



CHAPTER 10

Healthy Boundaries: Behavior Modification

How many psychiatrists does it take to change a light bulb? One, but the light bulb has really got to want to change.

—Anonymous

Good parents give their children healthy boundaries, essential rules to live by, such as “Eat your vegetables,” “No phone calls after 9:00 p.m.,” “Dessert comes after dinner, not before,” and so on. Simply stated, healthy boundaries are codes of appropriate and responsible behavior that one should follow to live a healthy and productive life. We learn these boundaries from our parents and/or loved ones as we grow up. But as we mature into adults we must create and maintain our own adult behaviors. Consider basic cell physiology as a metaphor for healthy boundaries: Each cell has a cell membrane, a gatekeeper to keep things in that must stay in (e.g., nucleus, DNA) and keep those things out that do not belong inside the cell, while regulating what comes in (oxygen) and what leaves (waste products). Healthy cells have great cell membranes. Cells with impaired cell membranes have all kinds of problems. Human beings are no different.

Healthy boundaries promote great health; a lack of such boundaries sets the stage for poor health and well-being.

Take a look around today and you will notice that there are flagrant violations of healthy boundaries everywhere: poor eating habits, rude technology habits, questionable drinking habits, abysmal financial habits, and dysfunctional relationships. The list goes on and on. Poor boundaries often lead to a sense of victimization. At some point everyone trips and falls. Some people stay face down and dig a hole, hit rock bottom, and keep on digging. Others hit rock bottom and decided to make a course correction, get out of the hole, stand up, and start walking again. Healthy boundaries are guidelines for healthy living, and behavior modification is the strategy to keep you on the road, rather than driving off a cliff. The key to life is structure and flexibility, that is, healthy boundaries and behavior modification.

■ Behavior as a Component of Personality

One school of thought in psychology states that personality is made up of three factors: values, abstract constructs of importance; attitudes, perceptions derived from values; and behaviors, conscious and unconscious actions based on attitudes and perceptions.

Values are those aspects that give meaning to our lives. Values are abstract constructs we adopt early in life by emulating figures of authority, including our parents, grandparents, and older brothers and sisters, as well as schoolteachers and other influential people from whom we seek love and acceptance. They are intangible concepts such as love, honesty, freedom, joy, wealth, pleasure, education, privacy, and creativity, to name a few. They are often made tangible through objects that symbolize their value. For example, education is a value, and it is symbolized by books and a diploma. Creativity may be symbolized by a musical instrument. Values may consist of morals and ethics, but they include more than these. Research by Milton Rokeach in 1972 suggests that each person has a hierarchy of approximately two dozen values. This hierarchy consists of two levels. The first tier Rokeach described as instrumental values, a handful of values that are “core” to the meaning of the individual. The second level he called terminal values, those important constructs that lend support to the core values. A personal value system is not static. Values can change in order of importance, moving up and down the continuum, to be replaced by or even exchanged for others. When values shift or are deleted, this may represent a conflict in values, and stress may ensue.

Attitudes are beliefs based on our values. Although the number of values in our personal value system is limited, Rokeach states that each value may carry with it hundreds of attitudes. Attitudes are beliefs, perceptions, and feelings

Values: Abstract, intangible concepts of importance or meaning, such as time, health, honesty, and creativity, that are symbolized by material possessions.

Attitudes: These are beliefs about our values, often expressed as opinions.

Behaviors: Actions (direct or indirect) that are based on conscious (sometimes unconscious) thoughts.

Classical conditioning: A learned behavior to a stimulus with regard to involuntary functions, such as becoming hungry when the clock strikes 12 noon.

based on a specific value. Attitudes can be positive or negative in nature. Negative attitudes are associated with perceived stress.

Behaviors are considered to be any action, direct or indirect, that is based on a conscious or unconscious thought. Behaviors are thought to be physical manifestations of an attitude based on a specific value. For example, clapping your hands at the end of a concert is a behavior influenced by your perception that the music you heard sounded pleasant. The music, in turn, can symbolize a value of freedom, or creativity. In terms of well-being, behaviors can be considered either health promoting or health impeding. The behaviors deleterious to one's health are often targeted for change.

Personalities are difficult, if not impossible, to change. Of the three components making up personality, psychologists suggest that values are the most difficult to influence. Attempts to change attitudes have met with some success (e.g., through cognitive restructuring); however, attitudinal changes may not last without significant attention being devoted to their associated responses. Behaviors, on the other hand, have been shown to be the most likely modified or favorably altered factor to improve health status. Millions of dollars and years of research have been spent to understand the concepts involved in behavior, particularly with respect to those lifestyle diseases resulting in astronomical healthcare costs. Results from these studies indicate that changes are possible when several factors (biological, psychological, and sociological) are collectively taken into consideration. For example, in the treatment of alcoholism, the factors taken into account include genetics, stress levels, and social contacts.

