helping others and the wider society, the feedback to our own children will be enriching.

III

Poems

A Healing Poem

When did your Self and selves know
that It, the Bother,
should hear different ways
should speak the not-yet-spoken
should join the chorus
of your song to the world
that it could no longer be the maestro
among the array of voices
with which you compose to the world?

When did you come to know
that it would not live serfdom
and that you would live selfdom
that you had always resisted
and exceptions had always persisted
that it was learned and external
and your strengths are innate and internal
that it could not know
the shadows of your future
in the dark of its past?

How did you escape from its furies
to put its demon fires at bay
and return to its metamorphosis?
How did you placate its fearing voices
have your wise selves resource for you
undo the hidden plans of
subjugation that it had for you
convert its wasted energy to directed synergy?

How did you decide to climb your mountain
to become guides who grow in guidance?
When did you know that interior victories
could mark your mind
like the words of a holy book
mark its pages?

Who can attest to your valor
who knows the majesty of your strengths?
To whom shall we narrate this tale of liberation
this story of vanquish and reconstruction
this discovery of the path that leads

to other paths where all paths are possible
this new history of your self and its multiplicities
this new scenario of hope and ardour
this new play where you are writing
the dialogues of being and sharing
the discourses of giving and caring
the actions of competence and daring
the feelings of tenderness and loving?

How did you create
to whom should we relate
this desire for growth and spirituality
this quest for learning and mutuality
where you fuse with the eternal
become the maternal and paternal
and
know and understand
by warm logic
and
by paintings from the soul?

You have been your witness
and I have been your scribe
You have mined the buried script
of your life
and I have heard you restory it
You have chosen not to ignore
the sages among your selves
whom were always there
and I am listening to their parables

When one wing decides to glide free
the other follows
When one feather is cupped in the hands of the wind
the others share in the journey away from destination
And when all is revisioned,
when your emancipatory handiwork
has fashioned from the clay of yourself
a growing sculpture,
what will you archaeological self
tell the Bother as it lies part of the sand?

RHYME POEMS

Love

I see you
I see lightning strike my heart
I hear you
I hear a buzzing hornet's dart
I touch you
I feel life is painting its art

I Wish I Could Be a Child

I wish I could be a child
Innocent to the horror
Free of war at last
Not trained to be a warrior

I cannot be all this
But this I can try to do
To help children
Live this vision true

Looking Free

Looking back to what I was
I could not see what I would be
Looking at what I am
Tells me not what I will free

When I Hear Laments from the Soul

When I hear laments from the soul
The universe laments the hurt
An open wound is formed
Stretching ′round the earth

The sky turns sombre grey
The seas sway in a dirge
Forests weep their leaves
Fields feel the purge

Hurts never end
But they can transform
To heal laments within
And help those not yet born

The Universe is My Soul

The universe is my soul
Stars are my eyes
Suns are my fires
Constellations my skies

Galaxies my wishes
Planets my dreams
Moons my reverie
Horizons my beams

My soul is the universe
Limitlessly long
Expansively open
My love is strong

Seeking partners
In sacred places
Moral lights
In hallowed faces

Let's be partners
Combined as one
Universes and souls
Unity spun

The Enabled

The mind sees where eyes cannot.

Individuals with blindness never stop having vision.

Individuals who are hearing impaired perceive the world.

The mind creates sounds from lips read.

The body is hurt and limps.

The mind walks proud.

Individuals with disabilities do not call them that.

They live lives, not labels.

We are the helpers of each other. Each of us is enabled by the other.

Each suffering is an invitation to the other, but also to the self.

Life is created by biology but lives because of psychology.

The genes are a blueprint.

