How People Change

When Al Petitpas first called to ask if I would be interested in being keynote speaker, my delight and excitement were tinged with some anxiety and trepidation. I felt like the kid on the bench when the coach yelled, "Giges, get in there!" Although I have been studying change for 40 years and have made important career and personal changes, the invitation seemed a bit intimidating. But having learned a little about stress, I realized I could see it more as a challenge than a threat. So here I am -- challenged! I feel very honored and appreciative for the opportunity to deliver this keynote address.

Since I will be speaking for an hour my presentation will be divided in two parts, with a brief pause for comments and questions at the halfway point, and a longer discussion period at the end. To begin, I would like to ask for your assistance. Would you for a few moments shift from being part of an audience to being an individual participant? If you are willing to answer a few questions in the privacy of your own thoughts, would you now please close your eyes. No need to relax or get comfortable.

Now, think of an important change that you have made in your life. What motivated you to make that change? Were you seeking enjoyment/satisfaction, or moving away from something uncomfortable? Was it some of both, as is often the case? What helped you make the change? What made it difficult? How did you finally get yourself to do it?

Now, shift to thinking of an important change you are currently considering. If there is none, imagine one you would like to make. What seem to be the reasons to do so? What are your reasons not to? If you were to guess right now what decision you'll make, which would it be? What do you think about the choice you made? And how do you feel having made it?

Would you now open your eyes. Sometimes, we can clarify which choice to make by what I call "decision by sound." Imagine that you have decided to make the change. Think of a sound you could express that matches that decision. If we were working one-to-one, I would ask you to actually make the sound out loud. Now imagine that you decided not to make the change; and again think of a sound that matches this decision. By comparing the two sounds, you may discover which choice you would really prefer.

These questions are intended to give you a small personal glimpse of some elements of the process of change I'll be discussing.

The changes we make are obviously connected to motivation, choices and barriers. But, how do people change? What are the requirements, considerations. and elements of change? And how can we as professionals help other people change?

Well, to begin with, it depends on whom you ask. Imagine the different responses you'd get about how people change from an anthropologist, a chemist, the clergy, a physicist, a molecular biologist. or a psychologist. Even among psychologists, the response would depend on whether their orientation was behavioral, psychoanalytic, existential, social, or cognitive. To give you some idea of my own perspective, I'll present a highly condensed summary of my professional background, with a footnote of personal reflections.

After graduating from medical school, I was initially involved in medical research, and made my first career change when I shifted from research to medical practice. At that time, I also began a personal psychoanalysis. Later, I changed direction again and entered training in psychiatry, accompanied by another go at psychoanalytic treatment. Five years after my psychiatric residency, I took a position in mental health administration, and conducted a part-time private practice. My growing interest in gestalt therapy, transactional analysis, and group process resulted in my leaving

the administrative position. I finally arrived at my current perspective, which is cognitive/affective, about 15 years ago.

During this evolution, I gradually shifted from the medical model to a growth and developmental model, seeing most problems not so much as illness or disease, but more the result of learning and training. So, although originally trained as a clinician, I've come to see myself more as an educator. I use the term cognitive/affective both to emphasize thinking as the major source of feelings, and to give importance to emotions as the significant link between our thoughts and our behavior.

As I reflect on each of these career changes, I see that most were attempts at external solutions to internal problems. For example, I made the first change, from research to practice in medicine, because of a sense of isolation and loneliness despite having reached what I thought was my goal. The second change, into psychoanalytic psychiatry, was related to an unsatisfactory ending to my first analysis, and to a need to learn more about myself. The third change, to gestalt therapy,

transactional analysis, and group therapy, emerged from a decreased sense of aliveness as an individual analytic psychotherapist and mental health administrator.

The final change to a cognitive/affective orientation was significantly different. It seemed to represent personal growth rather than restlessness. Confirmation of this comes from a sense of being "at home," that is, "where I belong" professionally, and from the fact that after 15 years, I'm still here. And as part of a lifelong interest in sport, and a continuing search for stimulation, I became actively involved in sport psychology five and a half years ago.