As complex as human behavior is, there is no shortage of theories as to why we behave the way we do. Whether our behaviors are learned or innate, we are creatures of habit. Here are some of the more well-recognized theories of human behavior as applied to the practice of behavior modification. Understanding the nature of these theories may help you to modify your behavior.

Classical Conditioning. The concept of **classical conditioning** was first described by Russian physiologist Ivan Pavlov in the late 1920s. Pavlov's theory, based on his research with dogs, suggests that animals become conditioned to specific stimuli to act in a specific way. What Pavlov observed was that his dogs began to salivate when they heard a bell that they associated with food. People, like dogs, can also become conditioned to behave in a

certain way. In this regard, when a stimulus is coupled with a physiological reflex, the result can be a behavior with some pretty deep roots, one that can take years to unlearn. I am reminded of a student of mine who, upon listening to a relaxation CD with the natural sound of a brook, felt the undeniable urge to go to the bathroom. Slightly embarrassed, she approached me after class and told me that she felt very uncomfortable with the CD track. When she was a young child, she told me, her mother, who often was in a hurry to do shopping or errands, would run the water in the bathroom to get her to urinate quickly. Now whenever she hears running water, she gets the urge to go to the bathroom.

Operant Conditioning. Unlike classical conditioning, in which the behavior is specific to physiological autonomic functions, operant conditioning speaks to the nature of voluntary behaviors—those that we make a conscious decision about. Although the concept of **operant conditioning** dates back to the late eighteenth century, this approach to human behavior became the primary focus of psychologist B. F. Skinner, whose significant work spanned from 1930 to 1970. In simple terms, operant conditioning is based on the concepts of rewards and punishments, in which good behavior is reinforced and bad behavior is disciplined. The logic to operant conditioning is that when behavior is positively reinforced, the behavior is likely to be repeated, whereas punishment is used to deter unbecoming behavior. Most likely your parents raised you under the influence of operant conditioning, because child rearing typically uses this style of behavior modification. But it doesn't stop in childhood; motivational techniques such as incentives are used with great frequency in the business world to boost profit margins and work productivity. Variations of operant conditioning are used in a host of recovery programs as well.

Modeling. Little children aren't parrots, but if you were to listen to how closely a child imitates his or her mom or dad, you would be amazed at the degree of accuracy in both language and body postures. **Modeling** is a name given to the concept of imitation—that is, a behavior learned through imitation. Modeling differs from operant conditioning in that usually no direct reinforcement is involved. Out of sheer will, a person is motivated to copy one or several aspects of someone with whom they are closely bonded or to whom they find some degree of attraction (Pescuric and Byham, 1996). It may be parents, but in the age of multimedia exposure, it could be any public figure with whom the individual wishes to identify.

As might be expected, negative as well as positive behavior can be imitated, and often is. More often than not, the expression “Life imitates art” comes to mind when individuals are seen to model negative behavior viewed on television or in the movies. Although children often model themselves after those people they see as heroes, we never outgrow the capacity to model our behavior after someone we admire. During the aging process, the word *hero* changes to *role model*, or *mentor*. Modeling is typically used as a crucial component in the practice of building self-esteem.

There are several types of *behavior modification* programs currently conducted in the United States that focus on negative health habits. Most of these programs center on substance addictions (alcoholism, eating disorders, smoking cessation, and drug addictions) and behavioral addictions (workaholicism, shopping, sexual habits). Additional programs target lifestyle improvement changes, including time management and assertiveness. Regardless of focus, the bottom line in all positive behavioral-change programs is building and maintaining self-esteem. The focus of this chapter will be assertiveness skills, which are considered paramount in the development and maintenance of self-esteem. But before we look at the skills highlighted in assertiveness training workshops, let's examine the dynamics involved in behavioral change.

■ The Behavior Modification Model

In learning about their stress-prone personality traits, individuals often see themselves, or parts of themselves, as less than flattering. Acknowledgment of these traits may in fact contribute to their stress. Whereas some individuals recognize these traits and behaviors and make corresponding changes to fine-tune their personalities, others have difficulty overcoming the obstacles to change. Thousands of investigations have been conducted to determine the effectiveness of changes in behaviors to promote health. The topics of these studies include everything from substance abuse and wife beating to eating disorders and insomnia. The majority show that it is far

Operant conditioning: A learned behavior that stems from a voluntary function or something we make a conscious decision about.