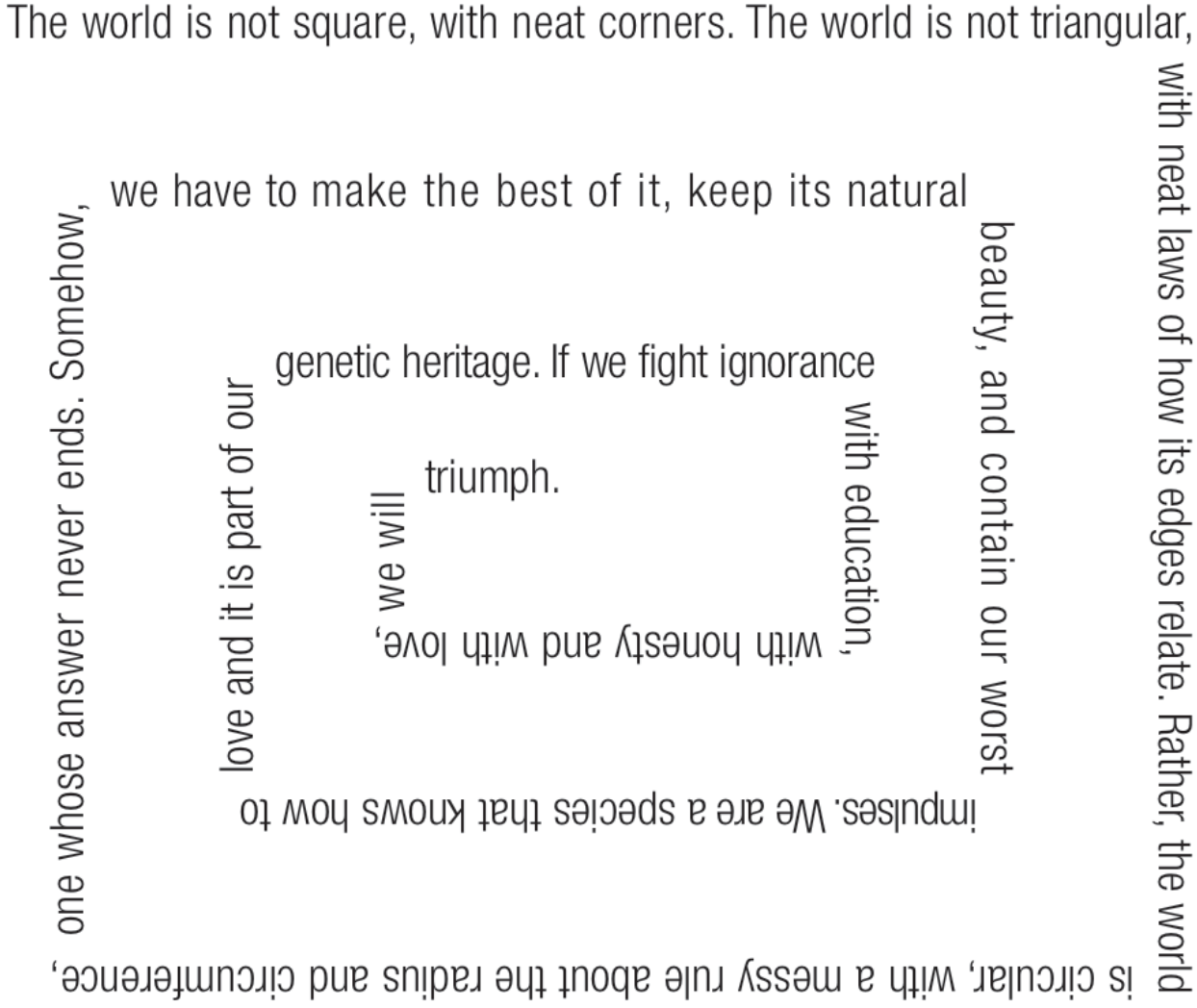
The human buildings are our own.

We are neither nature nor nurture, but compass.