So much for background. I'll approach the subject of change from five aspects: 1) the content of change, that is, what can be changed; 2) the timing of change, that is, when does it occur and is there a sequence involved; 3) the process of change, that is, how does it occur and are there prerequisites for it; 4) resistance to change, that is, the barriers and obstacles, the "why not" of change; and 5) how we as practitioners can help others achieve the changes they seek. I'll focus on intentional change rather than change which occurs as a consequence of normal development or external and environmental factors. I will also draw from the writings of others to give a broader perspective to my discussion.

First, the content of change. What can be changed? We usually think in broad categories, mostly changing behavior, and also changing feelings, thoughts or wants. Within each of these categories, however, there are many specific examples of what can be changed. For instance, we can change awareness, expectations, habits, values, goals, viewpoint, attitudes, opinions, judgments, intentions, choices, decisions, beliefs, directions, or commitment. Foremost, we can change the importance we give to any one of these specific examples. In my work with one woman, I noticed how much importance she gave to avoiding feeling uncomfortable. She was quite reluctant to experiment with new behavior, whether it was to change her schedule, express herself more assertively, or do something differently than she had before. After prolonged and persistent work about the importance of being in charge of herself, she announced one day, "You know, I could give less importance to feeling comfortable and more to feeling good about myself!" For her, this was a very significant change, even before she did it. Subsequently, it affected how she faced new difficulties, much less as the victim of others' reactions.

We can also change situations, such as job, career or residence, and we can change our communication and our relationships. In relationships, a most important change could be in the meaning we give to others' comments or behavior. How often has feeling hurt been the result of how we interpreted someone else's behavior? We frequently react as if someone's behavior or expression of feeling is a measure of our own worth. My favorite illustration of this is the hurt one fellow felt when he leaned forward to kiss his girlfriend and she turned away. His hurt was instantaneous. If we were able to stop time, we might observe the following sequence of thoughts: "She doesn't want to kiss me; she no longer loves me; I must not be lovable; I'm less worthwhile; I feel hurt." Immediately after

she turned away, however, she sneezed, then turned back and kissed him lovingly. He then realized that it was his interpretation of her turning away that had caused his hurt. Turning away had merely been the trigger.

In examining what can be changed, it is very helpful to give importance to beginning or partial change. Picture the injured athlete who thinks only of final recovery and return to competition. He/she might discount the significance of the beginning of movement in an injured leg, and be frustrated or disappointed with an apparent lack of progress. Only after the trainer describes the significance of this early change is it appreciated as a good beginning to rehabilitation. If limited by all or none, either/or thinking, meaningful early change may be overlooked. And if one is too narrowly focused on changing behavior or feelings, a change in viewpoint may go unnoticed. Yet, this beginning change might be a critical component of reaching one's goal.

A competitive middle distance runner began having a problem when, after leading the pack, she would drop out if someone passed her late in a race. In our work together, she described feeling intense shame at the moment of being passed, as a result of viewing herself as unworthy in that instant. After clarifying, exploring, and modifying this negative viewpoint, guided imagery was used to provide a chance for her to re-experience the race. In the fantasy, she was able to picture herself again being passed, but this time without feeling shame, and without dropping out. In actual competitions subsequent to this work, there were no recurrences of the problem. What had changed were her awareness and her view of herself, and these led to changes in her feeling and her racing behavior.

For a psychiatrist, particularly one trained in psychoanalytic psychotherapy, this was an astounding experience. How can important things happen so quickly? Doesn't it take years to get profound change? It was difficult to let go of a long-standing belief I had, that depth of work correlated with length of time. Since she was willing and open to do so, we went as deeply as I knew how to help her go in two sessions. She was able to do that, benefit from it, and then put it to work.