Modeling: The ability to emulate or imitate our behaviors from the observation of others we respect (e.g., parents, schoolteachers, and peers).

easier to *initiate* a new behavior than it is to *maintain* it over a prolonged period of time. Motivation, it appears, is strong at the start of any desired behavior change but fades fast (in about 1 to 2 weeks) when immediate effects are not observed. Recent studies reveal that before and after functional magnetic resonance imaging (fMRI) brain images of people who have undergone a behavior change (e.g., quitting smoking) reveal that neural activity can be detected in the frontal cortex, which is associated with behavior inhibition and self-discipline. Like a dirt road that becomes a paved highway, the neural activity becomes more pronounced each time the new behavior is acted upon (Duhigg, 2012). Perhaps no one is better suited to know behavior and subsequent behavior changes than scores of marketing executives whose sole purpose in life is to get you to buy their products. In his book, *The Power of Habit*, author and New York Times investigative reporter Charles Duhigg examines many case studies in which advertising executives try to convince consumers to make specific purchases, from Pepsodent toothpaste to Febreze deodorizer. Reducing behavior to its simplest terms, Duhigg first reviews the basics of behavioral habit, all of which occur in three simple steps: (1) cue (something that triggers an action), (2) routine (the action), and (3) reward (gratification). Behavior modification, he states, comes down to changing one or more of these aspects. And this is what advertisers do, quite successfully, to get customers to try or even switch to a new product. The same can be done to shift from a stress-prone behavior to a stress-resistant behavior. Buying a product is one thing. Moving from a fear- or anger-based behavior takes a little more effort. To first understand and then favorably alter factors associated with unhealthy behaviors, psychologists in the field of behavioral medicine have devised a model based on observational research. All successful programs contain this progression of steps to change behavior. When applied to lifestyle and behavior changes, these steps may lead toward improved health status and quality of life. This **behavior modification model** has one precursory phase (denial) and five distinct systematic stages.

Behavior modification model: A model that illustrates the steps taken to change a negative behavior into a positive one.

Denial: In some cases, this is the first step of changing a negative behavior.

Awareness: Learning to become aware of a specific behavior in the effort to change it.

Several behavioral psychologists and therapists agree that **denial** is actually the initial stage of or a precursor to a behavioral change. For example, Freud described denial as a defense mechanism employed to soften the blow of perceived threats to the ego. In the denial stage, people refuse to admit either that they practice an unhealthy behavior or that a specific behavioral practice they engage in is unhealthy. A prime example is someone with a chronic drinking problem who refuses to admit he or she is unable to control his or her drinking. Although not everyone starts with this stage, many people do. It is often this difficult stage therapists and counselors help their clients to work beyond, to get to what many people agree is the primary stage of behavior modification: **awareness**.

1. *Awareness:* In the awareness stage, you realize that you actually think or behave in a certain way that is unhealthy or less than ideal. In the context of this text, these behaviors are stress-producing habits. Awareness may come about as a result of some educational experience (e.g., a class, public service advertising, a newspaper article, journal writing, or the advice of a close friend) wherein your consciousness is raised about a certain behavior. Awareness can also occur when you simply admit that one (or more) of your current behaviors is no longer desirable. Once you see this undesirable behavior in yourself (e.g., codependent tendencies such as ardent approval seeking and victimization, or Type A behaviors including hostile aggression), the process of change can begin.
2. *Desire to change:* Many people recognize they practice a negative health behavior, yet they are not inspired to change it. Without the desire to alter behavior, even when it becomes obvious how damaging it might be, no change will occur. Many people are aware that consuming foods with cholesterol is related to heart disease and that cigarette smoking causes cancer, yet these behaviors remain intact because the will to change is less than the immediate desire to hang on to whatever benefits the behaviors provide. Desire to change usually comes about when the behavior no longer provides the ability to cope, and in fact places one square on the path to either disaster or death. The expression “hit bottom” is often used to describe the ultimate low point experienced by people, who then generate a desire and become quite motivated to make a behavioral change.
3. *Cognitive restructuring:* In this stage, you actually catch yourself in the act of the undesirable behavior and think of a new and suitable alternative.

For example, rather than ask someone a closed-ended, approval-seeking question such as, “Did you like my performance last night?” you ask an open-ended question like, “What did you think of the performance last night?” This gives the responder a chance to answer freely and takes the focus off you. Cognitive restructuring is really self-dialogue recognizing both current and pending behavior, as well as the option to favorably change it.