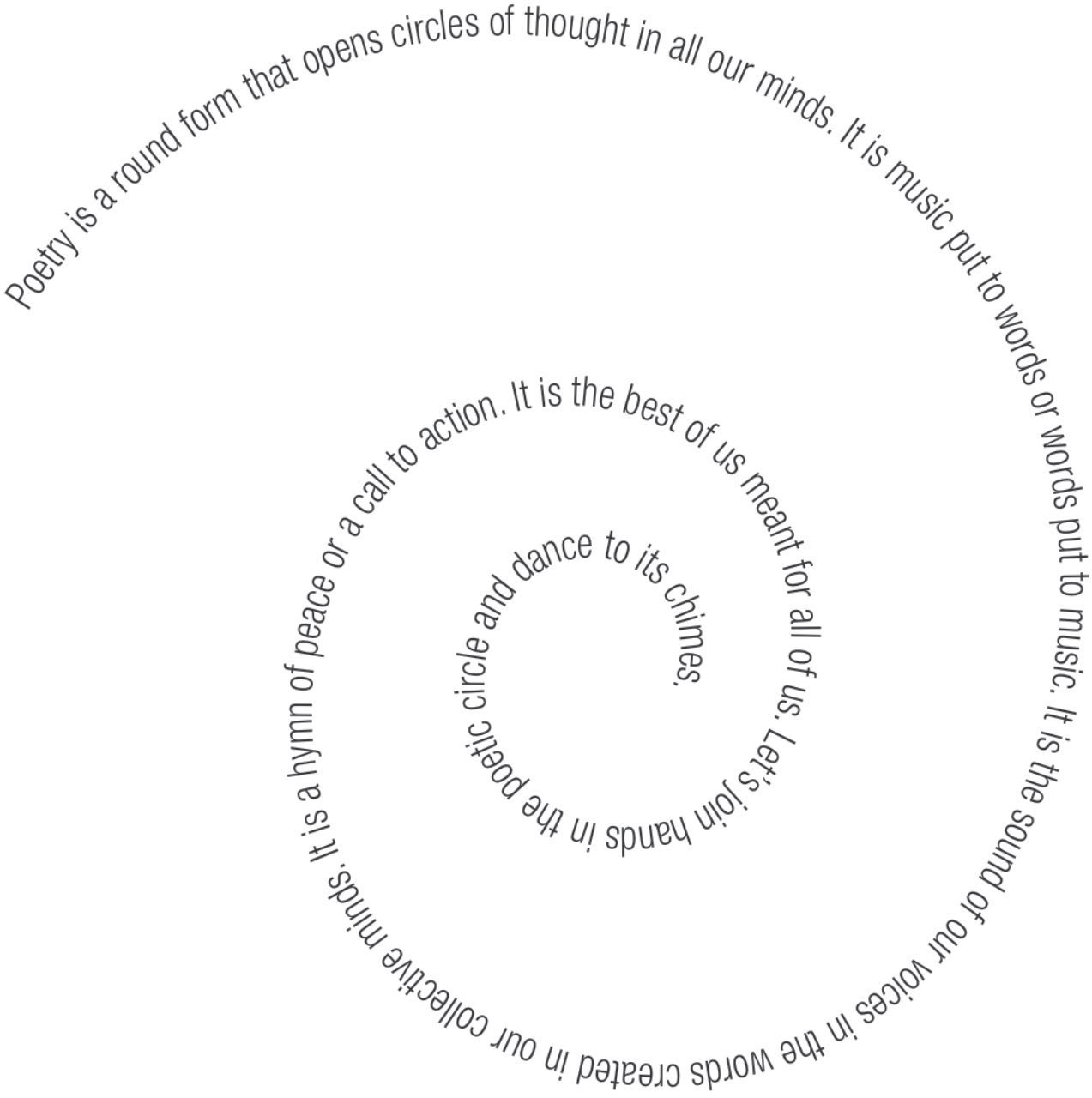
We are neither predispositions nor dispositions, but compositions.

The enabled live that and can teach us that.