A humorous illustration of how difficult it is to change people's beliefs is the story of the man who believed he was dead. This delusion is called Cotard's Syndrome. Everyone tried to convince him he wasn't dead, but he held to his belief that he was. Finally, his physician thought he would outsmart him. "Do dead men bleed?" he asked. "No," said the man. "Dead men don't bleed." Whereupon the physician made a small cut in the man's finger and it bled. Triumphantly, the doctor said, "There, what do you say to that?" The man hesitated a moment and finally said, "Oh! I guess dead men do bleed!" An interesting paradox in this anecdote about people not changing is that although the man didn't change his belief about being dead, he did change his belief about dead men not bleeding. I think this illustrates that if we look only for one particular change, we may miss another less dramatic one.

A very intense golfer who wanted to improve his golf score became so angry when he played poorly that he would throw his golf ball into the woods. After a while, he began breaking his golf clubs, and it was at this point he decided to seek help. He felt ashamed, out of control, and was quite critical of himself for his behavior. In discussing his passion to do well, I also noted his strong desire to learn more about his game. With this in mind, I suggested that his golf ball could be viewed as his teacher. Whenever he hooked or shanked a shot, his ball would inform him that something needed correction. And he was actually pleased when I portrayed his golf clubs as his allies, who could help him make the necessary corrections. Following these discussions, which took only a few sessions, there was a significant shift in his attitude toward the ball and his clubs. He accepted my suggestion to have a silent dialogue with his clubs during a game, about how to make use of what the ball was teaching them. There was a marked decrease in his anger and frustration, and he no longer threw golf balls or broke clubs. His attitude, feeling, behavior and enjoyment had changed. All this, despite the fact that his golf handicap remained exactly the same!

When people say, "I'll never change," what do they mean? They might mean, "I'll never be able to change my behavior or my feeling." They don't usually mean, "I'll never change my awareness." And they may not realize that such a change is often the first step in changing other aspects of their experience. In fact, Fritz Perls, the founder of gestalt therapy, said, "Awareness is curative." Even if it's not, it's a very significant element in most changes that can be seen relatively early in the change process, and can be the beginning of a realization that they can change.

This occurred in the case of a runner who was intensely anxious on returning to competition after taking a year off to complete his graduate study. He was not aware that the major source of his worry was how he would look to others. In the hotel room set aside for the team to relax before competition, we were able to clarify this. With the goal of decreasing his anxiety, I guided him through imagery of running all alone in the empty stadium. When he was fully into it, I suggested that other runners would be doing the same thing, that is, running their own race alongside him, and that spectators would be drifting into the stadium. He was able to run his own race, not distracted by others on the track or in the stands. When we then discussed the imagery, he said he had not realized how much his fear was about not looking good. Now that he was aware of it, it seemed to have less of a grip on him. Incidentally, in the actual race that night, he came in dead last. The coach was quite surprised, however, that the runner did not react with his usual sullenness at finishing so poorly. Instead, he had rejoined his teammates in good spirits. His increased awareness seemed to have helped him change his feeling and his behavior.

The next part of my discussion pertains to the timing of change. When is change most likely to occur? Does it occur in some sequential pattern? James Prochaska and colleagues have done extensive studies about people changing. They list five stages of change, which they call precontemplation, contemplation, preparation, action and maintenance. I won't describe these in detail, but will mention that within these stages, a number of processes are involved in changing problem behaviors. The authors also emphasize a spiral pattern of repeating cycles, each bringing movement closer to the desired goal. Their work is quite thoughtful, as they present a trans-theoretical approach crossing traditional boundaries. As an individual practitioner, however, I have some of the same reservations that I had with Kubler-Ross' stage theory of reactions to terminal illness. Change often doesn't happen in discrete stages, or even in the sequence described. And data drawn from large group studies are not specifically applicable to one individual. The value of such information is in the study of phenomena and processes, rather than the understanding of what is happening in any one person.

The work of Ronald Lippitt and colleagues is of interest in this regard. In their seminal book, The Dynamics of Planned Change, published almost 40 years ago, they state that, although there is no fixed progression of steps in the change process, there does seem to be a directional flow, with different elements being more important than others, and occurring at different times in various situations. With this in mind, they do suggest that change usually begins with awareness.