4. **Behavioral substitution:** In the substitution stage, an undesirable behavior is consciously replaced with a healthy or stress-reducing behavior. Sometimes this **behavioral substitution** process is thought out or rehearsed in the form of mental imagery before it is acted out. In a case where you have become aware of the habit of self-victimization (in the way that stressors are described to others), you change the description of this circumstance to friends or relatives, thus shifting the emphasis off yourself and onto the real problem. Not all changes are substitutions. Some modifications may be additions to the repertoire of your behaviors. For example, the initiation of one or more coping skills and relaxation techniques may be an example of additions to your behavior. Usually, however, when a new behavior is adopted, because of time limitations, something else in one’s daily schedule gets pushed out of the way. This is a reflection of one’s priorities and values.
5. **Evaluation:** After a substitution has been made, during **evaluation** you should figuratively “step back” to analyze whether the new behavior worked, ask yourself why or why not, and decide what can be done to fine-tune this process when the occasion arises again.

A Second Behavior Modification Model: Stages of Change

By some estimates, there are more than 300 strategies to changing one’s behavior from less desirable actions to more desirable ones, from going “cold turkey” and hypnosis to 30-day recovery programs and much in

between. As a child of alcoholic parents, James Prochaska became fascinated with behavior change and studied the topic extensively. In 1982, his efforts resulted in what has become regarded as one of the premier models of behavior modification, called the “Stages of Change.” Prochaska and his colleague, Carlo DiClemente, observed that by and large behavior change (particularly for behavior of an addictive nature) is not a singular event but a process, if not a skill (much like an athletic skill), that may take months or longer to master. What makes his approach unique is that he acknowledges the aspect of relapse as a common part of the process and not failure unto itself.

This model contains six steps and includes the following:

1. **Precontemplation stage:** A stage that might also be called denial of the problem or unconvinced that a behavior problem exists (**FIG. 10.1**).
2. **Contemplative stage:** A point at which a crucial mass of information is acknowledged to consider that change might be a worthy choice to make.
3. **Determination stage:** A period where willpower is called into play to put the thought process of behavior change into action.



FIGURE 10.1

Behavioral substitution: Substituting a new (positive) behavior for a less desirable one.

Evaluation: The process of observing and analyzing a newly adopted behavior, to see if the new behavior works.

4. *Action stage:* A stage when, indeed, action is taken, yet like an athletic skill, it may take several tries to get it right.
5. *Maintenance stage:* The stage where the person steps into the flow of making this change a part of his or her regular routine. This stage could also be called “second nature.”
6. *Relapse stage:* A period where the old behavior is resumed for a while, until the newer (healthier) behavior is readopted.

Although Prochaska’s model doesn’t involve a stage for self-examination per se, this model has been adopted by many groups and organizations geared toward positive behavioral change from substance addictions to personal growth programs. It also has been used for health promotion programming with regard to weight loss and exercise programming. Whereas some programs tend to focus on strengthening the internal locus of control, others include external incentives or rewards (e.g., T-shirts, tote bags, coffee mugs) as a means of behavioral modification motivation, often with mixed results. This use of external rewards is one area of criticism of Prochaska’s behavior model (Robison and Carrier, 2004). As the saying goes, “Real change has got to begin from within.”

Is Stress a Trigger for Relapse?

What role does emotional stress play in behavior modification? The research in behavior change is conclusive: Stress (threatening perceptions of an event) is the most likely catalyst of unhealthy behavior. In the field of psychology, the term used to describe this is *antecedent*, and it means that various events or situations perceived as stressful act as a means to adopt stress-prone behaviors or revert to old behavior patterns such as smoking, drinking, binge watching (and screen addictions) (FIG. 10.2). Outside the field of psychology, they are referred to as buttons (e.g., “He really pushed my buttons”). Does emotional stress affect your behavior? What are your buttons (antecedents) that, when pushed, steer you in the direction of less than healthy behaviors? Becoming aware of these is also part of any behavior modification process.

As the field of life coaching gains acceptance in American society, motivational interviewing has become a cornerstone to behavior modification in this profession. Motivational interviewing grew out of efforts of William Miller and Stephan Rollnick (1991) to help alcoholics identify and change their addictive behaviors. Motivational interviewing is defined as “a directive, client-centered



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FIGURE 10.2 Changing behaviors is not always easy if they have been lifelong habits. Some behaviorists suggest that change will take place only when there is sufficient desire.

counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed.” Today, this approach is used by many life coaches for all types of behavior changes, from credit card shopping and career goals to fitness training and various health behaviors.

Note that when people desire to change or improve their lifestyles they are typically eager to change all their undesirable behaviors at once, almost to become new individuals altogether. This approach, though most admirable, is often doomed to failure. Behavioral psychologists suggest altering one undesirable behavior at a time as the best method.