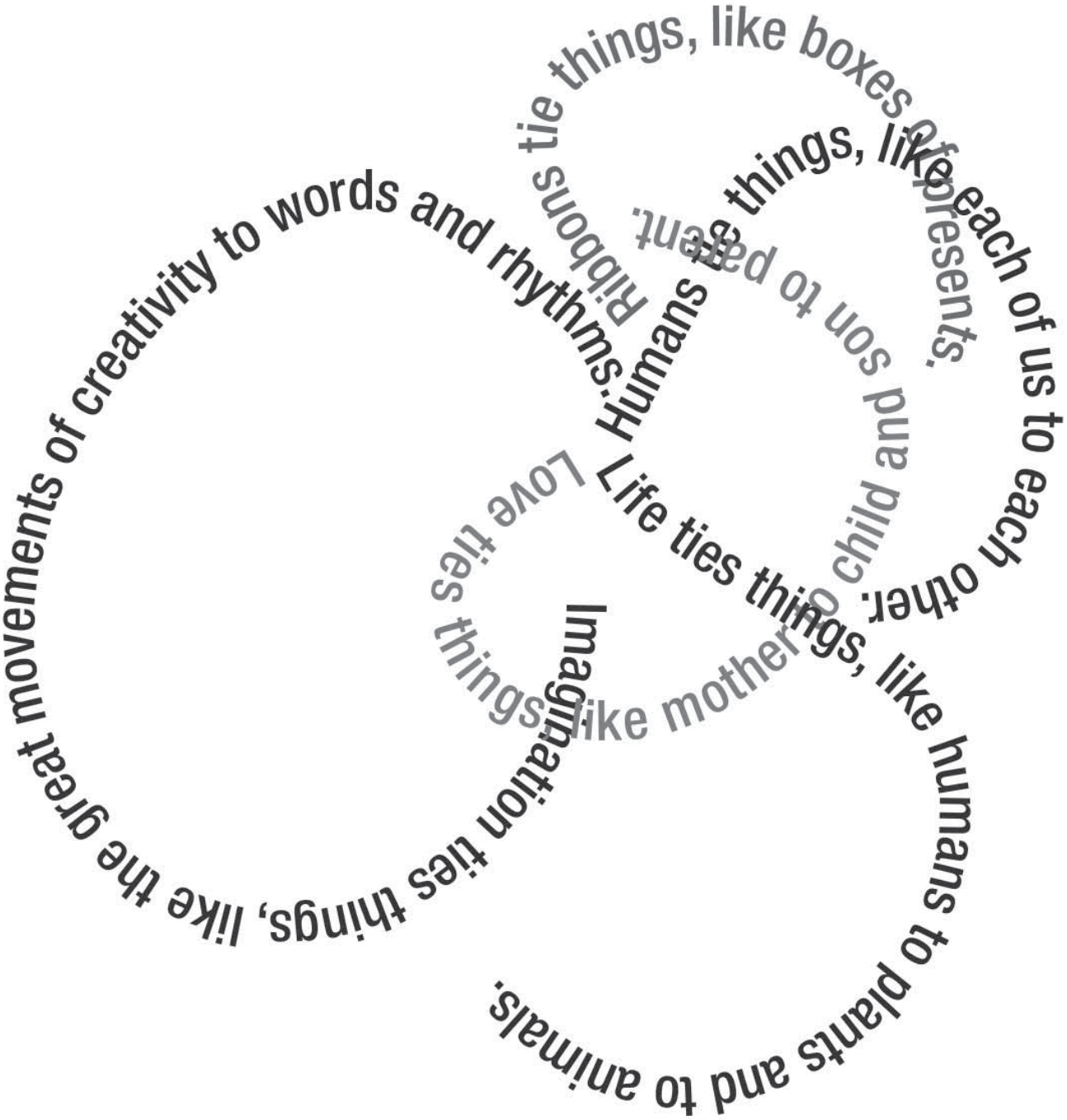
Square Poem


The world is not square, with neat corners. The world is not triangular,
with neat laws of how its edges relate. Rather, the world
is circular, with a messy rule about the radius and circumference,
one whose answer never ends. Somehow,
we have to make the best of it, keep its natural
beauty, and contain our worst
impulses. We are a species that knows how to
love and it is part of our
genetic heritage. If we fight ignorance
with education,
with honesty and with love,
we will
triumph.