Several authors have emphasized the importance of awareness. In his book How People Change, Allen Wheelis writes that freedom to change is based on an awareness of alternatives and ability to choose. Our own Ken Ravizza, in his chapter "Increasing Awareness for Sport Performances," in the book Applied Sport Psychology, edited by Jean Williams, believes that awareness is the first step in raising self-control in sport participation. And Eric Hoffer, the noted longshoreman philosopher, in his book The Ordeal of Change, describes that change involves choice, and awareness creates the opportunities for choice.

Lippitt and colleagues also emphasize that in addition to being aware of a situation or problem, it is important to clarify its nature, be specific in its definition, and perhaps even explore its causes. Of course, change may occur without knowledge of the origins of or reasons for a problem. Sometimes unpleasant feelings alone are motivation enough to initiate change. Unfortunately, in such instances, when the discomfort subsides, this type of motivation may not be sufficient to sustain a commitment to continue the change process. Motivation to change can also be stimulated by an unrewarding

situation or an ineffective solution, as well as by a longing for satisfaction or enjoyment. Both the player who usually sits on the bench and the starter who wants to improve his batting average may be eager to bring about change.

Goals become intentions. Intentions can lead to action, depending on one's readiness and ability to change. Readiness is determined in part by the presence or absence of barriers, and hinges on the balance between motivation to change and the forces opposing it.

One runner was aware that he was training excessively and sought help to change this pattern. At the same time, he had started a new job, which required a lot of traveling and many night hours. He was also under pressure from his parents to "make something of his life." Because he was not ready to make the training changes he wanted, he dropped out of running. When I saw him over a year later, he said he was thinking about returning, and almost felt ready to do so. In this instance, the forces opposing change were stronger than the motivation to change his training patterns.

One's perception of ability to change is influenced by how difficult the task appears. This often means how difficult it seems to complete the task of changing. It may not mean how difficult it is to initiate change. If one is able to initiate it, then continuing may not be as difficult as imagined. And if this is true, completion may be less difficult than anticipated. This process is commonly known as "one step at a time," for which there is an Eastern mystical proverb, "The longest journey begins with one step."

Ability to change can be developed by identifying needed skills and proceeding to learn them. Martin Seligman, in his most recent book, "What You Can Change and What You Can't," states that we can make major changes throughout adulthood, if we know the ways of changing that actually work. The "What" in his title "What You Can Change..." refers to certain diagnostic conditions that may or may not be changed by different treatments. In this particular book, he is not really discussing how people change. Seligman also believes that an adult's ability to change is less related to childhood environment and trauma than is usually described. My own view is that adults' ability to change depends more on how they view and treat themselves in the present, without diminishing the importance of early experience. In fact, I believe we can perpetuate early trauma and past environment by continuing to do now what was done to us in earlier years. Fortunately, what we learned in the past is subject to change as a result of what we can learn in the present. Wheelis pointed out that we first learn skills for survival, and then later interpret many situations as if they were survival issues. Fortunately, such an interpretation can be changed, allowing us to live more fully in the present.

A self-critical runner reprimanded herself when she didn't win, or perform up to her expectations; or if she sustained an injury, or ran fewer miles per week than planned. In our work together, she came to understand that these situations were not the explanation for her self-criticism, but rather that self-criticism was a pattern of thinking she had learned in the past. It could not be trusted as a reliable evaluator of her present ability, effort or worth. With additional work, she became better able to allow that critical voice to recede into the background of her thinking, and free herself from the grip of disapproval that had begun with her father.

As mentioned before, awareness creates the possibility for alternatives, and thereby can lead to change in existing patterns or in creating new ones. It leads the way to making new choices and new decisions. At times, it is desirable to try out new behavior before a commitment to continue is affirmed. Lippitt and colleagues also emphasize the importance of maintenance, that is, stabilizing and reinforcing the changes made. They stress the need for practice, as well as for a willingness to tolerate frustration. For change to continue, they note that feedback is desirable, since it can help someone see that change has begun, even if the end result is not yet in sight. And behavioral change is more likely to be maintained if there are concurrent changes in perception or attitude. Important lasting change, they also point out, may even involve overcoming other people's resistance to it. Finally, they predict that best results are obtained when a specific change can be generalized to other

areas of one's functioning; for example, when improvement in an athlete's relationship with family is extended to sport life with teammates, or social life with friends.