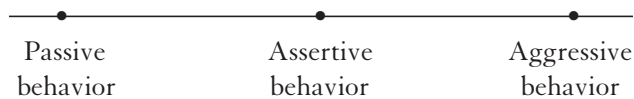
Many behavior theories, including self-monitoring, classical conditioning, operant conditioning, and modeling, suggest that behaviors can indeed be changed. From the nature of these theories and the research that led to them, it can be seen that there is no one best way to change behavior. The current school of thought is that the best approach to behavioral change is a multimodal

approach (also called the biopsychosocial or holistic model) wherein many theories and their related techniques are combined in an attempt to produce a lasting effect. One major focus of all these theories is self-esteem. It appears that low self-esteem is associated with virtually every stress-related behavior. Therefore, it has taken on major importance with regard to behavior modification, particularly as it relates to assertiveness and assertiveness skills.

■ Assertiveness

Assertiveness is described as the ability to be comfortably strong-willed about one's thoughts, feelings, and actions, and neither inhibited nor aggressive in actions for the betterment of oneself in the surrounding environment. Andrew Salter is credited with introducing the term **assertiveness**, in 1949, to mean an inner resource to deal peacefully with confrontations. The term was reintroduced by Arnold Lazarus, who defined it as "expressing personal rights and feelings." Since its introduction, it has become the major focus in changing stress-related behaviors.

Psychologist Dennis Jaffe (Jaffe and Scott, 1984) developed a continuum of behavior styles employed by people in their relationships with others. Behavior styles at either end of the continuum are conducive to stress:



Stress often produces many needs. Specifically, it produces the need to express one's feelings; other needs are often an offshoot of these expressions. The need to be assertive exists when situations arise that involve contact with other people. The assertive style, rather than the passive or aggressive, is advocated to minimize feelings of anger or fear associated with stressful encounters, and to work toward a peaceful resolution. The following is a more detailed explanation of these three dominant personality styles:

1. **Passive behavior style:** The passive style is where one is too intimidated to express thoughts and feelings. As a result, the person usually forfeits his or her rights and freedoms. A person employing this style comes across as shy and gives in to other people's demands so he or she will be more easily accepted. A passive style avoids confrontations at any cost. Consequently, this style makes one feel

used and taken advantage of. The passive style is thought to be anxiety driven, yet the enactment of passive behavior results in feelings of resentment and victimization. The passive style is often employed by the codependent personality.

2. **Aggressive behavior style:** The aggressive style is where one acts to intimidate others and gain control of their thoughts and actions. Aggressive behavior includes manipulation, intimidation, accusations, and perhaps fighting. There is little or no regard for other people's feelings. Aggressive behavior may result in personal gain, but also breeds loss of respect and trust in those who were walked over and bruised on the way. The aggressive style is thought to be anger driven. It is often used by people who exhibit Type A behaviors.
3. **Assertive behavior style:** This is the preferable style, in which a person focuses on specific issues and problems, neither belittling him- or herself nor attacking others in the process of problem solving (McKay and Fanning, 2000). An assertive person recognizes his or her individual rights and stands up to protect those rights. Assertiveness includes expressing your opinion and being able to defend your rights, but not at the expense of violating others' rights. The assertive style minimizes opportunities to be taken advantage of by others. Assertive individuals are open, tolerant, and considerate of other people's feelings. To be assertive means to be able to overcome feelings of fear and to confront issues that demand resolution as well as communicate feelings of anger diplomatically, without putting others on the defensive.

Assertiveness carries with it the recognition of legitimate personal rights. These have been described by several

Assertiveness: The term given to a behavior that is neither passive nor aggressive, but proactively diplomatic.

Passive behavior style: A behavior influenced by intimidation that can often lead to feelings of resentment and victimization.

Aggressive behavior style: An aggression-based behavior that employs intimidation and manipulation.

Assertive behavior style: A behavior style that is neither passive nor aggressive, but one that is tolerant and considerate in the quest for individual rights.

Stress with a Human Face

If you could see Patty's face today, you would notice a glow about her. She radiates self-reliance and love. As brilliant as her smile is now, it wasn't always like this. In Patty's case, the road to inner peace began with a side trip to hell. At the age of 16, she looked to all the world like a normal teenager. But the allure of Fifth Avenue beauty in a weight-conscious society soon found Patty with an obsession to control her eating habits. Anorexic behaviors gave way to bingeing and purging, and the pattern remained an addictive ritual well into her 23rd year.

Reflecting back on her earlier years, Patty confided, "I was a perfectionist. I was obsessed with my weight. Food became a way to escape from my own feelings. Until I was 19, I denied I really had a problem, then I tried several methods to stop. Nothing worked."

