

# EMOTIONAL WELLNESS MATTERS

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## Making Life Changes



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**W**hy do people seek help from a psychotherapist? Psychotherapy helps people in many ways. For some, it is a way to understand themselves better. For others, it helps to find meaning in their lives. Some have a definite problem they want to address (like, “Is my job right for me?”), while others have a specific conflict that appears repeatedly in their lives – for example, “Why do I always end up in fights with the people I’m closest to?” Some may want an objective listener who will always look out for their best interests. A large number of people, however, seek therapy in order to come to terms with self-defeating behavior that they know they must change because it is jeopardizing their health, their future plans, or their relationships with friends and families They want to make life changes.

The list of self-defeating behaviors is endless. People want to quit smoking or abusing alcohol and other drugs. They want to control their weight, exercise more, be more optimistic, quit gambling or watching television so much. They want less conflict with family members and friends. They hope to get their anger, anxiety, or sexual behavior under control, quit procrastinating, stop trying to control other people or letting others control them. They want to stop spending so much money or so much time online – so they seek help from a psychotherapist.

Fortunately, therapy can help people address these problems – but only if the person is ready to make the lifestyle changes required to bring the self-defeating behavior under control. Making life changes is

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He has had over 27 years teaching numerous college courses, and has supervised both undergraduate and doctoral practicum students. He is current Adjunct Professor of Psychology at Harper College. Martin has taught Substance Abuse Strategies at Barat College in Lake Forest, IL., and holds an appointment to the program faculty at the Center for Applied Psychological Studies at the Family Institute at Northwestern University in Evanston, Illinois.

Dr. Parker conducts workshops on Stress and Coping with joblessness during uncertain times, as well as the role that substance abuse plays in difficult marriages. He has recently written a book addressing most areas of psychology titled **Understanding Psychology** and accompanied **Study Guide**. These books have been published by Horizon Textbook Publishing and the ISBN numbers are 1-59602-793-1 and 1-59602-794-0.

He holds a Masters in Counseling Psychology from Illinois Institute of Technology and a Doctorate in Clinical Psychology from the Adler School of Professional Psychology. He is a full member of the American Psychological Association, the California Psychological Association, and the National Association of Addiction Counselors. Dr. Parker is a licensed Psychologist, College Professor, Certified Addictions Counselor, Executive Coach and Board Registered (dual diagnosis) professional.

***“The recognition and empowerment of one’s  
human potential is our greatest resource.”***

easy for some people. For others, the changes seem enormous and the person goes into relapse repeatedly. Think of the number of smokers you know and the number of times they have tried to quit. Think of the number of friends you know who have tried repeatedly to diet, only to gain all the weight (and more) back within a year.

Change can happen when the person is ready to change. A psychotherapist can help people identify their readiness to change and move toward the stage of taking action to make the changes occur. A major emphasis in therapy is examining why change may be difficult and understanding how to get past the roadblocks that stand in the way of change.

A key to successful psychotherapy is knowing the stage of change you are in for the problem you are working on.

Research has identified six major stages in the change process, as described in *Changing for Good* by Prochaska, Norcross, and DiClemente (see the Recommended Reading box). A key to successful psychotherapy is knowing the stage you are in for the problem you are working on. While these are identified as “stages,” it is important to remember that it is common for a person to move back and forth between stages in terms of their needs at various times. It is not a failure when you need to go back to a previous stage – and, in fact, you may have to go backward before you can go forward again. Let’s examine the six stages –

### 1.) Precontemplation Stage

In the precontemplation stage, while others (family, friends, medical professionals) can see there is a problem, precontemplators fail to see the problem and see no need to make changes. They may be coerced by others into seeing a therapist, and their main complaint is that they are tired of being nagged. A precontemplator might make changes under great external pressure, but they are prone to going back to their old ways again once the pressure is off. The main defense of the precontemplator is *denial*; they tend to blame outside factors for their problematic behavior and claim that they have

no control over it. They easily become demoralized – but this is common at the precontemplation stage and can actually give the person some motivation to take charge of their lives.

Precontemplators resist change. When a conversation turns to the problem, they switch topics. When a television show focuses on the problem, they change channels. In a sense, the person at the precontemplation stage feels safe. They don’t have to face failure if they don’t tackle the problem. Nor do they have to feel guilty. When they refuse to discuss the topic, other people leave them alone.

The focus of therapy in the precontemplation stage is not on making immediate changes (which would have a good probability of failure), but on understanding, in a trusting setting, what the continuation of the problem-laden behavior means both for the person and for those who care about the person (friends and family). The person is encouraged to understand the idea of accepting personal responsibility for his or her behavior and to imagine what life could be like with an altered lifestyle. The goal of therapy is to help the person begin to contemplate what making changes would mean.

### 2.) Contemplation Stage

The contemplator is tired of feeling trapped by the self-defeating behavior. People at this stage feel that they can start making changes within perhaps the next six months or so. They admit that there is a problem in their way of living and start thinking about ways to come to terms with it. They begin to try to understand the problem. They are not, however, willing, just yet, to make the commitment to change. Unfortunately, some people stay in the contemplation stage for a very long time. Like precontemplators, the contemplator may prefer the familiar, thus delaying the anxiety that accompanies change.

Contemplators are open to raising their consciousness about the problem at hand. Thus, they might ask relevant questions (such as, “What effect does being overweight have on my ability to exercise?” Or, “How does drinking the night before affect my work the next day?”). It is during this stage that people seeking change may begin to define their own goals (e.g., “I want to feel better,” or “I want to live longer”) – and not the goals that others have

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set for them. They begin to monitor their behavior (“I’m smoking less than a pack a day now, and that’s better than I was doing two months ago”). And they might start to examine what causes the negative behavior (“When I’m stressed at work, I want to come home and eat”).