To summarize, in order to change, it helps to know where you are (what is the situation or problem), how you got there (what are the causes), where else you can be (what are options and alternatives), where you want to be (what are goals and intentions), how to get there (what are needed skills, choices and decisions), and how to stay there (issues of maintenance and reinforcement).

At this point, I would like to pause to allow for comments or questions, then resume the second half of my presentation.

Having discussed the content of change and its timing, I'll now talk about the process of change. First, I want to point out that as a process, changing is fundamentally similar to staying the same. Let me repeat that...as a process, changing is fundamentally similar to staying the same. How can that possibly be? How can changing be similar to staying the same? I'll try to explain the apparent contradiction. Paul Wachtel, in the book How People Change, Inside and Outside Therapy, edited by Rebecca Curtis and George Stricker, makes the point that any pattern of behavior requires continued reinforcement. From that I conclude that staying the same is an active, on-going practice. Therefore, it is not too different from changing, which is also an active, on-going practice. What is different is the content of the practice. Staying the same means continuing to respond in the same way as before. Changing implies responding in a different way than before. Therefore, since people know how to stay the same, they already know how to change. The question is whether the right conditions exist to respond with a different content than before. In the same book, Curtis writes that the role of affect is primary, that is, that change is affect driven. In her view, the desire to experience positive affect or avoid negative affect is the central motivating force to change; and that a belief that change is possible is helpful but not required. In another chapter, Allen Cooper and Joel Cooper state that change will occur if people become aware of their attitudes, have good reason to question them, and allow themselves to reconsider their position.

Some authors list specific requirements in order for change to occur. Wheelis believes that effort and will are required. Hoffer writes that change requires opportunity, self-confidence and independence. What these authors consider prior requirements, however, are themselves qualities that can be changed. Effort, will, self-confidence and independence can be acquired if they aren't already present; and such acquisition would itself constitute change. In his book, Grow or Die, George Land considers that part of making a change is a willingness to be changed. He sees it both an active and passive process; that is, not only that we do something, but also that we allow something to happen to us. If we take in new information, for example, our original learning may be challenged. To do this, therefore, involves a willingness to experience some discomfort. In allowing what is new to influence our belief system, we are already changing, and at the same time creating an opportunity for additional change. If change is understood as moving beyond one's usual boundaries, then what lies outside is unfamiliar, perhaps even unknown. For many, this unfamiliarity is uncomfortable, perhaps even perceived as dangerous. If high priority is given to avoiding emotional discomfort, change will be more difficult. If, however, we can tolerate the discomfort, the path to change remains open. Although Hoffer believes that we can never be fully prepared for that which is entirely new, it may be possible to be well prepared for the process of change, even if the content isn't known.

Gestaltists view change as part of a process of organismic self-regulation, in which something important, called "figure," emerges from the background of our experience. If it is satisfied, it recedes from the foreground, and something else emerges. This process usually continues again and again, with different elements emerging and receding. If, however, what has become figure is not satisfied, it remains in the foreground, the flow is interrupted, change does not occur, and stasis results.The healthy process of emerging and receding figures is illustrated in the following vignette.

Imagine that you have been walking in the desert for several hours. You reach an oasis, are aware of an overpowering thirst, so you drink until quenched. It is then that you realize that your neck is burning from the sun, and needs immediate attention. After applying a soothing lotion, you then notice a blister on your foot, which you proceed to take care of. At this point, you become aware of how exhausted you are, and decide to take a short rest. After resting, you awake feeling very satisfied about having spent your energy to the fullest. Each of these situations: thirst, sunburn, blister, and fatigue could become problems if not attended to, and interfere with rest or satisfaction.