In the fall of 1992, Patty pulled out the white flag and checked into a hospital. As she put it, "I hit rock bottom. It was this or die." The recovery program she started, well grounded in the twelve-step approach, led Patty to become fully aware of her behaviors and then slowly allowed her to substitute positive thoughts and actions for existing negative ones.

"Oh, I still get the urge now and then," she admitted during a quick visit to my office one day. "But I have never been happier in my life than I am now. I am at peace with myself and my higher power. I am very grateful," she sighed. The gratitude showed; the sparkle in her eyes said it all.

therapists, including Davis, Eshelman, and McKay (2002), and involve the following:

1. To say no and not feel guilty
2. To change your mind about anything
3. To take your time to form a response to a comment or question
4. To ask for assistance with instructions or directions
5. To ask for what you want
6. To experience and express your feelings
7. To feel positive about yourself under any conditions
8. To make mistakes without feeling embarrassed or guilty
9. To own your own opinions and convictions
10. To protest unfair treatment or criticism
11. To be recognized for your significant achievements and contributions

Typically, there are some people toward whom we are less than assertive in our manner. Usually these are people of higher authority, such as bosses and parents. Being unassertive, however, can occur with anyone by whom

we feel intimidated, including members of the opposite sex, people perceived to be more attractive than ourselves, and all strangers.

■ Assertiveness Skills

To change one's behavior, there must first be recognition that current behavior is undesirable and may in fact be stress promoting. Once awareness and the will to change occur, then alternative behaviors can be devised and implemented. From workshops on assertiveness training come a host of skills that may be included in one's behavioral approach to potentially stressful encounters. The following are advocated to help improve assertiveness:

1. *Learn to say no.* We are often asked to assist friends, family, and co-workers with their responsibilities. There are, in fact, times when we cannot complete a task alone. An American ethic has evolved suggesting that we must work together and help each other in times of need. Over time, this ethic has become warped so that individuals put other people's needs before their own (e.g., codependent personality). Saying no is mistakenly equated with rudeness, and doing so results in feelings of rejection in the other person. But saying yes when it is inconvenient or impossible results in resentment and victimization in oneself. Assertiveness training teaches people to

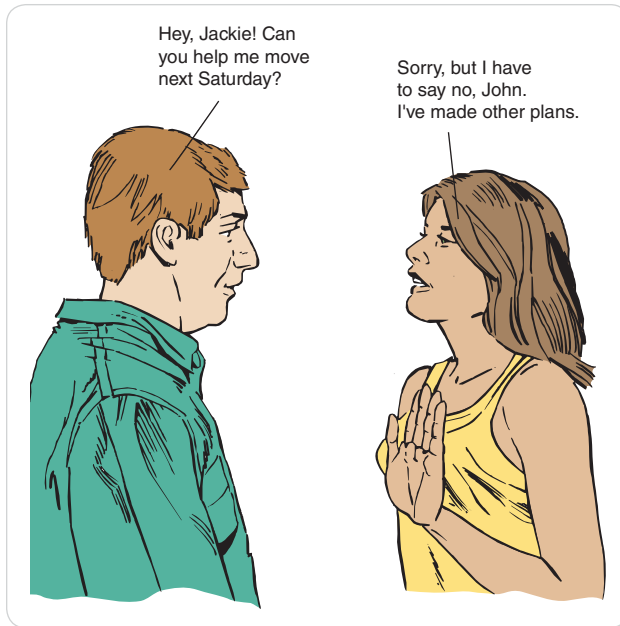


FIGURE 10.3 In the 1980s, First Lady Nancy Reagan started a campaign to stop drug use with the now-famous slogan “Just say no!” This same degree of assertiveness can be used in all types of situations, including taking on additional responsibilities you simply do not have time for.

say no without feeling guilty about hurting someone else’s feelings. People have the right to refuse a request without harboring feelings of guilt. Remember that other people’s problems are no more or less important than your own, and that you are not required to solve all the world’s problems. If you have personal obligations that conflict with requests by others, then diplomatically refuse to offer your support at that time. Do not let other people’s comments generate feelings of guilt (**FIG. 10.3**).

2. *Learn to use “I” statements.* When one examines stress-prone personalities, it is evident that the inability to feel and express emotions is common among the various types. Assertiveness training teaches people to feel comfortable expressing themselves by using “I” statements (e.g., “I feel angry about . . .” or “I perceive what you said to me as incorrect”). This skill also teaches people to be more spontaneous with their expressions, rather than suppressing their feelings. The use of “I” statements encourages a person to claim ownership of thoughts, feelings, opinions, perceptions, and beliefs. Assertiveness training programs teach that opinion statements

may take time to formulate. Don’t feel compelled to say the first thought that comes to mind. Rather, take a moment to consolidate your thoughts into a concise and direct response.