Contemplators benefit from empathic support as they begin to imagine what life will be like without engaging in self-defeating behavior. They work with their self-image and imagine what life will be like as, perhaps, a thin person or a former smoker. The goal of therapy at this point is for the person to redefine their self-image, gather information, and imagine the possibilities for a better life. They are becoming ready to prepare to make life changes.

### 3.) Preparation Stage

Those in the preparation stage are planning to take action within the next month. They have made the commitment to change their problematic behavior in the near future. However, they may still have some ambivalence about starting the change process (which is understandable since it will mean giving up familiar behaviors, and this may entail some anxiety). They are now aware of the problem and anticipate what life will be like once the self-defeating behavior has ended. The preparation stage is valuable since starting to take action prematurely, without the increase in motivation that accompanies the preparatory stage, might short-circuit the eventual change process – it may be too soon to go cold turkey. The person needs to sit on it for a while and set a date for the change to occur. The person in preparation will make the commitment public – he or she will talk to family members and friends, or even acquaintances at work, about the forthcoming changes, and will solicit the support of these people in making the changes (“I am starting a new diet in three weeks, and I want you to help me stay on it – so please don’t tempt me with food”).

The person in preparation is making plans to take specific steps to bring about lifestyle changes. The focus is on the future and not so much now on the past, although it is still valuable in therapy to use this time to evaluate where the person has been and to anticipate how taking action steps will be incorporated into everyday living.

### 4.) Action Stage

The action stage is the one that is most visible to other people. This is the stage where most of the change activity takes place, and it is the stage

where the greatest degree of commitment is needed. This stage takes real work – but if the previous stages have been addressed adequately, then this stage has a higher probability of success.

It helps at this point to engage in healthy self-soothing behavior to replace the loss of the old self-defeating behavior (which was, in itself, probably soothing – but it was also ultimately destructive, like overeating, smoking, drinking, or gambling). Thus, it is important to get exercise (people feel great after a good workout) and to learn how to relax (this tool can be learned in therapy). A therapist will focus on helping the person stay on track and working through any difficulties that may occur in the process.

Now that the changes have been made, the main focus becomes on how to maintain the changes over time.

### 5.) Maintenance Stage

Maintaining the changed behavior requires a long-term effort and a revised lifestyle. Making the change in the action stage is not enough – it means staying with the changes from now on. There may be a temptation to go back to the old behavior – perhaps as a way of celebrating having made the change, or even to see how it would to go back to, say, overeating, having a drink, or playing a video-game again.

The maintenance phase is a time to consolidate the changes and to make them part of everyday life. But it is also a period of testing one’s strength, getting in touch with the part of oneself that’s strong and cares about living a good and healthy life.

### 6.) Termination Stage

The termination stage is the stage of victory over the old self-defeating patterns. The lifestyle change has taken hold and the old behavior will never return. The temptations have disappeared. The person can now go on living without fear that a relapse will occur. A brand new day has begun.

Recommended Reading  
Prochaska, James O., John C. Norcross, and Carlo C. DiClemente.  
*Changing for Good*, 1994, 304 pages (paperback), \$12.95.  
ISBN – 0-380-72572-X.

# T H E B A C K P A G E

## Some Ideas on How To Deal with Relapses

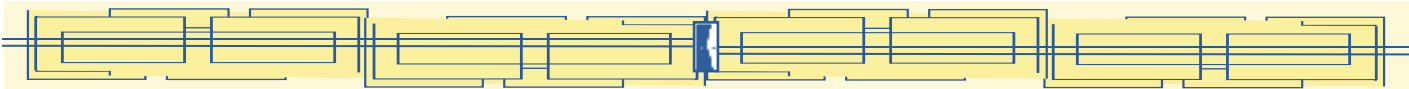
**I**t is important to understand that a relapse back into the old self-defeating behavior is not a failure. In fact, it may well be a necessary part of the change process for some people. A relapse allows the person to re-examine his or her original motives for engaging in problematic behavior. Some of the strategies for maintaining the change may need to be revisited and perhaps modified. A relapse gives the person a good opportunity to compare the new lifestyle with the old one and to make a renewed commitment to follow through with the changes.

**S**ome people relapse and then guilt or embarrassment take hold. They become demoralized and feel that the struggle is not worth continuing. It is not helpful to engage in all-or-nothing thinking when a relapse occurs – that is, you are not either a success or a failure. Your previous accomplishments in making a lifestyle change are indeed a part of your success, and a relapse is also a part of your success. It allows you to

make some needed changes in order to continue the successful pattern. You do not have to start all over again. You have already made great gains which cannot be negated.

**I**t is important to understand that only about 20 percent of people who try to make life changes reach the termination stage on their first try. It is unrealistic to think that you'll get it right the first time around. If a relapse does occur (and we of course try to avoid a relapse, but we are all human), it is the perfect time to see a therapist in order to work through the reasons why we went back to the old behavior. You may find that you were still vulnerable to some of the old triggers that set off the negative behavior, and new ways can be devised to deal with them. Or you may need to learn new ways to replace the soothing that came from the old behavior with new and more effective methods.

**T**ake a lesson from nature. Baby birds do not fly on their first attempt. They flutter their wings at first and build muscle and the coordination they will need eventually to fly. They struggle with one failure after the next – until, one day, off they go. And then they soar.



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