I will now discuss resistance to change. What inhibits, interferes with or discourages change? What are the barriers or obstacles? What makes change difficult at times? Why are some things more difficult to change than others? What might account for the differences? Descriptively, resistance to change is adherence to existing patterns, whether they are of thinking, feeling, behaving, or wanting. One reason for resistance is that change involves loss. At the very least, we lose the familiar way of responding. Hopefully, what is gained after the change will be sufficiently valuable to warrant the loss.

Change is often defended against because it isn't "natural." What's considered "unnatural" may really only be unfamiliar. Wheelis makes the point that what may look like our nature is really our past choices that became familiar. He also states that we sometimes use what we have been in the past to avoid what we can be in the future. He believes that who we have become is our identity not our destiny. This is a key element in change: how we currently perceive ourselves need not remain fixed, unless of course we are determined that it shall be so.

Several authors have described different aspects of resistance. George Land sees resistance to change as a protective device to ensure that change is integrative growth, reflecting the strength of connections we made during our lives. Lippitt and colleagues point out that whatever factors caused the original problem often contribute to the difficulty removing it. Wheelis views resistance as patterns of thinking or behaving that reinforce themselves by automatic repetition, and become part of one's identity. He also believes that if responsibility for change is attributed to others, what we are left with that is ours is resistance. Hoffer describes significant change as a crisis in self-esteem, calling upon us to prove ourselves once again. The common elements in each of these views are the threat to existing patterns and the effort to prevent their alteration. So if a particular change is too much, or occurs too soon or too fast, resistance will be intensified to maintain the status quo.

A steeplechase runner was repeatedly urged by the coach to ease up on the number of miles he was running every day. The runner was reluctant to do so. He believed that if he did, he'd be less powerful during competition. If he didn't build up his stamina, he thought, he might not be able to finish strong. He ignored the coach's recommendation and continued training hard and secretly. Instead of increasing his strength, he was draining it. At race time, although he said he felt fine, his early pace seemed sluggish, and he landed each stride more heavily. About halfway through the race, he had difficulty clearing one barrier, but persisted. Finally, he hit the next barrier hard, fell and injured both his leg and his hand. Unfortunately, he had resisted the suggested change in training because he believed it to be a threat to his success.

Let's examine in more detail some specifics regarding threats to existing patterns. Resistance to change may be caused by what we think, what we feel, or what we want. Some typical resisting thoughts are: change is not important; it won't solve the problem; it won't even help; if it does work, it won't last; and it won't prevent the problem from recurring; or it will be a mistake, and the consequences will be worse than the original problem, all examples of negative or pessimistic thinking.

Among feelings that cause resistance, the most prominent is fear. Some specific fears are fear of failure; fear of criticism, disapproval or judgment; fear of inadequacy; and fear of responsibility or independence. Anger frequently interferes with change, either because of defiance or retaliation. If change is someone else's agenda, it can trigger rebelliousness, even if the original initiative was one's own. If you haven't personally experienced this, ask someone who began to diet, and then was

pressured by a parent or spouse to keep losing weight. It's very difficult to do something you want to do when someone else is telling you to do it. Other feelings that may contribute to reluctance to change are guilt, if you believe another person may be hurt; shame or embarrassment, if an unpleasant trait may be revealed; or sadness, if change involves a significant loss.

Resistance can also occur if a competing want exists that seems more important than change at the moment. An example would be the one I gave earlier of the runner who wanted help with training too much, but wanted more to spend his time and energy

in his new job, so he dropped out of running. A want to avoid discomfort can also be stronger than a want to seek satisfaction. Consider the athlete who eagerly wants to play, but because of fear of not doing well, says, "I don't want to play today." To avoid fear, he/she may avoid playing.

So, finally, how can we as practitioners help others change? And how can we know whether what we do is effective? First, I want to emphasize that intensive study and considerable supervision are essential components of a complete answer to the first question. What can be achieved in a single lecture is analogous to opening a crack in the doorway and pointing a direction.

The concept of performance enhancement involves change, and intervention implies action by another. I believe the essence of what we can do to help others change can be identified by four words: clarify, inform, explore and support. By clarify, I mean help others become more aware of reasons to change and reasons not to; more aware of exactly what they want to change, what they anticipate about changing and about its outcome and consequences; more aware of options, alternatives and choices; and more aware of goals and intentions and the apparent obstacles or barriers to their accomplishment.