Nonassertive people often avoid describing their feelings for fear that others will disagree. Fearing rejection, they also tend to agree with other people’s thoughts and take a middle-of-the-road position rather than risk expressing their own feelings. The use of “I” statements strengthens ego boundaries. Although strong ego boundaries might seem more indicative of an aggressive behavior style than an assertive one, the constituents of one’s identity must first be recognized before they can be adjusted or exchanged in the ego development process.

3. *Use eye contact.* Body language is a very important communication skill. Nonverbal communication is more readily believed than the spoken word. Lack of eye contact during self-expression is perceived by others as either dishonesty or feeling insecure about what you are saying. Eye contact is often most difficult when you express your feelings toward someone else, for fear of rejection. Assertiveness training involves increasing eye contact while expressing various thoughts, feelings, and opinions. Learning this skill starts with a short time interval (1 or 2 seconds) and progresses up to 8- to 10-second periods. When pauses in eye contact are taken, people are advised to direct their eyes neither down nor up, but in a lateral direction momentarily, and then return again to direct eye contact. Just as poor eye contact communicates lack of confidence, staring (prolonged eye contact) is perceived as a violation of personal space and should be avoided.
4. *Use assertive body language.* An assertive tone of voice with a wimpy posture sends a mixed message to the person with whom you are communicating. The message is interpreted as either insincere or unsure. Postures, the ways in which you carry your body, either reinforce your message or detract from it. In addition to eye contact and tone of voice, your spinal posture and head position reveal at an unconscious level how you really feel about the messages you are communicating. It is suggested that your posture be erect, with your body weight equally distributed between both legs and your center of gravity directly above your feet.

5. *Practice peaceful disagreement.* When opinions and facts are voiced peacefully so that all perspectives can be viewed during a decision-making process, then disagreement is considered healthy. This assertiveness skill allows the individual to become comfortable with peaceful confrontation. It is employed when you feel the need to express an opposing view and want it to be acknowledged.
6. *Avoid manipulation.* In the course of asserting yourself, you may find that others may consciously or unconsciously try to block your efforts to accomplish resolution. The following are some roadblocks of manipulation to be aware of, as well as some suggested strategies that may help to dismantle them:
 - a. *Intimidation.* Asserting yourself may intimidate others who are in the habit of using manipulation and control to get their way. They in turn may raise their voices and display their tempers. When you recognize this behavior, you can defuse it by saying that you want to hold off further discussion of this issue until the other person calms down. For example, “I can see that you are quite angry; let’s talk about this after lunch.”
 - b. *Content substitution.* Sometimes people will draw peripheral issues into a discussion to derail the issue at hand. If you become aware that the concern you brought up has become lost in tangential issues, quickly shift focus back to the original topic until your issue has been put to rest.
 - c. *Personal attacks (character assassination).* You may find that in an attempt to resolve an issue, the person you are talking to comes back at you with a character flaw. One way to get back on track is to agree, in part, about the character flaw and ignore the rest. Davis calls this response clouding, the attempt to deflect an attack by concurring with some part of it. When employing this technique, rephrase the attack in your best interest, and get back to the issue at hand.
 - d. *Avoidance.* Often people deny there is a problem by avoiding specific issues or their feelings about certain concerns. This roadblock can be confronted with a bold inquiry—a direct question—to unlock their perceptions. For example, “Is there something I did to make you angry?”
7. *Respond rather than react.* A reaction is a type of reflex, almost instinctual in nature, and a very natural part of human behavior. Here, a reaction deals with spontaneous emotional thoughts. Although spontaneity is an admirable trait where creativity is concerned, following through on emotional reactions can lead to some regrets. A response, on the other hand, is a thought-out plan for a situation. Many times our response is the same as our reaction, and this is when we are likely to wish we had thought before we spoke or acted. Responding to a situation means acknowledging your initial reaction, then thinking of a reasonable response to the situation at hand. Not every response will seem adequate, but as you practice this skill, you will find that it will help you deal with your perceptions of stress.

These are just a few of the recommended behaviors taught in assertiveness-training workshops. The purpose of all these skills is to build and maintain self-esteem.

■ Steps to Initiate Behavior Modification

To begin to change an undesired behavior, like smoking, biting your fingernails, or worrying about issues you seem to have no control over, you must first become aware of what this behavior is. Using the behavior modification model, select a behavior that you wish to change or modify.