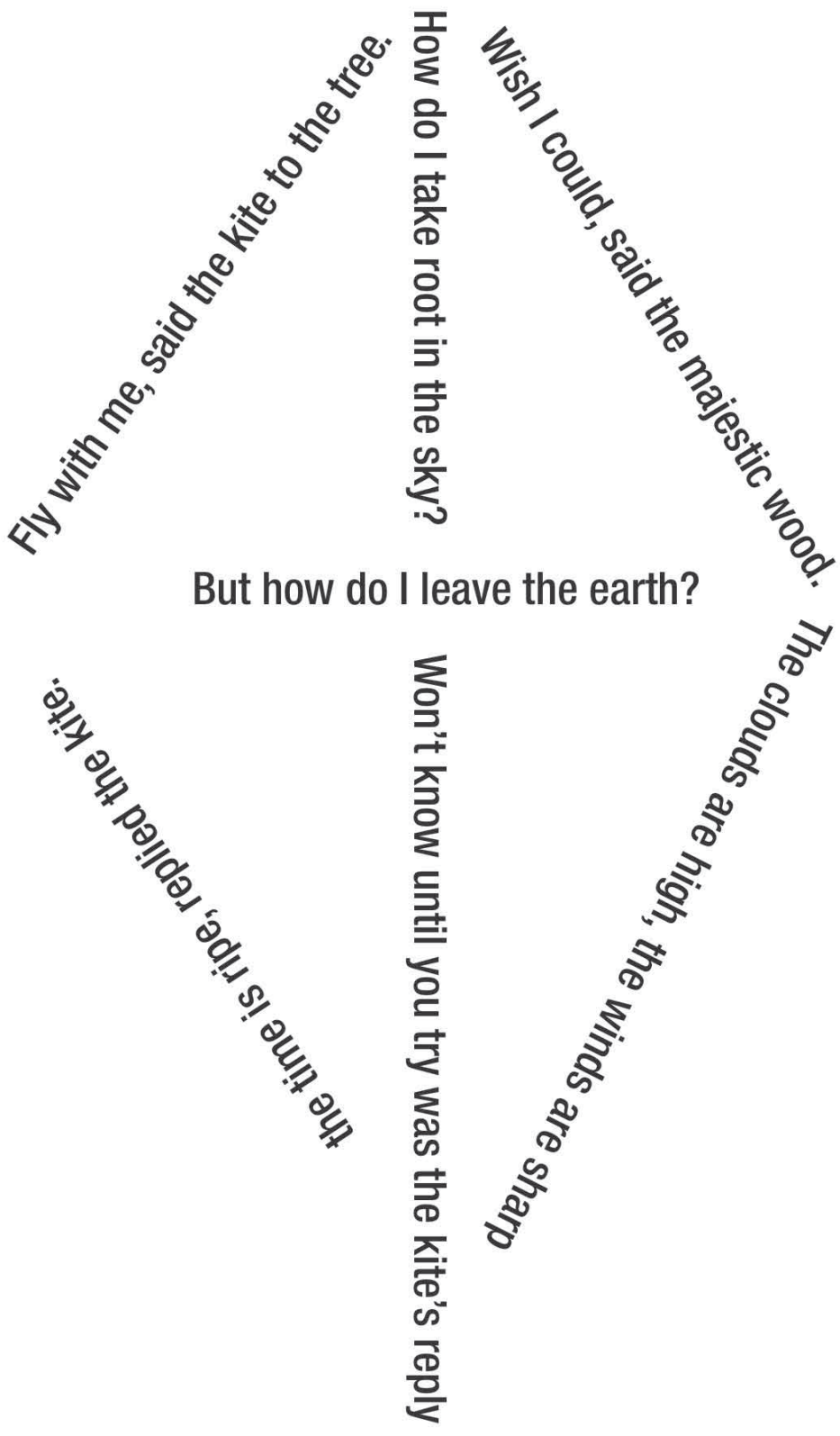
Spiral Poem


Poetry is a round form that opens circles of thought in all our minds. It is music put to words or words put to music. It is the sound of our voices in the words created in our collective minds. It is a hymn of peace or a call to action. It is the best of us meant for all of us. Let's join hands in the poetic circle and dance to its chimes.