In our efforts to help others, we also can inform. The information may be about the importance of tolerating frustration and experiencing discomfort during change and after. We may describe new skills and proceed to teach them. We can explain negative thinking patterns and provide new techniques to deal with them. And we can emphasize the necessity of practicing new skills and making a commitment to continue doing so.

Exploration is another significant and fertile area in our work. Specifically, we can assist in examining the content of resistance by identifying difficulties or barriers. We can explore whether behavior still represents an old "survival" issue, as mentioned earlier. We can investigate the extent of unpleasant feelings, such as fear, guilt, resentment and sadness, or of conflicting desires that interfere with change. We can also review whether the original goal is attainable.

Finally, we can provide support and offer encouragement to keep going. We can listen without judgment. We can help protect against self-criticism. We can highlight beginning change, acknowledge frustration and inspire courage to face and tolerate anticipated fears. We can give feedback about progress made as part of encouraging persistence in efforts to reach desired goals. Prochaska and colleagues emphasize the importance of matching the appropriateness and timing of interventions to the stage of readiness of the participant. They caution against overlooking or minimizing this matching, the consequence of which might be decreased motivation. In addition to the individual's readiness, I would add that appropriateness and timing of interventions also depends on the practitioner's readiness, the relationship between the two levels of readiness, and the content of the intervention. A practitioner's readiness would be related to his/her work experience and familiarity with the sport.

How can we know whether what we do is effective? Can we evaluate this effectiveness in any way other than the traditional research design of observation before and after intervention, with appropriate controls? Anything else is often described pejoratively as "anecdotal," and therefore unfortunately discounted. Relying on an individual's own report may be seen as too "subjective." Yet subjective change can be evaluated in the same way a clinician does an initial evaluation, without psychological testing, i.e. by observation, inquiry, intuition, and experience. We can do this by

exploring several areas of function, including work, recreation, personal and social relationships, self-awareness, patterns of thinking, how feelings are handled, and the level of self-worth and self-esteem. With athletes, performance improvement is only one way of evaluating effectiveness of interventions. Satisfaction or enjoyment or even less involvement in sport can also be indications of their effectiveness.

For many clinicians, ongoing evaluation is an inherent part of the work. It is frequently not addressed as a discrete entity or separate subject. It includes such questions as: How is this person experiencing and describing their situation today? And how are they viewing themselves? How do these answers compare to the previous visit or to last month or last year? Evaluation need not be limited to outcome, such as symptom relief or behavior change. It can also include the process of changing; that is whether the individual is developing the inner resources to deal with future difficulties. This last point bears on the question of how long benefits last. Even if the original gains begin to slip away, newly developed inner resources can initiate a sequence to bring about change again.

As part of my discussion of how we can help others, I'm going to describe two sessions with an athlete in some detail. My purpose is to illustrate some possible interventions and my rationale for selecting the ones I chose.

A young adult tennis player began having difficulty concentrating and staying focused during matches in the year since college graduation. The problem was intensifying as games became more competitive, and he said, "I got more interested in looking good than in playing good." His audience had become more important to him than his playing, and his concern was that he would be judged critically. There were several possibilities for my beginning intervention. I'll mention a few, with a brief comment about each, and describe the one I chose and the reasons for my choice.

A direct approach would be to teach concentration skills, methods to increase focus and decrease distraction. For those practitioners who do this well, and for athletes who are able to use it, this is an excellent choice. Another approach would be to help him strengthen a positive view of himself by emphasizing his personal assets. This might counteract the anticipated disapproval and critical judgment of others, but it usually requires an established, solid relationship with the athlete, and one in which he or she is open to self-affirmation. An advantage of this approach is that it sometimes works fairly quickly. A disadvantage is that it doesn't usually last very long. A third approach would be to deal with the internal critic, perhaps by trying to shut it off, explore its origins or challenge its objectivity or reliability. The purpose would be to loosen the grip it has on the athlete's self-image. This can also be very effective, but occasionally quite time-consuming.