It is a good idea to regularly monitor the thoughts and actions that seem to surface during stressful episodes and issues that disrupt your sense of inner peace. Then, using the behavior modification model, take yourself through the remaining steps. Remember, it is important not to change all target behaviors at once. Try to modify one behavior at a time.

SUMMARY

- People are constantly trying to change, improve, and manipulate their behaviors. Behaviors associated with poor health are those most often targeted for change.
- Personality is thought to be made up primarily of values, those abstract qualities that give meaning to our lives; attitudes, perceptions derived from these values; and behaviors, any actions based on one or more attitudes. Of the three, behaviors are thought to be the most easily influenced.
- Many variables affect behaviors, including biopsychosocial influences. To positively affect behaviors, a multimodal approach is advocated, where biological, psychological, and social factors are all considered to provide a holistic approach to well-being.
- There are many ways to change behavior, all having a common format called the behavior modification model. This progression of stages includes denial that a behavior contributes to poor health, or that one practices an undesirable behavior; then (1) awareness of the undesirable behavior; (2) desire to change; (3) cognitive restructuring, a conscious attempt to change; (4) behavioral substitution; and (5) evaluation of the results.
- The Stages of Change behavior modification model acknowledges that falling back on old (less desirable) behaviors (relapsing) is part of the process of refining the skill or new intended behavior.
- Although any conscious change in behavior can be referred to as behavior modification, in terms of stress management, behavior modification generally includes assertiveness training. The three styles of social behavior are passive, assertive, and aggressive, with assertive being the most effective.
- The purpose of every behavior modification program is to foster assertiveness. Such programs educate participants to practice several types of assertiveness skills, on the premise that assertiveness increases self-esteem.
- The best results occur when an individual tries to favorably alter one behavior at a time until it becomes part of his or her regular routine. If several behaviors are targeted at once, the person often feels overwhelmed and within a short time reverts back to old habits.

STUDY GUIDE QUESTIONS

1. Explain the difference between values, attitudes, and beliefs.
2. List and explain three behavior models.
3. Describe the behavior modification model.
4. Describe Prochaska's Stages of Change model.
5. What is an antecedent to behavior change?
6. Explain the concept of assertiveness and list three assertiveness skills.

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CHAPTER 11

Journal Writing

All sorrows can be borne, if you put them in a story.

—Isak Dinesen

The way that J. Ivy tells it, “There were no therapists in the section of Chicago where I grew up. We just didn’t do that kind of thing.” J. Ivy is a Grammy-award winning spoken word artist and hip hop poet whose work appeared on Kanye West’s debut album, *College Dropout*. It was in high school that one of J. Ivy’s English teachers encouraged him to put his creativity, emotions, and feelings onto paper. So he did. It was cathartic just to get it out of his head. When his teacher passed back the assignment, she asked him to read it aloud to the class. Though J. Ivy was hesitant and nervous, he did. Not long after, this same teacher entered him into a spoken word event. Soon this teenager from the South Side of the Windy City found a voice in his pain and a way to release it, rather than keeping it inside. The passion of his words combined with the dramatic intensity of his narrative became more than rap, it became his unique alchemy of healing. One of J. Ivy’s most poignant works, “Dear Father,” describes the turbulent relationship with his estranged dad, who left the family when J. Ivy was quite young. To hear him recite this poem on stage in a live performance is to know the meaning of making order out of chaos. “When I write, I write to cleanse my soul. I find words that create a tapestry of my feelings and weave these thoughts into rhyme to help me cope with the loss, the stress, the challenges I have faced. I have learned that in sharing these words, it helps others too.” And they have. While attending Illinois State University

he honed his journal writing/poetry skills and became known as “The Poet” among his friends and peers. Like many others who have found their voice in their personal writings and soul-searching efforts, J. Ivy’s collection of words can now be found in his book, *Here I Am: Then and Now*. A few of J. Ivy’s favorite words, which he repeats with passion, are these: “Dreams don’t come true. They are true.”

To open up and disclose feelings, perceptions, opinions, and memories has always been found to be therapeutic (**FIG. 11.1**). Confessions of the mind lighten the burden of the soul. Many religions have adapted this concept for spiritual healing. This is also the cornerstone on which modern psychology is based. Although conversation is the most common method of disclosure, writing down thoughts occupying the mind is extremely therapeutic as well, as was revealed by countless American soldiers fighting in Iraq and Afghanistan through their blogs. Therapeutic **journal writing** can be defined as a series of written passages that document the personal events, thoughts, feelings, memories, and perceptions in one’s journey throughout life leading to wholeness. The practice

Journal writing: A coping technique; expression of thoughts, feelings, memories, and ideas in written form, either prose or poetry, to increase self-awareness.