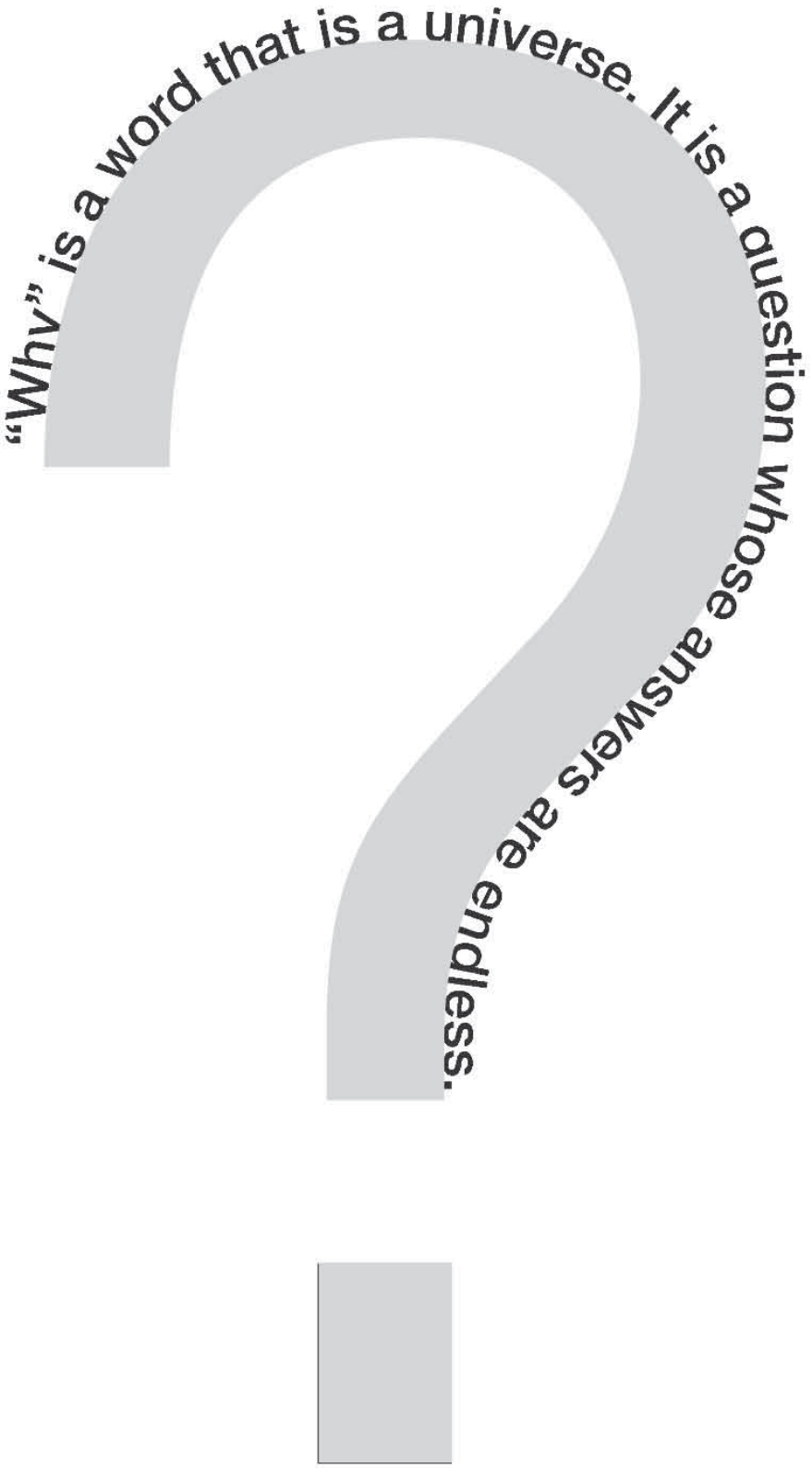
Ribbon Poem


tie things, like boxes of presents.
Ribbons are things, like each of us to each other.
Humans
Life ties things, like humans to plants and to animals.
Imagination ties things, like the great movements of creativity to words and rhythms.
Love ties
things like mother and child and son to parent.

Kite Poem


Fly with me, said the kite to the tree.
How do I take root in the sky?
Wish I could, said the majestic wood.
But how do I leave the earth?
The clouds are high, the winds are sharp
Won't know until you try was the kite's reply
the time is ripe, replied the kite.

Question Mark Poem



As you complete the reading of the book, you can begin to write notes on your psychology and how you can improve it for yourself and others.

NOTES

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