The approach I chose was a modification of the second, that is, using a positive judgment by others to help him feel better about himself. Let me explain this more fully. It's always important to start where the athlete is. In this case, he was starting with a strong, negative external image that judges him inadequate. My idea was to help him change that view of himself to a strong, positive internal one. I believed that to try to do that in one step, however, would be quite difficult for him, so I decided to divide it into two steps. Instead of attempting to help him change an external negative view directly to an internal positive one, I began by helping him change the external negative to an external positive. Since he was placing the power to evaluate him outside himself, I believed this to be a more promising first step. Subsequent work, if desired, would be to help him accept the external positive view as his own.

Using guided imagery, he returned to the recent match in which he played poorly because of the problem. I suggested that he imagine that the three best friends he had mentioned earlier were in the stands. These were three he had selected when I asked him which people in his life were most accepting of him, and genuinely appreciated him for himself, not just for what he accomplished. I encouraged him during the imagery to allow their feeling and attitude toward him to be with him as he replayed the match. He was quite able and willing to do that. Instead of the heaviness he had felt in

his legs during the real match, he described a lightness during the imagery, and noticed that he was faster on his feet. With no further prompting from me, he began to make points he hadn't made in the actual match. When the imagery ended, he reported having played very well, and felt warm, positive and confident. The session ended and off he went to compete in a tournament.

In the next session, he reported that he had not done too well: "I lost both matches." He realized in the discussion that followed, however, that he had not been as concerned with how he looked to others as he had before. Nevertheless, he played with a lack of intensity. With the game again more in focus than the audience, he came to see that playing itself was less significant to him than it had been. This led to his describing how important his application to medical school was. Playing in this last tournament had come from an earlier desire, which had since lessened in strength. He had originally hoped to do well in it before giving full attention to his future career, but the timing of his wish didn't correspond to his experience.

It was my hypothesis that his concern about how he looked when he played was already evidence of the loss of commitment which later emerged. I believe this illustrates that what presents on the surface as a problem is sometimes an indication of other conflict beneath. In his situation, he described feeling some guilt and embarrassment about his changing interest, and expected disapproval from others because of it. After discussing this, he felt more accepting of the changes taking place within, less critical of himself, and had less anticipation of judgment from others. He did not, however, wish to continue working on the second step; that is, to internalize a positive view of himself.

The change of interest he experienced is not uncommon among athletes. It may also be an important issue for us as practitioners. There may be times when our work is less stimulating and we are less creative. Any solution we think of may seem inadequate. We may feel stuck. Hopefully, some of the ways we have available to help athletes may also be useful for us to help ourselves. An eloquent and poignant passage describing such an experience, and illustrating resistance and breakthrough was written by a psychologist named Clark Moustakas in a workshop I attended some 20 years ago. I've kept it because of its personal meaning to me, and I would like to conclude my presentation by reading it.

"Sometimes I know that the best possible thing for me to do would be to let go -- to allow myself to fully experience my feelings of loneliness, pain and grief. Yet even as I know this, I hold back. I try to maintain my life as it has been. I try to respond to others as if I were not in pain. I even try to hide it from myself. I don't want to feel. I don't want to experience the agony. I've done it before; why must I go through it all again? Is there no rest, no peace, no guaranteed end? Yet, I feel the deadness that comes with hiding from myself. I feel angry at the lies I'm living, of smiling when there's no smile within me. I desperately search for some cure that will take away the loneliness, the pain, the deadness. And when there is none, I feel more lonely, more pain and more deadness.

And then it comes. It is no longer possible for me to hold back the feelings. I am flooded, consumed, and engulfed with all that I've hidden. I mourn the deadness inside me. I grieve for the anguishing spirits within. And with that mourning and grieving there is beginning life. Slowly, like the sun rising through the trees, life flows into my soul. I begin to feel cleansed and whole. Everything around me seems cleaner and brighter. And I rejoice for I am alive!"